

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Elizabeth Thomas</i>	<i>2627 Cook Drive Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town CRESCENT <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
2. <i>John A Thiel</i>	<i>2621 COOK DRIVE RHINELANDER, WI 54501</i>	<input checked="" type="checkbox"/> Town CRESCENT <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
3. <i>June Thiel</i>	<i>2621 Cook Drive Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town CRESCENT <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, JOHN A. THIEL, certify:

(name of circulator)

I reside 2621 COOK DR, RHINELANDER, WI 54501 (TOWN OF CRESCENT)

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

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

APRIL 1, 2011

(date)

John A. Thiel

(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. Theresa Ebert	Sandy Loop Rd Goodman, WI 54126	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
2. Joseph M. Muff	8658 Milland Armstrong Creek WI 54448 Spruce Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
3. Donna Tieves	P.O. Box 354 Goodman WI 54125	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
4. Robert J. King	8305 WOJNIAR RD ARMSTRONG CK	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
5. Andrew DePue	6398 Walnut Rd E Florence, W.I.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
6. Ann Hansen	6090 Lawntangue Fence, WI 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
7. Brian E. Martell	7967 Buddis Rd 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
8. Kathleen A. Sipple	N20618 LAFAVE FENCE WI 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
9. Shelly Cril	Goodman WI 54125 P.O. Box 366	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
10. John Cril, Sr.	Goodman WI N18648 10 acre Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11

Certification of Circulator

I, DONNA M. TIEVES, certify:
(name of circulator)
 I reside W15448 SPRUCE DR. P.O. Box 354 Goodman, WI 54125.
(circulator's residence - include number, street, and municipality)

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

4-01-11
(date)

Donna M. Tieves
(signature of circulator)

RECALL PETITION

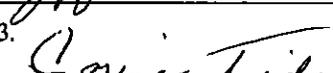
TO: Wisconsin Government Accountability Board

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STATEMENT OF REASON FOR RECALL

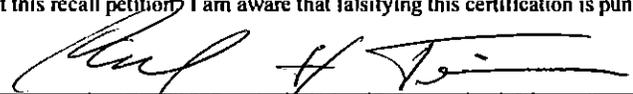
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1. 	611 Farwell Ave Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo WI	4/4/11
2. 	W10104 Ullman Ln Deerbrook WI 54424	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEWA	4/4/11
3. 	W10104 Ullman Deerbrook 54424	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEWA	4/4/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

Certification of Circulator

I, Carl Tiedeman, certify:
(name of circulator)
 I reside W10104 Ullman Ln Deerbrook WI 54424 NEWA.
(circulator's residence - include number, street, and municipality)

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

4-5-11 (date)  (signature of circulator)

RECALL PETITION

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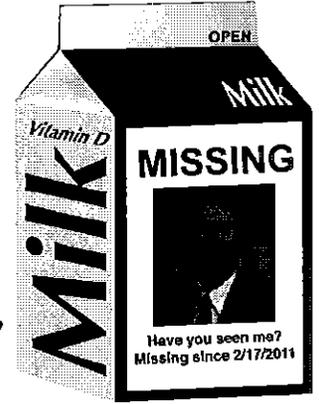
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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1. <i>Russell Townsend</i>	W6832 Fairgrounds Road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/22/11
2. <i>Kristal Townsend</i>	W6826 Fairgrounds Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/23/11
3. <i>Eric Townsend</i>	W6826 Fairgrounds Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/23/11
4. <i>Scott Townsend</i>	W6832 Fairgrounds Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/24/11
5. <i>Connie Townsend</i>	W6832 Fairgrounds Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/24/11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, CONNIE TOWNSEND, certify:
(name of circulator)

I reside at W6832 Fairgrounds Road, Wausaukee
(circulator's residence -- include number, street, and municipality)

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

3-24-11
(date)

Connie Townsend
(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)

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1. <i>Bruce LaLiberte</i>	<i>N21060 WISHMAN RD NIAGARA WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Niagara</i>	<i>3-23-2011</i>
2. <i>Sileen LaLiberte</i>	<i>N21060 Wishman Rd Niagara WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Niagara</i>	<i>3/23/2011</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	
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6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Bruce LaLiberte* **Certification of Circulator**, certify:
(name of circulator)

I reside *N21060 WISHMAN RD NIAGARA 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.

3-23-2011 (date) *Bruce LaLiberte* (Signature of circulator)

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

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

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

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1. <i>Stanley D. Perry</i>	<i>N15187 White Rapids Loop Wausaukee, WI 54177</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Amberg</i>	<i>3-22-11</i>
2. <i>Janet L. Perry</i>	<i>N15187 White Rapids Loop Wausaukee, WI 54177</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Amberg</i>	<i>3-21-11</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	
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7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Stanley D. Perry, Amberg, certify:
(name of circulator)

I reside at N15187 White Rapids Loop, Wausaukee, WI 54102.
(circulator's residence - include number, street, and municipality)

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

3-22-11
(date)

Stanley D. Perry
(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. 2400

RECALL PETITION

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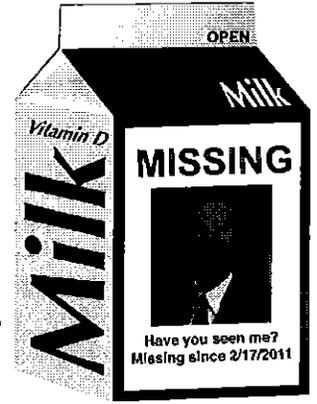
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(jurisdiction or district of officeholder)

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

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

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1. <i>Alice M. Seidler</i>	<i>3456 Kohn Rd Conover WI 54519</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i>	<i>3-19-11</i>
2. <i>Doug E. Seidler</i>	<i>3456 Kohn Rd CONOVER WI 54519</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i>	<i>3-19-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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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, *DOUG E. SEIDLER*, certify:
(name of circulator)

I reside at *3456 Kohn Rd Conover WI 54519*
(circulator's residence - include number, street, and municipality)

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

3-24-11
(date)

Doug Seidler
(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. *2407*

RECALL PETITION

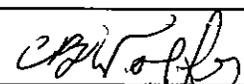
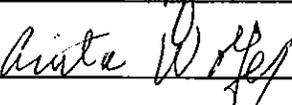
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1. 	2424 Fringer Lake Ln Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	4/4/11
2. 	2424 Fringer Lake Ln Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	4/4/11
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, Charles Wolf **Certification of Circulator**, certify:
(name of circulator)
 I reside 2424 Fringer Lake Lane Eagle River, WI WASHINGTON
(circulator's residence - include number, street, and municipality)

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

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

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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. <u>Sandra M. Heitzler</u>	<u>4855 W. Arrow Lake Dr Phelps WI 54554</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>4-5-11</u>
2. <u>Robert Koffner</u>	<u>4320 Twin View Trail Phelps, WI 54554</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>09/05/11</u>
3. <u>Vita E. Cattone</u>	<u>5548 Bremen Lane PHELPS, WI 54554</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>4/5/11</u>
4. <u>Drew Clagan</u>	<u>4120 Sand Lake Lane Phelps WI 54554</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>4/5/11</u>
5. <u>Mary J. Kosfeld</u>	<u>1811 Englewood Dr Phelps WI 54554</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>4/5/11</u>
6. <u>Chris Boers</u>	<u>302 N. MAIN ST. EAGLE RIVER, WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>EAGLE RIVER</u>	<u>4/4/11</u>
7. <u>Jerald John</u>	<u>5751 AIRPORT RD BOULDER JCT. WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BOULDER JCT</u>	<u>4/12/11</u>
8. <u>Tom M. M...</u>	<u>6612 BIG LAKE RD. MANITOWISH WATERS 54550</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MANITOWISH WATERS</u>	<u>4/13/11</u>
9. <u>Millie Z...</u>	<u>6218 Chestnut Cove Lane Boulder Junction</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Boulder Junction</u>	<u>4/13/11</u>
10. <u>Anthony M...</u>	<u>7824 W. MUSKET RD PRESQUE ISLE WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PRESQUE ISLE, WI</u>	<u>4/13/2011</u>

Certification of Circulator

JEFF KIRSCHMANN

(name of circulator)

certify:

reside at 3000 KENYUK LANDING RD.

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

TOWN PHELPS

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

4/13/2011
(date)

Jeff Kirschmann
(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>Jonet Boeder</i> <i>13964 Mallard Ln Lac du Flambeau, WI 54538</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lac du Flambeau</i>	<i>3/29/11</i>
2.		<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, *Jonet Boeder*, certify:
(name of circulator)

I reside *13964 Mallard Lane Lac du Flambeau*
(circulator's residence - include number, street, and municipality)

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

3/29/11
(date)

Jonet Boeder
(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>Edward J. Johnston</i>	<i>P.O. Box 242 St. Germain, WI 54558</i>	<input checked="" type="checkbox"/> Town <i>1170 Pinehurst Ct St. Germain</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
2. <i>Mary F. Johnston</i>	<i>1170 Pinehurst Ct. P.O. Box 242</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>St. Germain</i> <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, *Mary F. Johnston*, (name of circulator) certify:

I reside *1170 Pinehurst Ct. St. Germain* (circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Mary F. Johnston
(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.)

REASON: Because SENATOR Jim Holperin left the State of Wisc. when the Senate was in session, and refused to return, to debate and vote on a VERY important Budget issue on my behalf.

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>Raymond E Zastrow</u>	<u>2771 E OWSEIDA LA Rhinelander, Wisc 54501</u>	<input checked="" type="checkbox"/> Town <u>PELICAN</u> <input type="checkbox"/> Village <u>OWSEIDA, Co. Wisc.</u> <input type="checkbox"/> City	<u>3/30/11</u>
2. <u>Cheryl J Zastrow</u>	<u>2771 E. Oweida Ln Rhinelander WI 54501</u>	<input checked="" type="checkbox"/> Town <u>Pelican</u> <input type="checkbox"/> Village <u>(OWSEIDA Co WI)</u> <input type="checkbox"/> City	<u>4/1/11</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, RAYMOND E ZASTROW, certify:

(name of circulator)

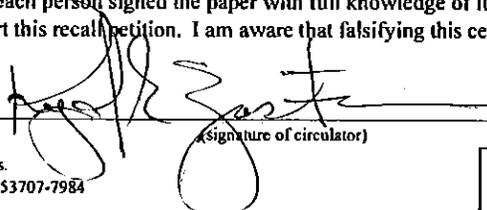
I reside 2771 E OWSEIDA LA, RHINELANDER, Wisc 54501

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

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

4-4-11

(date)



(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	224 W Spring Lake Rd MANITOWISH WATERS WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Manitowish Waters	25 Feb 2011
2. <i>[Signature]</i>	Birch Hill Rd Man. Waters WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Manitowish Waters	25, Feb 2011
3. <i>[Signature]</i>	291 Stone Lake Rd MANITOWISH WATERS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MANITOWISH WATERS	2-25-11
4. <i>[Signature]</i>	291 Stone Lake Rd MANITOWISH WATERS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MANITOWISH WATERS	2-25-11
5. <i>[Signature]</i>	267 Point O Pines Ln MANITOWISH WATERS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MANITOWISH WATERS	2-25-11
6. <i>[Signature]</i>	291 Stone Lake Rd. MANITOWISH WATERS.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MANITOWISH WATERS	2-25-11
7. <i>[Signature]</i>	1184 Manitowish River Ave Mercer, WI 54547	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mercer Wisconsin	2-26-11
8. <i>[Signature]</i>	16 Powell Rd. Man. Waters, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Man. Waters	2/26/11
9. <i>[Signature]</i>	1083 City Road 0 Winchester WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3/1/11
10. <i>[Signature]</i>	1083 City Rd 0 WINCHESTER WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WINCHESTER	3/1/11

Certification of Circulator

I, CHARLES M. RAYALA, certify:

(name of circulator)

I reside at 16 POWELL RD MANITOWISH WATERS, WI. 54545

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

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

April 12, 2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Barry J. Hoprins</i>	<i>K-38 eight block Blvd Manitowish Waters WI.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Manitowish Waters</i>	<i>3-1-11</i>
2. <i>[Signature]</i>	<i>10 Rest Lk Rd Manitowish Waters WI.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Manitowish Waters</i>	<i>3/7/11</i>
3. <i>[Signature]</i>	<i>6155 Pointe Laue Manitowish Waters WI.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Manitowish Waters</i>	<i>3/16/11</i>
4. <i>[Signature]</i>	<i>K33 Eight block Blvd Manitowish Waters WI.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Manitowish Waters</i>	<i>4/12/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, CHARLES M. RAYOLA III, **Certification of Circulator**, certify:
(name of circulator)
 I reside at 16 POWELL RD MANITOWISH WATERS, WI. 54545.
(circulator's residence - include number, street, and municipality)

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

APRIL 12, 2011 (date) Charles M. Rayola III (signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the _____
(jurisdiction or district of officeholder)

petition for the recall of _____
(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.

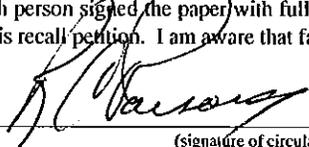
STATEMENT OF REASON FOR RECALL

(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. Brian Habersetzer	8230 Northwood Dr. St Germain, WI 54553	<input checked="" type="checkbox"/> Town Saint Germain <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
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	

I, Robert C. Parsons **Certification of Circulator**, certify:
(name of circulator)
 I reside at 1339 Sunset Rd Engle River, WI (Town of Cleveland)
(circulator's residence - include number, street, and municipality)

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

3/25/2011 (date)  (signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the _____
(jurisdiction or district of officeholder)

petition for the recall of _____ 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. <i>Scott Peske</i>	<i>4359 White Pine Loop Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>4/4/11</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, *Robert C. PARSONS* **Certification of Circulator**, certify:
(name of circulator)
 I reside at *1339 Sunset Rd, Eagle River, WI* *Town of Cloverland*
(circulator's residence - include number, street, and municipality)

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

4/15/11
(date)
[Signature]
(signature of circulator)

RECALL PETITION

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

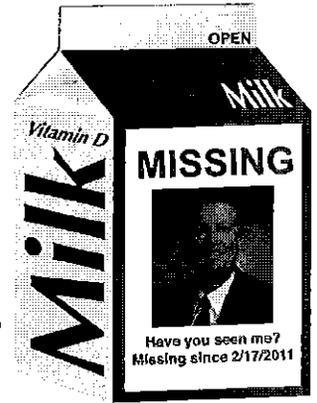
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Kenn A. Mowra</i>	<i>N11412 Pheasant Ln. Biramwood, WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aniwa</i>	<i>4-10-11</i>
2. <i>Erin Boy</i>	<i>N10215 Hallock Pewaukee WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pewaukee</i>	<i>4-14-11</i>
3. <i>Ben M. Brunsch</i>	<i>W-17 330 chand Rd Aniwa</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aniwa</i>	<i>4-14-11</i>
4. <i>Kachel Cooper</i>	<i>411 Mary St Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4/14/11</i>
5. <i>Patti Pomast</i>	<i>N2412 Hwy AA Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4/14/11</i>
6. <i>Larrya Voras</i>	<i>380 Cnty Rd PP Pecquet, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Noshville</i>	<i>4-14-11</i>
7. <i>Joe Kater</i>	<i>N7405 Hwy 55 Liby WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Liby</i>	<i>4-14-11</i>
8. <i>Ronald J. Dief</i>	<i>W3026 N Lake Ln White Lake, WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>4-18-11</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, Laurie Hottenstein, certify:
(name of circulator)

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

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

4-18-11
4-18-11
(date)

Laurie Hottenstein
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Rosemary Umbray</i>	<i>N 1263 Hwy 45 Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-24-11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Laurie Hottenstein*, certify:

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

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

4-17-11
(date)

Laurie Hottenstein
(signature of circulator)

GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 508-266-8005, <http://gah.wi.gov> email: gab@wi.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mary M. Monroe</i>	<i>261 Powell Rd Manitowish Waters WI</i>	<input checked="" type="checkbox"/> Town <i>Manitowish Waters</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>Edward R. Monroe</i>	<i>261 Powell Rd</i>	<input checked="" type="checkbox"/> Town <i>Manitowish Waters</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
3. <i>Wayne Anthony J.</i>	<i>380 Powell Rd</i>	<input checked="" type="checkbox"/> Town <i>Manitowish Waters</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
4. <i>Wesley J.</i>	<i>390 ALDER LAKE RD</i>	<input checked="" type="checkbox"/> Town <i>MANITOWISH WATERS</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Edward R. Monroe*, certify:
(name of circulator)

I reside *261 Powell Rd Manitowish Waters WI 54545*
(circulator's residence - include number, street, and municipality)

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

3-29-11
(date)

** Edward R. Monroe*
(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.)

JUST LIKE MEMBERS OF THE MILITARY, RUNNING FOR PUBLIC OFFICE IS VOLUNTARY. WHEN MILITARY MEMBERS LEAVE THEIR ASSIGNED DUTY STATION - IT IS DESEDITION - AND IT IS THE SAME FOR SENATORS WHO LEAVE THEIR ASSIGNED PLACE OF DUTY.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<u>Charles J. Schroeder</u>	<u>1658 WATERSMEET LAKE RD., EAGLE RIVER</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>3/30/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>

Certification of Circulator

X I, CHARLES J. SCHROEDER, certify:
(name of circulator)

X I reside 1658 WATERSMEET LAKE RD., EAGLE RIVER, WI 54521-9752 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.

X 3-30-11
(date)

X Charles J. Schroeder
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Halperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Carol Smith</u>	<u>3876 Forest Circle Eagle River, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u>	<u>2-26-11</u>
2. <u>ANDREA Zoepfel</u>	<u>4071 BIRCH RD Lond O LAKE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LAND O LAKE</u>	<u>2-26-11</u>
3. <u>Robert A. Blank</u>	<u>2236 BLOSKY DR EAGLE RIVER</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASHINGTON</u>	<u>2-26-11</u>
4. <u>Mike Campbell</u>	<u>1951 McKinley Blvd Eagle River WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2/26/11</u>
5. <u>Bruce Smith</u>	<u>4341 Spruce Lane Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>2-26-11</u>
6. <u>David C. Janssen</u>	<u>5160 HWY 90 WEST</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>2/26/11</u>
7. <u>Jan Galygo</u>	<u>1674 EAGLE RIVER</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>4-26-11</u>
8. <u>[Signature]</u>	<u>1636 L Lake Dr 57 Germantown</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ST GERMAN</u>	<u>2/26/11</u>
9. <u>[Signature]</u>	<u>1176 WALL ST EAGLE RIVER</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER, WI</u>	<u>2/25/11</u>
10. <u>Shirley Kauterick</u>	<u>1269 Vista Lakes Rd Eagle River WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Lincoln Eagle River</u>	<u>2/25/11</u>

Certification of Circulator

I, Stanley L. Nystop, certify:

(name of circulator)

I reside at 309 No. Second St. Eagle River, WI

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

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

2/28/11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Don Callaway</i>	<i>3591 Beerskay Circle Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-8-11</i>
2. <i>Norman J. Slawer</i>	<i>10167 Le. Kambashier Rd. Hazelhurst, WI 54531</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-8-11</i>
3. <i>Carol A. Coffey</i>	<i>9158 Katie Ct Minocqua WI 54448</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-8-11</i>
4. <i>D. Callaway</i>	<i>3591 Beerskay Cir. Tomahawk WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-14-11</i>
5. <i>Norman</i>	<i>9010 Island View Rd Manitowish Waters WI 54455</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-14-11</i>
6. <i>James Saulpays</i>	<i>10830 Bucichorn Cn. Anbor Village</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-14-11</i>
7. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, LAKANA BURKETT, certify:

I reside at 7332 RIDGEVIEW CT. MINOCQUA WI 54448
(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.

Mar 31, 2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

AWOL = RECALL

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>Charles Rogosh</i>	<i>13655 South Shore Sussex WI 54174</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mountain</i>	<i>4/1/11</i>
2. <i>Nancy Rogosh</i>	<i>13655 South Shore Sussex WI 54174</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mountain</i>	<i>4/1/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *WILLIAM H BALLERIN*, certify:
(name of circulator)

I reside *14270 SPRING CREEK RD MOUNTAIN, WI 54149*.
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

William H Ballerin
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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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>Paul Damm</i>	<i>1019 Superior St Antigo 54405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/5/11</i>
2. <i>Sandy Robrecht</i>	<i>320 Superior St Antigo 54405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/5/11</i>
3. <i>Benjamin Jankowski</i>	<i>714 Fred St Antigo 54405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-5-11</i>
4. <i>Lauren J Luth</i>	<i>1186 Langlade Rd Antigo 54405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-5-11</i>
5. <i>Kate Barta</i>	<i>Antigo 54405 1022 Lincoln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-5-11</i>
6. <i>Dorothy Barta</i>	<i>Antigo 54405 1022 Lincoln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-5-11</i>
7. <i>Brad Anderson</i>	<i>929 Lincoln St. Antigo 54405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-5-11</i>
8. <i>Jon Beck</i>	<i>1807 Andrea Ct Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-5-11</i>
9. <i>Sandy Nielsen</i>	<i>222 Greuber St Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-5-11</i>
10. <i>Steve Halperin</i>	<i>1336 Nava Rd. Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-5-11</i>

Certification of Circulator

I, *Tommy Stackert*, certify:
(name of circulator)

I reside at *436 Deresch St Antigo WI 54405*
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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. *2424*

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Thomas J. Lukowicz</i>	<i>W9165 Elbow Rd Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>03/03/2011</i>
2. <i>John J. KRAJEWski</i>	<i>1415 Clermont St Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>03/10-2</i>
3. <i>BEN J. HOERMAN</i>	<i>1019 2ND AVE ANTIGO WIS. 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-1-2011</i>
4. <i>David Lee</i>	<i>W12003 Hwy 64 Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-1-11</i>
5. <i>W. S. ...</i>	<i>W10450 SPRING RD ANTIGO WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-2-11</i>
6. <i>N Smith</i>	<i>916 VIRGINIA ST ANTIGO WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-11</i>
7. <i>Alecia Remington</i>	<i>W15267 Hwy C Gleason WI 54425</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Gleason</i>	<i>3-1-11</i>
8. <i>Laura L. Stuckert</i>	<i>436 Deresch St. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-2-11</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, *Tommie Stuckert*, certify:
(name of circulator)

I reside at *436 Deresch St Antigo WI 54409*
(circulator's residence - include number, street, and municipality)

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

3-2-11

(date)

T Stuckert

(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>Robt Z Langha</i>	<i>247 So Virginia St Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3 Mar 11</i>
2. <i>Thomas D Arndt</i>	<i>N 8730 Arndt Ln Lily WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Langlade</i>	<i>3/3/11</i>
3. <i>Bill Heinen</i>	<i>Lily WI 54491 W 3550 2 PORKY LN</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LANGLADE</i>	<i>3/3/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Tommit Stuckert*, certify:
(name of circulator)

I reside at *436 Deresch St Antigo WI 54409*.
(circulator's residence - include number, street, and municipality)

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

3-3-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

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

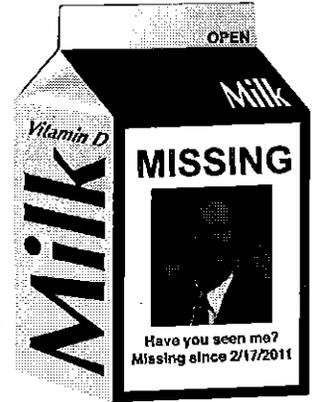
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sharon Maeder</i>	<i>1999 Lissac Ln St Germain WI 54558</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ST. GERMAIN</i>	<i>3/15/11</i>
2. <i>Landra Smith</i>	<i>2421 Raven Ln St Germain WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST. GERMAIN</i>	<i>3/16/11</i>
3. <i>Jack Smith</i>	<i>5421 Raven Ln St. Germain WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ST. GERMAIN</i>	<i>3/16/11</i>
4. <i>Leonard P. Heiting</i>	<i>8148 Lost Lake Dr. South St. Germain, WI 54558</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ST. GERMAIN</i>	<i>3/16/11</i>
5. <i>Jim G...</i>	<i>1275 W. Harbor Drive Arbor Vitae, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBOR VITAE</i>	<i>3/16/11</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, *KIM SIMAC*, certify:
(name of circulator)
 I reside at *3860 Julia Vista Dr. Eagle River Lincoln WI 54521*
(circulator's residence - include number, street, and municipality)

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

3-20-11
(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. *2027*

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Steve Maloney</i>	<i>w6212 Edward Dr Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <i>Manding</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill WI</i>	<i>3-24-11</i>
2. <i>Crystal D. ...</i>	<i>2016 Birch Bay Rd Tomahawk WI</i>	<input checked="" type="checkbox"/> Town <i>Woodborer</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-24-11</i>
3. <i>Supv L. Ketter</i>	<i>w7140A Village Rd Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <i>Merrill</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-24-11</i>
4. <i>James Blas</i>	<i>62906 Wildcreek Dr Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <i>Rock Falls</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-24-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Julie Stevenson, certify:
(name of circulator)

I reside at W3261 Schiller Drive Merrill WI 54452
(circulator's residence - include number, street, and municipality)

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

3-24-11
(date)

Julie Stevenson
(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. 2428

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Harold E. Voss Jr.</u>	<u>1110 PEACH LAKE ROAD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>3/29/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>

Certification of Circulator

I, Harold E. Voss Jr., certify:
(name of circulator)

I reside 1110 PEACH LAKE ROAD EAGLE RIVER, WISCONSIN 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 29 - 2011
(date)

Harold E. Voss Jr.
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or firm no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>David Voeltz</i>	<i>7049 N Bluebird Rd Lake Tomahawk Wis 54539</i>	<input checked="" type="checkbox"/> Town <i>Lake Tomahawk</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
2. <i>Anna Mae Voeltz</i>	<i>7049 N Bluebird Rd Lake Tomahawk wis 54539</i>	<input checked="" type="checkbox"/> Town <i>Lake Tomahawk</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

I, *Anna Mae Voeltz* **Certification of Circulator**, certify:
(name of circulator)
 I reside *7049 N Bluebird Rd Lake Tomahawk Wis 54539*
(circulator's residence - include number, street, and municipality)

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

3-30-11 (date) *Anna Mae Voeltz* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

Left his job as Senator

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>William Wagler</u>	3353 W. ... <u>3353 EDWARD AVE.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RHINELANDER</u>	<u>3/29/11</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

Certification of Circulator

I, William Wagler, certify:
(name of circulator)

I reside 3353 Edward Ave Rhinelander, Wis. 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.

3-29-11
(date)

William Wagler
(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 Weinberger Sr.</i>	<i>10255 JACK Pine Lane TOMAHAWK, WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
2. <i>Robert Weinberger</i>	<i>10255 Jack Pine Ln. Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
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, *Robert Weinberger Sr.*, certify:
(name of circulator)

I reside *10255 JACK Pine Lane Tomahawk, WI 54487*.
(circulator's residence - include number, street, and municipality)

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

4/3/2011
(date)

Robert Weinberger Sr.
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Audrey Flaherty</i>	<i>3784 Hi Banks Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Conover</i>	<i>4/6/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Audrey Flaherty*, (name of circulator) certify:

I reside *3784 Hi Banks Rd Conover WI 54519*
(circulator's residence - include number, street, and municipality)

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

4-6-11
(date)

Audrey Flaherty
(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>Kathy Graap</i>	<i>711 So. 1st St #203 Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/13/11</i>
2. <i>Audrey Heuser</i>	<i>1005 E 9th St Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/13/11</i>
3. <i>Ernie Schubert</i>	<i>912538 Hwy 17 Merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/15/11</i>
4. <i>Candace Henne</i>	<i>708 W. Riverside Ave Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4/2/11</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, *Audrey Heuser*, certify:
(name of circulator)

I reside *1005 E. 9th St. - Merrill - city*.
(circulator's residence - include number, street, and municipality)

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

Audrey Heuser
(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>Frank Peters</i>	7085 Bass Lake Road Lake Tomahawk WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	3/30/11
2. <i>Frank Peters</i>	7085 Bass Lake Rd Lake Tomahawk WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	3/30/11
3. <i>Chris Andersen</i>	1547 Englewood Arbor Vitae WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/31/11
4. <i>Todd R. Anderson</i>	12800 White Birch Ln. Minocqua WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Minocqua	3/31/11
5. <i>S. J. Jenson</i>	11135 Bellwood Minocqua WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Minocqua	3/31/11
6. <i>Frank Peters</i>	6891 Gypsy Lake Road Lake Tomahawk WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	4/10/11
7. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	1/11
8. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	1/11
9. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	1/11
10. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	1/11

Certification of Circulator

I, FRANK PETERS, certify:

(name of circulator)

I reside 7085 Bass Lake Road Lake Tomahawk Newbold
(circulator's residence - include number, street, and municipality)

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

4/5/11
(date)

Frank 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.)

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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>Kathryn D. Reed</i>	<i>321 S. 2nd St. Earle River, WI 54621</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Eagle River WI</i> <input checked="" type="checkbox"/> City	<i>3/10/11</i>
2. <i>Chuck Bosson</i>	<i>5979 ZEMAN RD CLOVERLAND</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Cloverland</i>	<i>3-15-11</i>
3. <i>Sylvia Bosson</i>	<i>5979 ZEMAN RD CLOVERLAND</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Cloverland</i>	<i>3-15-11</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, *LER H SENS, BA* **Certification of Circulator**, certify:

I reside *5618 COONH RD B LAKE LAKES, WI 54601*
(circulator's residence - include number, street, and municipality)

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

Leo Sens
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jim Franks</u>	<u>9531 Country Club RT Minocqua</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>4-5-11</u>
2. <u>Robert Lee</u>	<u>1017 Blue Lake Rd Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>4-5-11</u>
3. <u>Bernard Jajinski</u>	<u>840 BOURNELL MINOCQUA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>4/5/11</u>
4. <u>Robert W. Sapp</u>	<u>8689 Hill Lake Dr Minocqua WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>4/5/11</u>
5. <u>Everett Strother</u>	<u>8748 Dgln Rd Minocqua</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>4/5/11</u>
6. <u>Wm J. Thompson</u>	<u>10989 Helen Rd Minocqua</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>4/5/2011</u>
7. <u>Patricia Miel</u>	<u>8534 OAK PARKWAY MINOCQUA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>4/5/11</u>
8. <u>Karin Saukally</u>	<u>8084 Hill Lake Dr Minocqua</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>4/5/11</u>
9. <u>May Mehl</u>	<u>11070 Bellwood Minocqua</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>4/5/11</u>
10. <u>Hugo Mehl</u>	<u>11070 Bellwood Minocqua</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>4/5/11</u>

Certification of Circulator

I, Larry W. Schumacher, certify:

(name of circulator)

I reside 4641 S. 7th E Pl, Tulsa, OK

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

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

4-8-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Russ Gundry</i>	<i>8748 Bismarck Rd Minocqua</i>	<input checked="" type="checkbox"/> Town <i>Minocqua</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
2. <i>Joann McCurdie</i>	<i>8748 Bismarck Rd Minocqua</i>	<input checked="" type="checkbox"/> Town <i>Minocqua</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
3. <i>John A. Jay</i>	<i>1810 2nd St Woodruff</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
4. <i>Shirley Dickler</i>	<i>8848 Midlake Rd Woodruff, WI</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-5-11</i>
5. <i>Kenn Hegart</i>	<i>9795 Country Ln Woodruff</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4.5.11</i>
6. <i>Jessica Smelt</i>	<i>1000 Tomahawk Dr. Minocqua WI</i>	<input checked="" type="checkbox"/> Town <i>Minocqua</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-5-11</i>
7. <i>Mindy Jamy</i>	<i>610 3 North Ln. Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <i>Argonne</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-5-11</i>
8. <i>W. H. H. H.</i>	<i>3487 GRAND OAK LN R#1 WI 54501</i>	<input checked="" type="checkbox"/> Town <i>PELICAN</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-5-11</i>
9. <i>[Signature]</i>	<i>4509 EAST BOSTON AVE R#1 WI 54501</i>	<input checked="" type="checkbox"/> Town <i>PELICAN</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-5-11</i>
10. <i>Jack R. [Signature]</i>	<i>919 9th St Summit</i>	<input checked="" type="checkbox"/> Town <i>Summit Lake</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-5-11</i>

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

I reside *4601 S. 72nd E Pl., Tulsa OK*
(circulator's residence - include number, street, and municipality)

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

4-8-11 (date) *Larry W. Schumacher* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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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>Dan Schall</u>	<u>8801 Hwy J P.O. Box Woodruff, WI 934</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>4-5-11</u>
2. <u>[Signature]</u>	<u>8516 E. Grandview Circle St. Lawrence WI 54558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>4/5/11</u>
3. <u>Linda Milke</u>	<u>9238 Co. Rd. J Manocque WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Manocque</u>	<u>4/5/11</u>
4. <u>Edward Wagner</u>	<u>165 Forest Cir. Woodruff, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>4/5/11</u>
5. <u>Ernest P. Behm</u>	<u>8706 Ardure Dr. Woodruff WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>4/5/11</u>
6. <u>[Signature]</u>	<u>110 Maple St Reedsville, WI 54230</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>REEDSVILLE</u>	<u>4/5/11</u>
7. <u>[Signature]</u>	<u>9812 College Ln Dr Horseshoe WI 54529</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CASSIM</u>	<u>4/5/11</u>
8. <u>[Signature]</u>	<u>Rhineland WI 54501 2895 Green Bass Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cresent</u>	<u>4/5/11</u>
9. <u>Paul Hankney</u>	<u>117 Harmony Hills Rhineland</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhineland</u>	<u>4/5/11</u>
10. <u>[Signature]</u>	<u>401 Huxon St. La Crosse Wisconsin</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>La Crosse</u>	<u>4/5/11</u>

Certification of Circulator

I, Larry W. Schumacher, certify:

(name of circulator)

I reside 4621 S. Tang B Pl, Tulsa OK

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

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

4-8-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>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>Phil Karbon</i>	<i>731 E. STEVEN RHINELANDER</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4/5/11</i>
2. <i>Sarah Eisel</i>	<i>#075 County D 8763 Bailey Argonne</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>4/5/11</i>
3. <i>[Signature]</i>	<i>321 N Brown St Rhinelander WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4/5/11</i>
4. <i>Quane Hanson</i>	<i>2195 ALSON RD. TOMAHAWK WI.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOOD BORO</i>	<i>4-5-11</i>
5. <i>Merrin Reiter</i>	<i>3350 N RIFLE RD RHINELANDER</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RHINELANDER</i>	<i>4-5-11</i>
6. <i>Kathleen Allen</i>	<i>3350 N. Rifle Rd Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>4-5-11</i>
7. <i>Travis Marga</i>	<i>4641 Riverbend rd Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-5-11</i>
8. <i>Richard Mangels</i>	<i>335 N Brown St Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-5-11</i>
9. <i>Sammy Rinker</i>	<i>2894 N. Alison Lake Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>4-5-11</i>
10. <i>Kim Lundberg</i>	<i>5590 Wandlehill Dr Rhinelander</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>4-6-11</i>

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

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

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

4-8-11 (date) *Larry W. Schumacher* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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>	7391 FOREST TRAIL LAKE TOMAHAWK WI	<input checked="" type="checkbox"/> Town <i>Ship</i> <input type="checkbox"/> Village <i>Woodruff</i> <input type="checkbox"/> City	4/5/11
2. <i>[Signature]</i>	9238 Co Road J <i>Menoscego</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	4/5/11
3. <i>[Signature]</i>	7358 Hwy 47 Woodruff	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Woodruff</i> <input type="checkbox"/> City	4/5/11
4. <i>[Signature]</i>	325 Hickory St. Woodruff	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Woodruff</i> <input type="checkbox"/> City	4/5/11
5. <i>[Signature]</i>	9843 Hwy 2 Woodruff WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Woodruff</i> <input type="checkbox"/> City	4/5/11
6. <i>[Signature]</i>	2461 Kennedy Rd Rhinelander, WI	<input checked="" type="checkbox"/> Town <i>Pelican</i> <input type="checkbox"/> Village <input type="checkbox"/> City	4/5/11
7. <i>[Signature]</i>	4034 Ethel Rd Wabeno WI 54546	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Wabeno</i> <input type="checkbox"/> City	4/5/11
8. <i>[Signature]</i>	<i>Newald</i> 5712 Double Bend Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Newald</i> <input type="checkbox"/> City <i>WI</i>	4-5-11
9. <i>[Signature]</i>	5712 Double Bend Rd <i>Newald</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Newald</i> <input type="checkbox"/> City	4-5-11
10. <i>[Signature]</i>	117 Harmony Hills Ct. Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Woodruff <i>Rhinelander</i> <input type="checkbox"/> City	4-5-11

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

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

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

4-8-11 (date) Larry W. Schumacher (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1. <i>Michelle Hupert</i>	<i>5030 Appleview Lane Crandin WI 54520</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandin</i>	<i>4.6.2011</i>
2. <i>Chf Kuen</i>	<i>1133 Upland Ave Blairlander WI 54801</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Blairlander</i>	<i>4-6-2011</i>
3. <i>Merrill Nobes</i>	<i>801 Timber Dr #6, Blairlander WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4/6/2011</i>
4. <i>Mina Mantel</i>	<i>728 Margaret St Rhineland WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4/6/2011</i>
5. <i>Judy Mann</i>	<i>376 Woodland Rhineland WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4/6/11</i>
6. <i>Laurie Dotan</i>	<i>9571 S Blue Lake Rd Hazelhurst WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Hazelhurst</i>	<i>4/6/11</i>
7. <i>Handwritten</i>	<i>4867 Little Pine Ave Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4/6/11</i>
8. <i>Bob Pettinger</i>	<i>Bob Pettinger 1003 Kingside W5104 Ctylda</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>merrill</i>	<i>4-6-11</i>
9. <i>Merrill</i>	<i>W5104 Ctylda Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Scott</i>	<i>4-7-11</i>
10. <i>Nicholas Meyer</i>	<i>1504 Division St Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-7-11</i>

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

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

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

4-8-11 (date) Larry W. Schumacher (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>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 Schuy</i>	915 Chautauq Av. Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-6-11
2. <i>David Ruff</i>	325 Makwa Luc du Flambeau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Luc du Flambeau	4-6-11
3. <i>Christine L. Tegen</i>	694 Buckhol Dr Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	4-6-11
4. <i>Don Kemper</i>	Three Lakes 6930 East School St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-6-11
5. <i>Terry Benes</i>	110194 Kopenick Rd Deerbrook WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UPHAM	4-6-11
6. <i>Nancy Benes</i>	Deerbrook WI 110194 Kopenick Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UPHAM	4-6-11
7. <i>Clare Cartman</i>	720 Brunz Dr Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/6/11
8. <i>Juanita Vogel</i>	W2085 CTR. RD. J Shelby	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Shelby	4/7/11
9. <i>Joseph Bost</i>	1003E. Riverside Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/7/11
10. <i>Priscilla Wachtel</i>	111940th Rd Tomahawk WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4/7/11

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

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

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

4-8-11 (date) Larry W. Schumacher (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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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 A. Osgeman</i>	<i>222 CONRO ST. Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/28/11</i>
2. <i>Robert A. Osgeman</i>	<i>222 CONRO ST. RHINELANDER</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>3/28/11</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, *Robert A. Osgeman*, certify:
(name of circulator)

I reside *222 Conro Street 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.

4-4-11

(date)

Robert A. Osgeman

(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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1. Samantha Hunter <i>Samantha Hunter</i>	2997 Germond Rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-1-11
2. Adam Eyrstrom <i>Adam Eyrstrom</i>	2997 Germond Rd Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-1-11
3. Heath Ernst <i>Heath Ernst</i>	3003 Germond Rd Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-1-11
4. Stephanie Ernst <i>Stephanie Ernst</i>	3003 Germond Rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-1-11
5. Michelle Fenske <i>Michelle Fenske</i>	2792 Pelican Ranch Rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-1-11
6. Paul Fenske <i>Paul Fenske</i>	2792 Pelican Ranch Rd. Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-1-11
7. JOANNE MICKINA <i>Joanne Mickina</i>	7936 LITTLE STAR LANE STAR LAKE, WI 54561	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PLUM LAKE	3-2-11
8. Row Burnett <i>Row Burnett</i>	2507 Country CREEK Ln Schofield, WI 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	3-3-11
9. Jack Herrichs <i>Jack Herrichs</i>	41 EAST Maple ST. Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-3-11
10. Kim Pence <i>Kim Pence</i>	3514 Cedar Lane Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-3-11

Certification of Circulator

I, Franklin A Hillier SUGAR CAMP, certify:
(name of circulator)

I reside at 7730 Marcond Rd Eagle River WI
(circulator's residence - include number, street, and municipality)

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

3-3-11
(date)

Franklin A Hillier
(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>Shane Husted</i>	3612 Hwy A Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-3-11
2. <i>John Holewinski</i>	7638 Channel Rd Eagle WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-3-11
3. <i>John Nicklaon Shuler</i>	4812 Hwy A Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-3-11
4. <i>Marcy Riedtke</i>	4870 Conty D E. R. WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-3-11
5. <i>Patsy St. Clair</i>	P.O. Box 538 St. Germain, Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City St. Germain	3-3-11
6. <i>Danielle Moore</i>	P.O. Box 942 Eagle River, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3-3-11
7. <i>Maura Pitlik</i>	8064 County Rd D Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-3-11
8. <i>DAN J. ZERNIA</i>	8046 HWY D EAGLE RIVER WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SUGAR CAMP	3-3-11
9. <i>Ben Nivendorf</i>	3825 Rolling Acres Dr Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-4-11
10. <i>DAREK GAJDA</i>	7680 Maryland Rd 54521 EAGLE RIVER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SUGAR CAMP	3-4-11

Certification of Circulator

I, Franklin A Hiller SUGAR CAMP, certify:
(name of circulator)

I reside at 7730 Marquard RD Eagle River WI 54521
(circulator's residence - include number, street, and municipality)

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

3-4-11
(date)

Franklin A Hiller
(signature of circulator)

RECALL PETITION

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

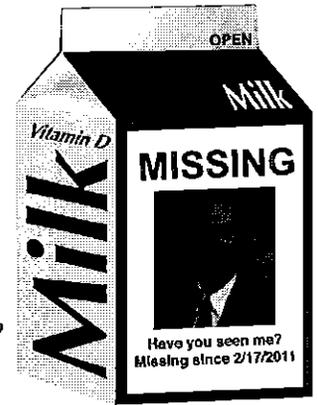
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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1. <u>Eric C. Blomdahl</u>	<u>905 LEATZOW RD THREE LAKES WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>3/30/11</u>
2. <u>Jennifer Blomdahl</u>	<u>905 Leatzow Rd Three Lakes WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3/30/11</u>
3. <u>Jim Schwelt</u>	<u>1256 N. Big LKLP Rd.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3/30/11</u>
4. <u>Joseph H. Madl</u>	<u>1791 Superior St. Three Lakes WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3/30/11</u>
5. <u>[Signature]</u>	<u>1256 N Big LKLP 3 LAKES WI 54562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3/30/11</u>
6. <u>Lanny Mael</u>	<u>1791 Superior St. Three LAKES, WI 54562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3/30/11</u>
7. <u>[Signature]</u>	<u>8140 Petero Rd Eagle River WI 54521</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>3/31/11</u>
8. <u>Joan Dutz</u>	<u>P.O. Box 225 3-Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3-31-11</u>
9. <u>Kent H. Offin</u>	<u>P.O. Box 40 Three Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>4-5-11</u>
10. <u>Jim Levandoski</u>	<u>3 LAKES, WI 1328 Hwy 43R</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>3 Lakes WI</u>	<u>4-5-11</u>

Certification of Circulator

I, John Schmidt, certify:
(name of circulator)

I reside at 6675 TIMBELANE THREE LAKES WI 54562
(circulator's residence - include number, street, and municipality)

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

4/7/11
(date)

John Schmidt
(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. 249

RECALL PETITION

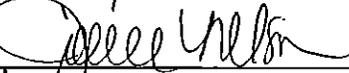
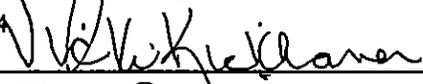
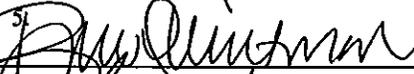
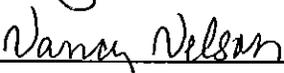
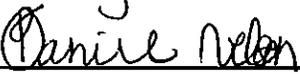
TO: Wisconsin Government Accountability Board

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

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

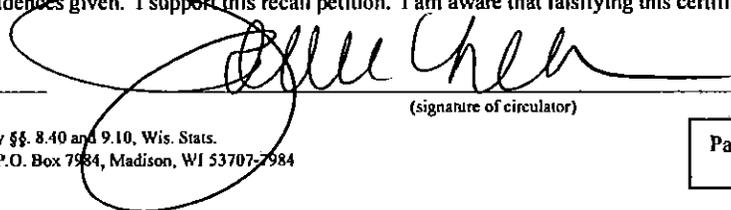
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Box 208 Pine Ave Mattoon, WI 54450	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Mattoon</u> <input type="checkbox"/> City	03/31/11
2. 	Box 208 Pine Ave Mattoon, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Mattoon</u> <input type="checkbox"/> City	03/31/11
3. 	2416a Crestwood Rd Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Norwood</u> <input type="checkbox"/> City	3/31/11
4. 	1200 Pine Ave P.O. 208 Mattoon WI 54450	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Mattoon</u> <input type="checkbox"/> City	3/31/11
5. 	1221 Conkridge Dr. Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Monroe</u> <input type="checkbox"/> City	3/31/11
6. 	1021 7th Street Birnamwood, WI 54414	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Mattoon</u> <input type="checkbox"/> City	3/31/11
7. 	2416a Crestwood Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Norwood</u> <input type="checkbox"/> City	4/5/11
8. 	2416a Crestwood Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Norwood</u> <input type="checkbox"/> City	4/5/11
9. 	2416a Crestwood Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Norwood</u> <input type="checkbox"/> City	4/5/11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11

Certification of Circulator

I, Joelle Nelson, certify:
(name of circulator)
 I reside 2416a Crestwood Rd, Antigo WI 54409 Norwood Township
(circulator's residence - include number, street, and municipality)

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

4-5-2011
(date)


(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Dale Vandenberg</u>	<u>4609 Brookside Rd Abrams WI 54101</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pensaukee</u>	<u>3-3-11</u>
2. <u>Jane Vandenberg</u>	<u>4609 Brookside Rd Abrams WI 54101</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pensaukee</u>	<u>3-3-11</u>
3. <u>Earl R. Macho</u>	<u>9493 City Trk C Somers Wis. 54174</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-3-11</u>
4. <u>Nancy J. Gaworski</u>	<u>1834 City C Sobieski WI 54171</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Chase</u>	<u>3-3-11</u>
5. <u>Rynn Zajac</u>	<u>7793 City S Sobieski WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Chase</u>	<u>3/3/11</u>
6. <u>Jessica Pecher</u>	<u>1335 Krause Rd Sobieski, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Little Suamico</u>	<u>3/3/11</u>
7. <u>Nicole Norman</u>	<u>8321 Vandornick Rd PUNSKI WI 54162</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Chase</u>	<u>3/5/11</u>
8. <u>Melissa Sager</u>	<u>4408 Brookside Cemetery Abrams WI 54101</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pensaukee</u>	<u>3/6/11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Cecalyn M. Darr, **Certification of Circulator**, certify:
(name of circulator)
 I reside at 2546 County S, Little Suamico WI 54141
(circulator's residence - include number, street, and municipality)

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

3/11/11 (date) Cecalyn M. Darr (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>Leo Lewis</i>	9194 Hwy 55 Argonne WI 545-11	<input checked="" type="checkbox"/> Town Argonne <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
2. <i>Ann Westmark</i>	N9200 Cty Rd TT Deerbrook, WI 54424	<input type="checkbox"/> Town Ainsworth Town <input checked="" type="checkbox"/> Village Deerbrook Hall <input type="checkbox"/> City	4-14-11
3. <i>Cal Boehm</i>	W4684 Hwy C Hesson WI	<input checked="" type="checkbox"/> Town Vilas <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
4. <i>John Hallett</i>	13177 City Rd LAKE WOOD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village SAME WOOD <input type="checkbox"/> City	4-14-11
5. <i>Unk. Sup.</i>	231 Fischer st Antigo wis	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	4/14/11
6. <i>Paul Dursnick</i>	2405 Charlotte Antigo	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
7. <i>Nell Martiny</i>	W7555 Cty Rd F Antigo, WI	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
8. <i>[Signature]</i>	W2763 Wildwood Ln Antigo WI 54409	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	4/14/11
9. <i>Kim Dammann</i>	W9344 Cty Rd DD Picanel WI 54409	<input checked="" type="checkbox"/> Town Langlade <input type="checkbox"/> Village <input type="checkbox"/> City	4/14/11
10. <i>[Signature]</i>	2417 Charlotte Court #3 Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Langlade	4/14/11

Certification of Circulator

I, Larry W. Schumacher, certify:

I reside 4621 S 72nd E pl, Tulsa, OK

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

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Virginia Esromom</i>	17460 Meadow Parkway	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TOWNSEND	4-5-11
2. <i>Sharon Morris</i>	808 Messer St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RHINELANDER	4-5-11
3. <i>Jackie Weest</i>	211957 Nokomis Spr. Town	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TOMAHAWK	4/5/11
4. <i>Dina Moren</i>	326 Woodland Hgts Terr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/5/11
5. <i>Becky Letourquet</i>	513 LYNNE ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/5/11
6. <i>Marilyn Chadak</i>	812 N. Hazeldell P.O. Box 468	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	4/5/11
7. <i>Cathy Norton</i>	N 11690 N. Kokonis Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/5/11
8. <i>Ronald Demaree</i>	7976 Forest Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST GERMAIN	4/5/11
9. <i>Wanna R. Demaree</i>	7976 Forest Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST GERMAIN	4/5/11
10. <i>David Beelli</i>	7235 Fernwood Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City HARSHAW	4/5/11

Certification of Circulator

SHERRI FERRELL (name of circulator) _____, certify:

I reside 224 BERSHIRE 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 beside his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 2.13(3)(a), Wis. Stats.

4/5/11
(date)

Sherri E. Ferrell
(signature of circulator)

(Rev 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 05, <http://gab.wi.gov> email: gab@wi.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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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>Joseph J. Vinci</i>	5124 Evergreen Ct. Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
2. <i>Paul R. [unclear]</i>	7602 Heshwood Lake Tomahawk WI 54539	<input checked="" type="checkbox"/> Town of Woodriff <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
3. <i>Paul W. [unclear]</i>	7913 RAINBOW RD LAKE TOMAHAWK 54539	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village DM. <input type="checkbox"/> City	3-3-11
4. <i>[unclear]</i>	7520 [unclear] RD LAKE TOMAHAWK	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
5. <i>Joseph R. Frederer</i>	7107 STATE HWY 42, #16 LAKE TOMAHAWK, WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
6. <i>Damon S. Kennedy</i>	7986 Two Lakes Rd. Lake Tomahawk WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-4-11
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, CONNIE L DRUMM, certify:
(name of circulator)
 I reside at 6696 LONG LAKE DR, RHINELANDER WI 54501 NEWBOLD
(circulator's residence - include number, street, and municipality)

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

3-5-11
(date)

Connie L Drumm
(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>Jessica G. Schmitt</i>	<i>2764 Cleppert Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3/12/11</i>
2. <i>Stephanie Oestreich</i>	<i>N2777 Alexander Lake Rd Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3/12/11</i>
3. <i>Darrell Oestreich</i>	<i>N2797 Alexander Lk Rd Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3/12/11</i>
4. <i>Steve Frick</i>	<i>N2859 Alexander Lk Rd Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3-13-11</i>
5. <i>Tina Luedtke</i>	<i>N2859 Alexander Lk Rd Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3/13/11</i>
6. <i>Lindsay Schmelzer</i>	<i>N236 4th St W Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3-13-11</i>
7. <i>David Kypur</i>	<i>W 7036 Von Besser Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3-19-11</i>
8. <i>M. D. Smith</i>	<i>N2724 Alexander Lake Rd Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3-19-11</i>
9. <i>Nicola A. Woods</i>	<i>N2724 Alexander Lake Rd Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3-19-11</i>
10. <i>Alfred J. J...</i>	<i>N2724 Alexander Lake Rd Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARDING</i>	<i>3-19-11</i>

Certification of Circulator

I, Thomas A. Duest, certify:

I reside at W6946 Von Besser Dr. Merrill, WI 54452
(circulator's residence - include number, street, and municipality)

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

3-24-11
(date)

Thomas A. Duest
(signature of circulator)

RECALL PETITION

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

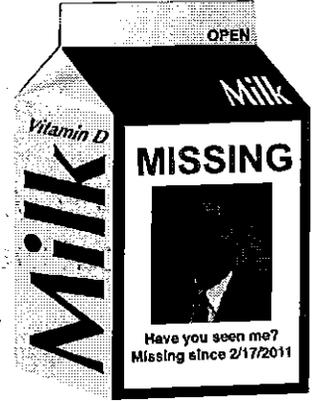
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jill M. Stengl</u>	<u>8259 Bassett Rd. Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3/23/2011</u>
2. <u>[Signature]</u>	<u>8259 BASSETT Rd. MINOCQUA, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3/23/2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jill M. Stengl, certify:
(name of circulator)

I reside at 8259 Bassett Rd, Minocqua, WI 54548 Minocqua
(circulator's residence - include number, street, and municipality)

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

March 23, 2011
(date)

Jill M. Stengl
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

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

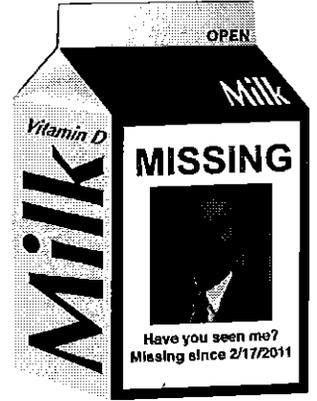
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Todd Hartman</i>	<i>W11479 CTH Y Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ackley</i>	<i>3/24/11</i>
2. <i>David H. Haurits</i>	<i>1311 Western Ave. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
3. <i>Michelle Hartman</i>	<i>W11479 Cth Rd Y Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ackley</i>	<i>3-23-11</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, *Lynae Haurits* **Certification of Circulator**, certify:
(name of circulator)
 I reside at *1311 Western Avenue Antigo, 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.
 (date) *3-23-11* (signature of circulator) *Lynae M. Haurits*

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Caryn Alexander</i>	<i>9719 OLD HWY 70 MINOCQUA WIS 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>2/26/11</i>
2. <i>Jennifer Semke</i>	<i>1180 Cty Rd. NN Marathon, WI 54448</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Marathon</i>	<i>2.26.11</i>
3. <i>Dave Herman</i>	<i>2350 Poplar Dr Arbor Vitae, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>2-28-11</i>
4. <i>Ally Anley</i>	<i>10040 LAKEVIEW</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>2-28-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Carol Cadny*, certify:

I reside at *1485 Broken Bow Tr. Arbor Vitae 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.

2-28-11
(date)

Carol Cadny
(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.	4477 FETKE LAKE RD RHINELANDER WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	2-25-11
2. Laurie J Poma	4477 FETKE LAKE ROAD RHINELANDER WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	2-25-11
3. Wendy J Smith	9854 BIRKBEAM RD TOMAHAWK, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NOKOMIS	2-26-11
4. James C DeBuse	3004 PRAIRIE LAKE RD TOMAHAWK WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NOKOMIS	2-26-11
5. Margaret Peals	2139 KRYSTAL ROSE TOMAHAWK, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NOKOMIS	2-28-11
6. Gary Baier	9378 NORWAY LN. TOMAHAWK, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NOKOMIS	3-27-11
7. Carl Bauer	9378 NORWAY LN. TOMAHAWK, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NOKOMIS	3-27-11
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, GARY L. BAIER, certify:

(name of circulator)

I reside at 9378 NORWAY LANE TOMAHAWK, WI 54487 TOWN OF NOKOMIS

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

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

3-27-11

(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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. Kenneth Klein	N8385 Calderon Falls Rd Crittiz, WI 54114	<input checked="" type="checkbox"/> Town STEPHENSON <input type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
2. Carol Eggleston	N8704 Calderon Falls Crittiz, WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STEPHENSON	3-6-11
3. Kenneth Klein	N8385 Calderon Falls Crittiz, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STEPHENSON	3-7-11
4. [Signature]	N9195 US HWY 141 CRITIZ, WI 54114	<input checked="" type="checkbox"/> Town MIDDLETLET <input type="checkbox"/> Village <input type="checkbox"/> City	3-8-11
5. Jim McWood	N911 Noquebay Rd CRITIZ	<input checked="" type="checkbox"/> Town LAKE <input type="checkbox"/> Village <input type="checkbox"/> City	3-8-11
6. Larry Peterson	W12403 Senator Lake CRITIZ, WI 54114	<input checked="" type="checkbox"/> Town STEPHENSON <input type="checkbox"/> Village <input type="checkbox"/> City	3-10-11
7. Gary Jantzerbach	W8403 Quarry Rd. Middle Inlet, WI	<input checked="" type="checkbox"/> Town middle <input type="checkbox"/> Village Inlet <input type="checkbox"/> City	3-15-11
8. Robert E. Ager	13926 RANCH LAKE POUNA, WI 54161	<input type="checkbox"/> Town BRAZEAU <input type="checkbox"/> Village <input type="checkbox"/> City	3-21-11
9. [Signature]	W9633 AIRPORT Rd. CRITIZ WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STEPHENSON	3-25-11
10. Frank Caccioth	W13139 RANCH RD. CRITIZ WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STEPHENSON	3-31-11

Certification of Circulator

I, Carl Adkins, certify:

I reside N 8528 Troquois Dr Crittiz 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 district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-14-11
(date)

[Signature]
(signature of circulator)

Page No. 2460

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Heather Platt</i>	104 W. Spirit Ave TOMAHAWK, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-15-11
2. <i>R R</i>	104 W. Spirit Ave TOMAHAWK - WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-15-11
3. <i>Amanda Vanlyer</i>	N9088 Jacks Rd TOMAHAWK, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk Bradley	4-16-11
4. <i>Martha Fuller</i>	1260 HARRISON TOMAHAWK TOMAHAWK, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	4-16-11
5. <i>Shule Jan</i>	W1819 Outy Hwy A TOMAHAWK, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	4-16-11
6. <i>Mike Bryant</i>	N5051 City V Bryant Eagle St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bryant	4-16-11
7. <i>Jacelin Pl</i>	635 DOOR Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-16-11
8. <i>Del Seis</i>	Antigo 817 6th Ave Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-16-11
9. <i>M</i>	4307 Hwy 552 Antigo WI 54609	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polis	4-16-11
10. <i>Sean H. Novak</i>	1611 Beattie Ave. Antigo, WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-16-11

Certification of Circulator

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

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

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

4-17-11 (date) Larry W. Schumacher (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <u>Vicki Morstad</u>	<u>132 W. main street</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>3/30/11</u>
2. <u>[Signature]</u>	<u>132 W. MAIN ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>4/1/11</u>
3. <u>Boyd P. Morstad</u>	<u>132 W. Main St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>4/2/11</u>
4. <u>[Signature]</u>	<u>133 W. Main</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>4/2/11</u>
5. <u>Susan Bella</u>	<u>133 W. MAIN ST Niagara WI 54151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>4/2/11</u>
6. <u>Victor Stankevich</u>	<u>1316 Grant St. Niagara</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>4/3/11</u>
7. <u>Mary Stankevich</u>	<u>1318 Grant St. Niagara, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>4/3/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/11</u>

Certification of Circulator

I, Boyd Morstad (name of circulator), certify:

I reside 132 W. main street Niagara, WI (circulator's residence - include number, street, and municipality)

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

4/3/11
(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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1. <i>Anthony Skelly</i>	Mr. Anthony J. Skelly 820 Bruner St. Apt. 1 Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	3/30/11
2. <i>Charles H. Douglas</i>	<i>824 Bruner St apt 12</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander Wisc</i> <input checked="" type="checkbox"/> City	3/30/11
3. <i>Alicia Douglas</i>	<i>824 Bruner St - Apt 12</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	3/30/11
4. <i>Russell D. Bouffion</i>	<i>922 BRUNER #12</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	3/31/11
5. <i>Dorothy Bouffion</i>	" "	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	3/31/11
6. <i>Audrey Fetzer</i>	<i>918 Bruner Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	3/31/11
7. <i>Pat Neitzel</i>	<i>926 Bruner #9 Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	3/31/11
8. <i>Bob Neitzel</i>	<i>926 Bruner #9 Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	3/31/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11

Certification of Circulator

I, *Richard F. McKemie*, certify:
(name of circulator)

I reside *922 BRUNER ST. #4, 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.

4/1/11
(date)

Richard F. McKemie
(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>Edward McAlpine</i>	<i>W3497 Hwy X WAUSAUKEE, WIS. 54177</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WAGNER</i>	<i>3/31/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Edward McAlpine*, certify:
(name of circulator)

I reside *W3497 Hwy X TOWN OF WAGNER*
(circulator's residence - include number, street, and municipality)

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

3/31/11
(date)

Edward McAlpine
(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>Leonard Newerman</i>	W10507 Hwy 8	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar, WI	3-14-11
2. <i>Florence Newerman</i>	W10507 Hwy 8	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar WI	3-15-11
3. <i>Denise Wojnicki</i>	W8137 Beecher Lk Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Beecher	3-15-11
4. <i>Julie Janke</i>	N15908 Marsh Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Amberg	3-15-11
5. <i>Gabriel Wojnicki</i>	W8137 Beecher Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Beecher	3-18-11
6. <i>Thomas J. Wojnicki</i>	W8137 BEECHER LK RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BEECHER	3-18-11
7. <i>Rodney Newerman</i>	W10503 Hwy 8 Dunbar WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar WI	4-5-11
8. <i>Krist Newerman</i>	W10503 Hwy 8 Dunbar WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar WI	4-7-11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Florence Newerman*, certify:
(name of circulator)

I reside W10507 Hwy 8 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.

4-8-11
(date)

Florence Newerman
(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>Keth Pardee</i>	<i>W261 COUNTY RD NIAGARA, WI. 54151</i>	<input checked="" type="checkbox"/> Town <i>AURORA</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-15-11</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	

Certification of Circulator

(Signature) Carl Pardee certify:

I reside at W261 PTN NIAGARA 54151 (TWN) AURORA
(circulator's residence - include number, street, and municipality)

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

(Signature) 4-7-11 (date) *(Signature)* Carl Pardee (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>Judith Z. Bohne</i>	<i>W 11670 City Rd T Summit Lake, WI 54485</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3/30/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Geraldine Lenzner*, certify:
(name of circulator)

I reside *N1412 Trout Rd., Antigo, WI 54409*
(circulator's residence - include number, street, and municipality)

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

4-2-11

(date)

Geraldine Lenzner

(signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Cathy LeBrun	317 Clermont St Antigo WI 54409	Town Village <input checked="" type="checkbox"/> City Antigo	2-23-11
2 Nide Wilkensk	N5361 Kentwoods Rd Bryant, WI 54418	<input checked="" type="checkbox"/> Town Village City Pruci	2-23-11
3 Jack Wurtinger	W9841 County Rd. B Bryant WI 54418	<input checked="" type="checkbox"/> Town Village City Neoa	2-23-11
4 Ron Lewis	1037 1/2 5th Ave Antigo, WI 54409	Town Village <input checked="" type="checkbox"/> City Antigo	2-23-11
5 [Signature]	W 10818 Summit Lake Rd. Summit Lake WI 54485	<input checked="" type="checkbox"/> Town Village City Elcho	2-23-11
6 Margaret DeBruin	4380 City Rd G Antigo WI 54409	<input checked="" type="checkbox"/> Town Village City Rolling	2-23-11
7 Rich [Signature]	317 Clermont St. Antigo, WI 54409	Town Village <input checked="" type="checkbox"/> City Antigo	2-24-11
8 Amanda LeBrun	317 Clermont St. Antigo WI, 54409	Town Village <input checked="" type="checkbox"/> City Antigo	2-24-11
9 Chris Melzer	W9846 County Rd. X Antigo, WI	<input checked="" type="checkbox"/> Town Village City Norwood	2-28-11
10 Roy [Signature]	W7932 Edison Rd Bryant WI 54418	<input checked="" type="checkbox"/> Town Village City Polar	2-28-11

CERTIFICATION OF CIRCULATOR

I, Cathy LeBrun, certify that I reside at 317 Clermont St, Antigo

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

3-1-11
(date)

Cathy LeBrun
(Signature of Circulator)

RECALL PETITION

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

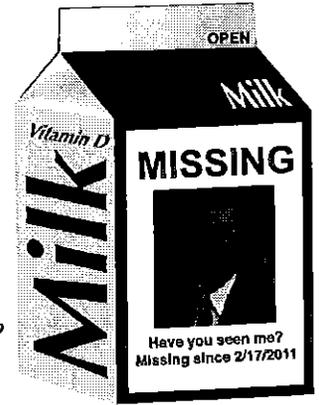
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <u>Jamie Sells</u>	<u>W7423 North St. PO Box 36, Phlox, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phlox</u>	<u>3-20-2011</u>
2. <u>Joe Sells</u>	<u>W7423 North St. PO. Box 36, Phlox, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phlox</u>	<u>3-20-2011</u>
3. <u>Joyce Sutton</u>	<u>631 North Ave., Apt. 6 Antigo, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3-20-11</u>
4. <u>Juriger P. Paulik</u>	<u>W8120 Neff Smith Rd. Antigo, WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	<u>3-20-2011</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, RAYMOND J. SLATION, certify:
(name of circulator)
 I reside at 631 NORTH AVE APT 6 ANTIGO, WI 54409
(circulator's residence -include number, street, and municipality)

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

4-6-11 Raymond J. Slation
(date) (signature of circulator)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Michele Popenhagen</i>	<i>1837 N. Farming Rd Arbor Vitae WI 54568</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Arbor Vitae</i>	<i>4/5/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Carol Cady*, certify:

I reside at *1835 Broken Bow Ln. 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 represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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)

Carol Cady
(signature of circulator)

RECALL PETITION

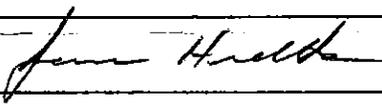
TO: Wisconsin Government Accountability Board

(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. 	2054 CARTER LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FLORENCE	3/30/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

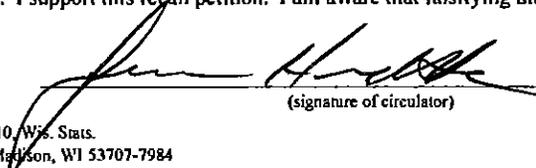
Certification of Circulator

I, Jerome Henricks, certify:
(name of circulator)

I reside 2054 CARTER LN FLORENCE WI 54121
(circulator's residence - include number, street, and municipality)

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

4/7/11
(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.)

Fled Wisconsin to avoid a Senate vote.
"Sore losec".

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Tom L. Heimerl</i>	<i>4620 Church Rd Conover, WI 54519</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Conover</i>	<i>4/5/11</i>
2. <i>Dianne M. Heimerl</i>	<i>4620 Church Rd Conover, WI 54519</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Conover</i>	<i>4/5/11</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, *TOM L. HEIMERL*, certify:
(name of circulator)

I reside *4620 Church Rd, Conover, WI 54519*.
(circulator's residence - include number, street, and municipality)

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

4/5/11 (date) *Tom Heimerl* (signature of circulator)

RECALL PETITION

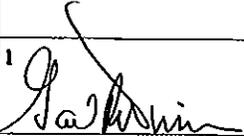
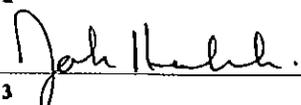
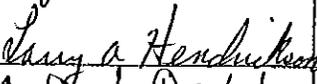
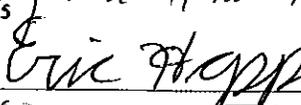
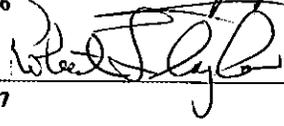
TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

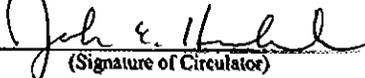
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 	8915 Church Rd Harshaw WI 54591	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassian	2/26/11
2 	9016 Church Rd Harshaw WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassian	2/26/11
3 	9368 Rocky Run Road Harshaw, WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassian	2/27/11
4 	Harshaw WI 54529 9368 Rocky Run Road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassian	2/27/11
5 	8655 INDIAN LAKE RD Harshaw WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodboro	2-28-11
6 	4533 BUCK LANE HARSHAW WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CASSIAN	3-1-11
7		Town Village City	
8		Town Village City	
9		Town Village City	
10		Town Village City	

CERTIFICATION OF CIRCULATOR

I, John Hendricks, certify that I reside at 9016 Church Rd, Harshaw, WI 54529 ^{CASSIAN}

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

3-28-2011
(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. Ted Cushing	6835 South Shore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	2/26/11
2. Leslie Emberson	8691 Niemi Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	2/26/11
3. Betty Cushing	6835 South Shore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	2/27/11
4. Roger Jensen	6190 Harmony Hill Dr R	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	2/27/11
5. Mary Bartel	8847 Art Thompson Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassia	2/28/11
6. Robert Ruckstuhl	1750 Larsen Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	2/28/11
7. Susan J. Dur	1750 Larsen Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	2-28-2011
8. Denise Stoppel	2886 Green Bass Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	2/28/11
9. Carl Wilson	11521 Harmony Cir Arbor Vista	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arborvitae	3/1/11
10. Andrea Brosse	9989 Hwy 70 Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11

Certification of Circulator

I, TEO CUSHING, certify:

(name of circulator)

I reside at 6835 South Shore Dr. Hazelhurst, WI. 54531

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

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

3/1/11
(date)

Ted Cushing
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Nancy Steenport	2970 Kentuck Lane Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	2-23-2011
2. JAMES STEENPORT	2970 KENTUCK LANE EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	2-23-2011
3. Theresa Cherney	2904 Taylor Ln Eagle River WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	2-26-2011
4. Richard Cherney	2904 Taylor Ln Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	2-26-2011
5. Helen St. Paul	Box 316 - 1118 1/2 Eagle River, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	2-26-11
6. Dan C. [unclear]	6386 Spence Meadows Land O'Lakes	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O'Lakes	2-26-11
Daniel Swaczowski	851 Hwy 17 N Phelps, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps, WI	2-26-11
8. Charles F. Pelame	2498 S. SHORE RD PHELPS WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS WI	2-26-11
9. Kenneth C. [unclear]	3841 Pederson Trl Phelps, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps WI	2-26-11
10. Carol Hockess	Hwy 17 2316 Phelps WI 54554	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps, WI	2-26-11

Certification of Circulator

I, Theresa C. Cherney, certify:
(name of circulator)
 I reside at 2904 Taylor Ln Eagle River WI 54521 (Phelps)
(circulator's residence - include number, street, and municipality)

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

2-26-2011
(date)

Theresa Cherney
(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. Erin I Keen	1125 4th Ave Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	2/24/11
2. Jeremiah Nowak	1125 4th Ave Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	2/24/11
3. Barbara L. Keen	210 S. Hudson St Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	2/24/11
4. Alex Vestick	210 S Hudson St Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	2/24/11
5. [Signature]	W10740 1st Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2/24/11
6. Mallene Schisel	W10740 1st Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2/24/11
7. Jeanne Pagel	122 Hudson St Antigo WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City antigo	2/25/11
8. Chris Dolezal	N 5122 Chellier BRYANT	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRYANT	2/25/11
9. Hermita Lupton	139 Berner St. Antigo WI. 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City antigo	2-25-11
10. [Signature]	139 Berner st Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-25-11

Certification of Circulator

I, Barbara Keen, certify:

I reside at 210 S. Hudson St.
(circulator's residence - include number, street, and municipality)

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

3/19/11
(date)

Barbara L. Keen
(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>Curtis Kincaid</i>	<i>PO. Box 515 54520 1001 W. LAKE AVE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CRANDON</i>	<i>4/4/11</i>
2. <i>Kevin Kincaid</i>	<i>771 Townline Rd Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>4/6/11</i>
3. <i>Robert Kincaid</i>	<i>PO 515 Crandon</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	<i>4/14/11</i>
4. <i>Eunice Kincaid</i>	<i>709 E grant st crando 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	<i>4/12/11</i>
5. <i>Charles Kincaid</i>	<i>909 E grant S crandon</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>crandon</i>	<i>4/17/11</i>
6. <i>Berbe Kincaid</i>	<i>909 E grant 4 Crandon</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	<i>4/17/11</i>
7. <i>Taylor Johnson</i>	<i>Spring Brook</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/11/11</i>
8. <i>Ed Leiskau</i>	<i>202 S. Hazedell AVE. CRANDON WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>crandon</i>	<i>4/13/11</i>
9. <i>Donna Leiskau</i>	<i>202 S. Hazedell AVE. CRANDON WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	<i>4/13/11</i>
10. <i>Klent Kincaid</i>	<i>2806 Argonne W. 53713</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	<i>4/13/11</i>

Certification of Circulator

I, *Curtis Kincaid*, certify:
(name of circulator)
 I reside *Crandon Wis. PO. Box 515 54520*
(circulator's residence - include number, street, and municipality)

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

4/13/2011
(date)

Curtis Kincaid
(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>Henry Rose</u>	<u>W2233 Hwy C</u> <u>Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sc/ly</u>	<u>2/26/11</u>
2. <u>Jacobi Rose</u>	<u>W2233 CTY HWY C</u> <u>Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sc/ly</u>	<u>2/26/11</u>
3. <u>Sam Rose</u>	<u>W2233 CTY Hwy C</u> <u>Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sc/ly</u>	<u>2/26/11</u>
4. <u>Mike Rose</u>	<u>W2233 CTY Hwy C</u> <u>Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sc/ly</u>	<u>2/26/11</u>
5. <u>Mitchell Rose</u>	<u>W2233 CTY Hwy C</u> <u>C Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sc/ly</u>	<u>2/26/11</u>
6. <u>Joseph E. Weiss</u>	<u>N 2566 LAKE PESOBIK</u> <u>Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>2/26/11</u>
7. <u>Quinn Dui</u>	<u>N2566 Lk. Pesobik Rd</u> <u>Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>2/26/11</u>
8. <u>Trishel Ross</u>	<u>N11820 Tomahawk Tr</u> <u>Tomahawk WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u>	<u>2/26/11</u>
9. <u>Myra Ross</u>	<u>N11820 Tomahawk Tr.</u> <u>Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u>	<u>2/26/11</u>
10. <u>Joan Kallche</u>	<u>7150 13th LN</u> <u>Athens, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Halsey</u>	<u>2/26/11</u>

Certification of Circulator

I, Karen Cournaya, certify:

I reside at N691 Lake Rd, Merrill, WI 54452 town of Scott
(circulator's residence - include number, street, and municipality)

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

2/26/11
(date)

Karen Cournaya
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Donna Miller</u>	<u>3597 E Buckatabon Rd CONOVER WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>2-28-11</u>
2. <u>[Signature]</u>	<u>3597 E Buckatabon Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>2/28/11</u>
3. <u>[Signature]</u>	<u>4286 Ravine Rd Stark WI 54561</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phon Lake</u>	<u>2/28/11</u>
4. <u>Jessica Miller</u>	<u>2705 Star Lake Rd Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CLOVERLAND</u> Eagle River	<u>2/28/11</u>
5. <u>[Signature]</u>	<u>3281 E. BUCKATABON RD. CONOVER, WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>3/2/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Kevin Miller

(name of circulator)

reside at 2705 Star Lake Rd, Eagle River, WI 54521

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

I certify:
TOWN
CLOVERLAND

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

04/08/2011

(date)

[Signature]

(signature of circulator)

RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

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

(jurisdiction or district of officeholder)

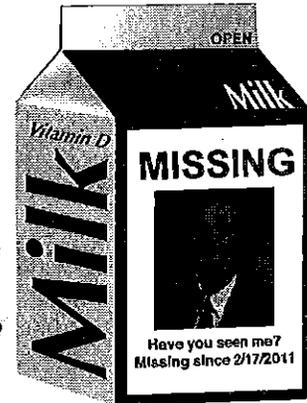
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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



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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <u>George L. Leimbacher</u>	<u>994 GOLF COURSE LOOP</u> <u>TH</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES, WI.</u>	<u>3/26/11</u>
2. <u>Marian Leimbacher</u>	<u>994 Golf Course Loop</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes, WI.</u>	<u>3/26/11</u>
3. <u>John J. Sprague</u>	<u>892 Golf Course bp</u> <u>Three</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes WI.</u>	<u>3/27/11</u>
4. <u>Thomas K. Sprague</u>	<u>892 Golf Course Loop</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes, WI.</u> <u>54562</u>	<u>3/27/11</u>
5. <u>John J. Sprague</u>	<u>677 H057 B2</u> <u>THREE LAKES</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>3/29/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator:

I, GEORGE L. LEIMBACHER, certify:

I reside at 994 GOLF COURSE LOOP THREE LAKES, WI. 54562
(circulator's residence - include number, street, and municipality)

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

X 4/2/11 (date) X George L. Leimbacher (signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Margaret F Caldwell</i>	<i>1639 E. Fenwick Rd Menasha,</i>	<input checked="" type="checkbox"/> Town <i>Lac du Flambeau</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
2. <i>James F Caldwell</i>	<i>1639 E FENCK LK. Rd. MINOCQUA, WI. 54548</i>	<input checked="" type="checkbox"/> Town <i>Lac du Flambeau</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
3. <i>Carol M. Berlin</i>	<i>8299 MINER RD. MINOCQUA WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4/4/11</i>
4. <i>Heath Rohrer</i>	<i>8299 MINER MINOCQUA WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/4/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, *Margaret F Caldwell*, certify:
(name of circulator)

I reside *1639 E. Fenwick Rd, Menasha, WI*
(circulator's residence - include number, street, and municipality) *Lac du Flambeau (TWN)*

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

4/6/2011
(date)

Margaret F Caldwell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

I do not want a spineless, Runaway Candidate like Holperin -

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1. <u>Sybil Saltenberger</u>	<u>1766 Mc Kinley Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>4/8/11</u>
2. <u>Rob Saltenberger</u>	<u>1766 Mc Kinley AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>4/8/11</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, Sybil Saltenberger, certify:

I reside 1766 Mc Kinley Blvd Eagle River Wis 54521

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

April 8 2011
(date)

Sybil Saltenberger
(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>Laure Bundu</i>	<i>4797 Lake Lucerne Dr Orandon, WI 54520</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>3/11/11</i>
2. <i>Chad Balland</i>	<i>4743 Cypress St. Laona, WI 54541</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona</i>	<i>3/11/11</i>
3. <i>David Belland</i>	<i>4657 Mill St. Laona, WI 54541</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona</i>	<i>3/11/11</i>
4. <i>Chris Hoster</i>	<i>4078 City W 54520 ☺</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>3/13/11</i>
5. <i>John Adelbaum</i>	<i>7837 Ross Lake Rd Cassow, WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Casswell</i>	<i>3/14/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Steve Bundu, certify:

(name of circulator)

I reside at 4797 Lake Lucerne Dr. Orandon WI 54520 LINCOLN

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

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

3-29-11

(date)

Steve Bundu

(signature of circulator)

RECALL PETITION

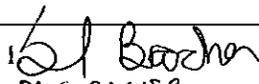
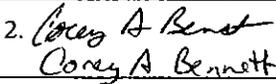
TO: Wisconsin Government Accountability Board

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

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1.  DALE BACHER	W4681 TOMBSTONE DR MENDILL WI 54452	<input checked="" type="checkbox"/> Town SCOTT <input type="checkbox"/> Village <input type="checkbox"/> City	3-14-11
2.  Corey A Bennett	203 N. Court St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-15-11
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	

Certification of Circulator

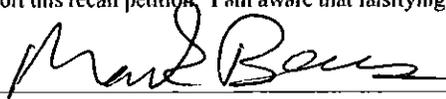
I, Mark Barnes, certify:

I reside at 1401 E 10th St. City of Merrill
(circulator's residence - include number, street, and municipality)

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

4/7/11

(date)



(signature of circulator)

RECALL PETITION

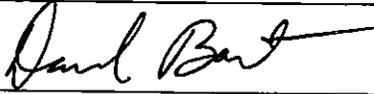
TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	6934 Stonefield Rd Hazelhurst 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/12/11
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

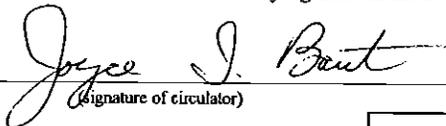
I, Joyce Bant, certify:

I reside 6937 Hwy 51 (name of circulator) Hazelhurst Wi 54531
(circulator's residence - include number, street, and municipality)

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

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

4-18-2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

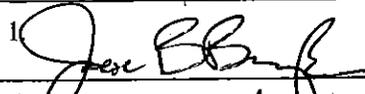
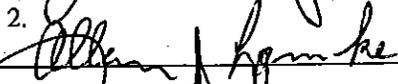
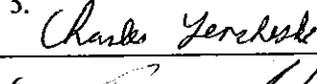
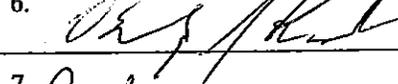
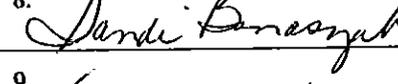
(official with whom nomination papers or declaration of candidacy for the office is filed)

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	W5588 Kuchta Rd Crittitz, WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stephenson.	3/4/11
2. 	W8551 White Birch Rd Crittitz, WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stephenson	3/4/11
3. 	615 Alma St Pound, WI 54148	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pound	3/4/11
4. 	45 Alma St Pound, WI 54148	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pound	3/4/11
5. 	615 Alma St Pound WI, 54111	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pound	3/4/11
6. 	812 Fook St. Crittitz WI 54114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Crittitz	3-7-11
7. 	615 Alma Street Pound WI 54161	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pound	3-7-11
8. 	504 N. Hwy 141 Crittitz, WI 54114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Crittitz	3-8-11
9. 	W12854 W. 54th Rd CRITITZ, WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STEPHENSON	3-10-11
10. 	W9022 Phasant Dr Crittitz WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stephenson	3/11/11

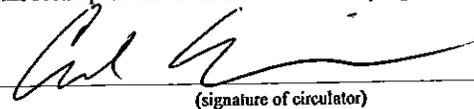
Certification of Circulator

I, Carl Adkins, certify:

I reside at N 8528 Iroquois Dr Crittitz WI
(circulator's residence - include number, street, and municipality)

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

4-14-11
(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)

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1. <i>[Signature]</i>	5838, Parkside Lakes P.O. Box 50	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o Lakes	3/8/2011
2. <i>[Signature]</i>	4994 Hwy B P.O. 8425	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o Lakes	3/8/2011
3. <i>[Signature]</i>	4984 Hwy B PO Box 842	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o Lakes	3/8/2011
4. <i>[Signature]</i>	2328 Meadowland Pt	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o Lakes	3-8-2011
5. <i>[Signature]</i>	4482 Evergreen Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o Lakes	3-8-11
6. <i>[Signature]</i>	5715 Hwy B PO 719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o Lakes	3-8-11
7. <i>[Signature]</i>	5715 Hwy B PO 719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o Lakes	3-8-11
8. <i>[Signature]</i>	3168 Brookside Rd 20141 Hwy, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Holper	3-8-11
9. <i>[Signature]</i>	6480 WILKINSON RD PO Box 542	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Loc	3-8-11
<i>[Signature]</i>	4193 Oak PO Box 1018	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Holper	3-8-11

Certification of Circulator

I, Allan J. Bybee, certify:

(name of circulator)

I reside 4429 Hwy B Land o Lakes WI 54540

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

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

3/8/2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ronald Wyan</i>	<i>4206 Co. B PO Box 447</i>	<input checked="" type="checkbox"/> Town <i>Land O Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/4/2011</i>
2. <i>Lynn Bybee</i>	<i>4334 City Rd B PO BOX 234</i>	<input checked="" type="checkbox"/> Town <i>Land O Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/5/11</i>
3. <i>Bug 134</i>	<i>4334 City Rd B PO Box 234</i>	<input checked="" type="checkbox"/> Town <i>LAND O' LAKES</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/5/11</i>
4. <i>D. J. ...</i>	<i>4446 Forest Lake Rd PO Box 194</i>	<input type="checkbox"/> Town <i>Land O Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/8/11</i>
5. <i>RK Bacon</i>	<i>4399 City B PO Box 241</i>	<input checked="" type="checkbox"/> Town <i>Land O Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/2/11</i>
6. <i>ATC</i>	<i>VOID</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7. <i>Paul</i>	<i>6050 W. Forest Lake Rd</i>	<input checked="" type="checkbox"/> Town <i>Land O Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/8/11</i>
8. <i>Stanley</i>	<i>3981 County Hwy E P.O. Box 956</i>	<input checked="" type="checkbox"/> Town <i>Land O Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/8/11</i>
9. <i>Paul ...</i>	<i>4419 Hwy B Box 291</i>	<input checked="" type="checkbox"/> Town <i>Land O Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/8/11</i>
10. <i>Julian</i>	<i>5817N. BLACK OAK LE RD</i>	<input type="checkbox"/> Town <i>LAND O LAKES</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/8/11</i>

Certification of Circulator

I, Allen J. Bybee, certify:

(name of circulator)

I reside 4429 Hwy B Land O Lakes WI 54540

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

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

3/8/2011
(date)

Allen J. Bybee
(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>Marilyn Schaezel</i>	<i>604615 Lake View Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
2. <i>Stephen Palkov</i>	<i>1004 E 2nd Street</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
3. <i>Grace Hancock</i>	<i>11742 Heunimarket</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
4. <i>AK Kielbaso</i>	<i>W3606 CTH G</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/18/11</i>
5. <i>Jay H</i>	<i>W6630 Fun Fun Ave.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Irona</i>	<i>3/18/11</i>
6. <i>Michael Collins</i>	<i>W8364 Cedar Rd. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
7. <i>Charles Rignier</i>	<i>W2465 Pat Smith Ln. Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/18/11</i>
8. <i>Jay Hill</i>	<i>500 N. prompt St. Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-18-11</i>
9. <i>Cassidy Johnson</i>	<i>Merrill 1004 E 2nd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
10. <i>David Johnson</i>	<i>N1770 BEARWOOD LN ME</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE RIVER</i>	<i>3/18/11</i>

Certification of Circulator

I, *Mollie Marie McBride*, certify:
(name of circulator)

I reside *2008 N Central Ave Tampa, FL 33602*
(circulator's residence - include number, street, and municipality)

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

3/21/11
(date)

Mollie Marie McBride
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ronnie Crosby</u>	<u>1128A Wisconsin River Rd Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-18-11</u>
2. <u>Debra Rasmussen</u>	<u>116235 Forest Dr Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-18-11</u>
3. <u>Nathan Aft</u>	<u>116630 Paw Paw Ave. 54442</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Irma</u> <input type="checkbox"/> City	<u>3-18-11</u>
4. <u>Ann Brandenburg</u>	<u>9940 N 64th Ave Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <u>Ship-Maine</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/18/11</u>
5. <u>Mary Gayle</u>	<u>118885 Hwy 64 Merrill WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u>	<u>3-18-11</u>
6. <u>Mick Blomquist</u>	<u>115136 Town Hall Rd Blension WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u>	<u>3-18-11</u>
7. <u>Kelley Blomquist</u>	<u>115136 Town Hall Rd Blension, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u>	<u>3-18-11</u>
8. <u>Miriam Gustafson</u>	<u>3409 Thunderbird lane Wausau, WI 54401</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>3-18-11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Mollie Marie McBride, certify:
(name of circulator)
 I reside 2008 N Central Ave Tampa, FL 33602
(circulator's residence - include number, street, and municipality)

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

3/21/11 (date) Mollie Marie McBride (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>Marilyn Scherzyl</i>	<i>614615 Lake View Hwy</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
2. <i>Stephen Miller</i>	<i>1004 E 2nd Street</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
3. <i>Wally Hancock</i>	<i>01742 Heunimantel</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
4. <i>Orkeelignusti</i>	<i>W3606 CTH G</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/18/11</i>
5. <i>Jim [unclear]</i>	<i>W1630 Fan Fan Ave.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Troyes</i>	<i>3/18/11</i>
6. <i>Michael [unclear]</i>	<i>W8364 Cedar Rd. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
7. <i>Walter [unclear]</i>	<i>W2465 Pat Smith Ln. Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/18/11</i>
8. <i>Jan [unclear]</i>	<i>500 N. [unclear] St. Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-18-11</i>
9. <i>Cassidy [unclear]</i>	<i>Merrill W 2004 E 2nd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
10. <i>[unclear]</i>	<i>N1220 Belarwood Ln ME</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE RIVER</i>	<i>3/18/11</i>

Certification of Circulator

I, *Mollie Marie McBride*, certify:
(name of circulator)
 I reside *2008 N Central Ave Troyes, IL 33602*
(circulator's residence - include number, street, and municipality)

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

Mollie Marie McBride
(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>Regina M. Hartline</i>	<i>9455 S. MILL RD P.O. BOX 457</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAZELHURST</i>	<i>3/3/2011</i>
2. <i>Stanley H. Hartline</i>	<i>9455 S. Mill Rd P.O. BOX 457</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAZELHURST</i>	<i>3/3/2011</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	

I, *Regina M. Hartline*, certify:
(name of circulator)

I reside *9455 S. MILL RD P.O. BOX 457 Hazelhurst*.
(circulator's residence - include number, street, and municipality)

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

3/3/2011 (date) *Regina M. Hartline* (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>Nancy Inaley</i>	<i>N 7268 Duck Lane Deerbrook, WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neva</i>	<i>2-27-11</i>
2. <i>Nancy Inaley</i>	<i>717368 Duck Lane Deerbrook, WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neva</i>	<i>2-27-11</i>
3. <i>Kuen Chudimsky</i>	<i>11655 Hwy H H Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>2/28/11</i>
4. <i>Kimberly Bereswill</i>	<i>W 9875 City Rd J Deerbrook WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Uphan</i>	<i>3-1-11</i>
5. <i>Buenda Pinal</i>	<i>W10844 City Rd G Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-1-11</i>
6. <i>Barb Lazarz</i>	<i>115418 Church Rd Deerbrook WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neva</i>	<i>3-2-11</i>
7. <i>Joe Sinkler</i>	<i>W12403 Hwy 64 Antigo WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ACKLEY</i>	<i>3-2-11</i>
8. <i>Dorothy Westkiser</i>	<i>W10248 City Rd J Deerbrook, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>neva</i>	<i>3/2/11</i>
9. <i>William A. Lazarz</i>	<i>N5418 Church Rd DEERBROOK, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEVA</i>	<i>3-3-11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Nancy Inaley* (name of circulator), certify:
 I reside *717368 Duck Lane Deerbrook WI Town of Neva*
(circulator's residence - include number, street, and municipality)

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

2-27-2011 (date) *Nancy Inaley* (signature of circulator)

RECALL PETITION

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

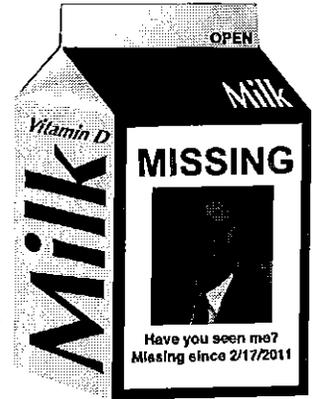
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>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 J. Bennett</i>	<i>Antigo WI 1723 Clemons</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3/17/11</i>
2. <i>Hevi P Bennett</i>	<i>637 8th Ave Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-18-11</i>
3. <i>Justa Bennett</i>	<i>637 8th Ave Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-18-11</i>
4. <i>Lynda Bennett</i>	<i>637 8th Ave Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-19-11</i>
5. <i>Jeff Burnett</i>	<i>Antigo WI 209 Wilson St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-19-11</i>
6. <i>Rebecca Mork</i>	<i>W8844 Merry Lane Elcho</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3-19-11</i>
7. <i>Linnie W. Mork</i>	<i>Elcho W8844 Merry Lane</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Elcho</i>	<i>3-19-11</i>
8. <i>Mary Kowalski</i>	<i>N-4952 City Rd H Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Peck</i>	<i>3-19-11</i>
9. <i>Paul Kowalski</i>	<i>N4952 City Rd Antigo WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Peck</i>	<i>3-19-11</i>
10. <i>Nick Dinkler</i>	<i>Antigo, WI 519 2nd Ave B</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-19-11</i>

I, JAMES R. BUCKLEY, certify:
(name of circulator)
 I reside at 615 4th AV, ANTIGO, WI, 54109
(circulator's residence - include number, street, and municipality)

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

3-19-2011 (date) James R. Buckley (signature of circulator)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Alicia Wapoor</u>	PO Box 806 W673 Redwing Way 54155	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KESHENA	4-7-11
2. <u>Jeffy Klyon</u>	W8795 Chief Little Wu Rd Keshena WI 54135	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4/7/2011
3. <u>Jane Martin</u>	PO Box 806 Keshena	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4-7-11
4. <u>Milee Nesja</u>	N3481 Hwy 47 Neopit, WI 54150	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Neopit	4-7-11
5. <u>Tasha Caldwell</u>	N3423 Stn 47 NEOPIT, WI 54150	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NEOPIT	4-7-11
6. <u>Hayden Caldwell</u>	W 3471 COTTAGE AVE Neopit WI 54150	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Neopit	4-7-11
7. <u>[Signature]</u>	N1368 Bluebonnet Trail Keshena WI 54135	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4-7-11
8. <u>[Signature]</u>	W6583 River St At	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Neopit	4-7-11
9. <u>Amie Wehde</u>	W900 CTH VV Keshena	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4-7-11
10. <u>Lain Webster</u>	W900 CTH VV Keshena, Wis 54135	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4-7-11

Certification of Circulator

I, SHERI FERRELL, certify:

I reside 224 BERKSHIRE DR COCOA FL 32922

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

4/7/11
(date)

[Signature]
(signature of circulator)

Page No. 2497

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>[Signature]</i>	1969 Robinson Rd.	<input checked="" type="checkbox"/> Town of Nokomis <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
2. <i>Brenda Basso</i>	Tomahawk WI 54487 121 N Lehigh Street Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-18-11
3. <i>Bessie Falk</i>	64812 Thunder Bay Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-18-11
4. <i>[Signature]</i>	N 9950 Poplar Rd Tomahawk WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk WI	4-18-11
5. <i>Marlene R. Larson</i>	W 11760 Hwy 186 Jipoli, WI 54564	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk, WI	4-18-11
6. <i>[Signature]</i>	Tomahawk WI N 10721 Poplar Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wilson	4-18-11
7. <i>[Signature]</i>	N 10721 Poplar D Tomahawk, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wilson	4/18/11
8. <i>[Signature]</i>	223A S. Tomahawk Tomahawk, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/18/11
9. <i>Rebecca Hinner</i>	W 6898 Edward Dr Memil, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Harding	4/18/11
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 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.

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

RECALL PETITION

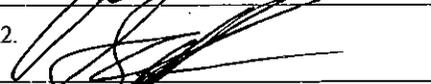
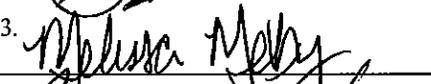
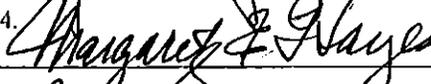
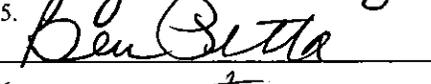
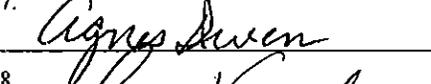
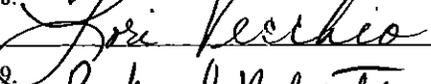
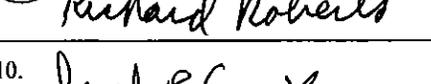
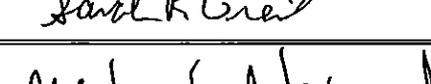
TO: Wisconsin Government Accountability Board

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

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STATEMENT OF REASON FOR RECALL

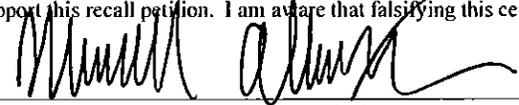
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1. 	718 S. Keegan St. Rhinelander WI.	<input checked="" type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
2. 	3691 Hwy 4 Tomahawk WI 54487	<input checked="" type="checkbox"/> Town Little Rice <input type="checkbox"/> Village <input type="checkbox"/> City	4-18-11
3. 	3108 N. Rife Rd. Rhldr.	<input type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village (Rhldr.) <input checked="" type="checkbox"/> City	4-18-11
4. 	46371 Cherokee Ln Tomahawk WI	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4-18-11
5. 	W5324 Cross Rd Tomahawk	<input type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-18-11
6. 	N8804 Cty Rd S TOMAHAWK, WI 54487	<input checked="" type="checkbox"/> Town BRADLEY <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
7. 	305 Pine Ridge Tomahawk, WI.	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
8. 	N 10165 Anglers Tomahawk, WI	<input checked="" type="checkbox"/> Town King <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
9. 	1278 Washington Tomahawk WI	<input type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/18/11
10. 	W6365 Hwy E Tomahawk	<input checked="" type="checkbox"/> Town Rock Falls <input type="checkbox"/> Village <input type="checkbox"/> City	4-18-11

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.

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

RECALL PETITION

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1. <i>Judewick Broderick</i>	P.O. Box 898 11240 Hwy 1K	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Boulder Junction</u>	4-17-11
2. <i>John W. [unclear]</i>	P.O. Box 565 5677 HWY M	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Boulder Junction</u>	4-17-11
3. <i>John W. [unclear]</i>	5677 Co Rd M P.O. Box 565	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Boulder Junction</u>	4-17-11
4. <i>John [unclear]</i>	7094 Woodland Dr 2121 [unclear]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Star Line</u>	4-17-11
5. <i>Shirley [unclear]</i>	P.O. Box 54 TOMAHAWK, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	4-18-11
6. <i>Deanna [unclear]</i>	3691 Hwy 4 LITTLE RICE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	4-18-11
7. <i>[unclear]</i>	865 River Club Dr Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	4-18-11
8. <i>[unclear]</i>	2487 Smoke DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	4/18/11
9. <i>[unclear]</i>	N10130 Angler Ave Tomahawk WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	4/18/11
10. <i>Charles Boers</i>	1931 Birch Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	4-18-11

I, Michael Alexander Certification of Circulator, certify:

I reside 56 Murdock St Brighton, MA 02135
(circulator's residence - include number, street, and municipality)

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4/18/11
(date)

[Signature]
(signature of circulator)