RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 district without representation

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. K. A. Suit	4609 Rocky Acres Dr Hayward, WI 54529	☒ Town Cassian ☐ Village ☐ City	3/29/11
2. Thomas H. Suit	4609 ROCKY ACRES Dr HAYSHAW, WI 54529	☒ Town CASSIAN ☐ Village ☐ City	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, K. A. Suit (name of circulator), certify:

I reside 4609 Rocky Acres Dr. Hayshaw, Wi 54529 CASSIAN (circulator's residence - include number, street, and municipality).

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

3/29/11 (date)

Kathleen A. Suit (signature of circulator)

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

Page No. 2-501

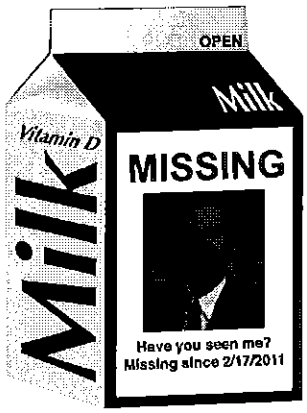
RECALL PETITION

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Deborah L. Strugalla	N4054 US HWY 45 47 ANTIGO, WI 54409	☒ Town ☐ Village ☐ City ANTIGO	03/18/11
2. Cynthia J Bule	W11980 Highland Rd Antigo WI 54409	☒ Town ☐ Village ☐ City Ackley	03/18/11
3. Charles W. Bule	W11980 Highland Rd Antigo WI 54409	☒ Town ☐ Village ☐ City Ackley	03/18/11
4. Jerry Belau	1522 Clermont St ANTIGO WI 54409	☐ Town ☐ Village ☒ City Antigo	03/18/11
5. Geraldine Lengner	N1412 Trout Rd Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	03/18/11
6. Kyle Lengner	N1412 Trout Rd Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	03/18/11
7. Paul Schofhauer	W13149 HWY I DEERBROOK 54424	☒ Town ☐ Village ☐ City VILAS	3-18-11
8. Elizabeth A Schofhauer	W13149 Hwy I Deerbrook 54424	☒ Town ☐ Village ☐ City VILAS	3-18-11
9. Dave Ludens	N-7346 Kennedy Rd. Deerbrook WI 54424	☒ Town ☐ Village ☐ City Upham	3-18-11
10. [illegible]	W9191 Kelly Ln Deerbrook WI 54424	☒ Town ☐ Village ☐ City Nova	3/18/11

Certification of Circulator

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

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

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

3/18/11
(date)

Laurie Hottenstein
(signature of circulator)

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

Page No. 2502

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Glenn Brown	393 Roosevelt Rd Niagara	☐ Town ☐ Village ☒ City Niagara	4-10-11
2. Mark Schumann	Florence, W. 915 Chester Rd	☐ Town ☒ Village ☐ City Florence	4-10-11
3. Mark Ahlto	6613 Millewood Ln. Sobieski, WI	☒ Town ☐ Village ☐ City Florence	4-10-11
4. Kim Sgrecci	177 Crooked Creek L Niagara, WI	☒ Town ☐ Village ☐ City Aurora	4-10-11
5. Blake Rogers	304 4th Street Goodman WI	☒ Town ☐ Village ☐ City Goodman	4-10-11
6. Raye Holz	116 Quinnesec St Florence WI 54121	☒ Town ☐ Village ☐ City Florence	4-10-11
7. Michelle Thompson	212 Lake St Florence	☐ Town ☒ Village ☐ City Florence	4-10-11
8. Leo DeLaman	3507 Johnson Creek Rd Florence	☒ Town ☐ Village ☐ City Florence	4-10-11
9. Christina Kowach	304 W. Glen Crandon, Wi	☐ Town ~~FOREST~~ ☐ Village ☒ City Crandon	4-10-11
10. Amy LaMere	307 N. Melonga #2 Crandon, WI	☐ Town ☐ Village ☒ City Crandon. ~~Forest~~	4-10-11

Certification of Circulator

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

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

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

4-11-11 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 2503

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Susan Beck	N22217 County Rd O Niagara	☑ Town ☐ Village ☑ City Niagara	4-10-11
2. Gerald L. Berge	100 Jefferson Ave Niagara WI	☑ Town ☐ Village ☐ City Niagara	4-10-11
3. Karlyn Carpenter	N21603 West Rd Niagara WI	☑ Town ☐ Village ☐ City Niagara	4-10-11
4. Mike Tripton	W7193 County Rd E Niagara WI	☑ Town ☐ Village ☐ City Pembine	4-10-11
5. [illegible]	157 Hill St Niagara, WI 54151	☐ Town ☐ Village ☑ City Niagara	4-10-11
6. [illegible]	101 Quinnesec ST Florence WI 54121	☑ Town ☐ Village ☐ City Florence	4-10-11
7. Megan Perenboom	C-211 Seneca Avenue Florence, WI 54121	☑ Town ☐ Village ☐ City Florence	4-10-11
8. Katie Lecaire	5622 Harding Rd Florence WI 54121	☑ Town ☐ Village ☐ City Florence	4-10-11
9. David A Smith DAVID A SMITH	4946 John Bradley Ln Florence, WI 54121	☑ Town ☐ Village ☐ City Florence	4-10-11
10. Kandy K Howard Kandy K. Howard	307 N Melonga #8 Crandon WI 54520	☐ Town ☐ Village ☑ City Crandon	4/10/11

Certification of Circulator

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

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

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

4-11-11 (date)

Larry W. Schumacher (signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	7339 US Hwy 8 Rhin	☒ Town Wood ☐ Village ☐ City	4-1-11
2. [illegible]	#206 Rhinelander 6975 Hwy 8W Rhinelander WI	☐ Town ☐ Village Crescent ☐ City	4-1-11
3. [illegible]		☐ Town ☐ Village ☐ City	
4. [illegible]		☐ Town ☐ Village ☐ City	
5. [illegible]		☐ Town ☐ Village ☐ City	
6. [illegible]		☐ Town ☐ Village ☐ City	
7. [illegible]		☐ Town ☐ Village ☐ City	
8. [illegible]		☐ Town ☐ Village ☐ City	
9. [illegible]		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, [illegible] 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.

4-4-11
(date)

[illegible] 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary-Ann C Franks	9531 Country Club Minocqua Wi	☑ Town ☐ Village ☐ City Minocqua	4/5/11
2. Beverly Skowronski	Minocqua 9337 Timberline	☑ Town ☐ Village ☐ City Minocqua	4/5/11
3. ~~[illegible]~~	~~10766 Patricia Lake Rd~~ ~~Minocqua, WI~~	☐ Town ☐ Village ☐ City ~~Minocqua~~	~~4/5/11~~
4. Diane Africano	808 Cedar Street Minocqua	☑ Town ☐ Village ☐ City Minocqua	4/5/11
5. Elay D. Brooks	8448 JAM RD MINOCQUA	☑ Town ☐ Village ☐ City MINOCQUA	4/5/11
6. [illegible]	109 89 [illegible] Rd Minocqua	☑ Town ☐ Village ☐ City Minocqua	4/5/2011
7. Thomas J Nick	8534 Oak Park Circle Minocqua	☑ Town ☐ Village ☐ City Minocqua	4/5/11
8. Robert M[illegible]	11545 Walsh Hazelhurst	☑ Town ☐ Village ☐ City Hazelhurst	4/5/11
9. Laurel Labas	9931 Ridgewood Dr Minocqua, Wis	☑ Town ☐ Village ☐ City Minocqua	4/5/11
10. Jessie Dube	10611 S. Katahdine Rd Hazelhurst	☑ Town ☐ Village ☐ City Hazelhurst	4/5/11

Certification of Circulator

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

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)

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

Page No. 2506

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bruce T Hertel	7408 Pinehurst Tr Minocqua	☑ Town ☐ Village ☐ City Minocqua	4/5/11
2. [illegible]	8501 City Hwy J Woodruff, WI 54568	☑ Town ☐ Village ☐ City Woodruff	4/5/11
3. Richard Clark	7358 Hwy 47 ~~Woodruff Lakewood~~ Woodruff	☑ Town ☐ Village ☐ City Woodruff	4/5/11
4. [illegible]	7586 Forest Trail Lake Tomahawk	☑ Town ☐ Village ☐ City Lake Tomahawk	4/5/11
5. [illegible]	7282 Big Buck Cir W Woodruff, WI 54501	☑ Town ☐ Village ☐ City Woodruff	4-5-11
6. Stan Pearson	W307 Bear Trail Rd. Irma	☐ Town ☑ Village ☐ City Irma	4-5-11
7. ~~[illegible]~~	~~[illegible]~~	☐ Town ☐ Village ☐ City ~~Rhinelander~~	~~[illegible]~~
8. [illegible]	119 Timber Dr Rhi dr, Wi 54501	☑ Town ☐ Village ☐ City Rhinelander	4/5/11
9. [illegible]	119 Narrow Dirt Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	4/5/11
10. Brenda Helm	2195 Olson Rd. Tomahawk Wis 54478	☑ Town ☐ Village ☐ City Woodboro	4-5-11

Certification of Circulator

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	600 West 4th St. Apt 3 Merrill, WI 54452	☐ Town ☐ Village ☒ City MERRILL	4-7-11
2.	800½ N. Genesee St Merrill, WI	☐ Town ☐ Village ☐ City Merrill	4-7-11
3.	604 1/2 W. Main Merrill	☐ Town ☐ Village ☒ City MERRILL	4-7-11
4.	[illegible] Merrill, WI	☐ Town ☐ Village ☒ City Merrill	4/7/11
5.	N2258 COUNTY RD. K MERRILL WI	☒ Town ☐ Village ☐ City MERRILL	4/7/11
6.	100½ N Foster MERRILL	☐ Town ☐ Village ☒ City merrill	4-7-11
7.	Merrill 1701 W. Main	☐ Town ☐ Village ☒ City MERRILL	4-8-11
8.	409 Pergrain Merrill WI	☐ Town ☐ Village ☒ City Merrill	4-8-11
9.	2½ E 2ND ST MERRILL, WI 54452	☐ Town ☐ Village ☒ City MERRILL	4-8-11
10.		☐ Town ☐ Village ☐ City	

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.

4-8-11
(date)

Larry W. Schumacher
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2508

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
X 1. John P. Hall	N9142 County Rd D. Tomahawk, WI	☐ Town ☐ Village ☒ City Tomahawk	3/28/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, John P. Hall, certify:
(name of circulator)

I reside N9142 County Rd D Tomahawk, WI.
(circulator's residence - include number, street, and municipality)

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

3-28-11
(date)

John P. Hall
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edward F. Powell	W6812 Branch Rd Tomahawk, WI 54487	☑ Town Bradley ☐ Village ☐ City	4/5/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Edward F. Powell, certify:
(name of circulator)

I reside W6812 Branch Road, Tomahawk WI 54487-9230.
(circulator's residence - include number, street, and municipality)

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

04/05/2011 (date)

Edward F. Powell (signature of circulator)

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

Page No. 2510

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. JoAnn Marvin	W2467 Sunrise Rd. Merrill, WI. 54452	☑ Town ☐ Village ☐ City Schley	4/6/11
2. Gerald Marvin	W2467 Sunrise Rd Merrill, WI. 54452	☑ Town ☐ Village ☐ City Schley	4/6/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JoAnn Marvin (name of circulator), certify:

I reside W2467 SUNRISE RD MERRILL, WI 54452 (circulator's residence - include number, street, and municipality).

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

4-6-2011 (date)

JoAnn Marvin (signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Scott Nelson	1610 E. 9TH ST	☐ Town ☐ Village ☒ City MERRILL	03/30/11
2. Karen M. Nelson	1610 E 9th St	☐ Town ☐ Village ☒ City Merrill	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, SCOTT NELSON (name of circulator), certify:

I reside 1610 E. 9TH 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.

03/30/11 (date) Scott Nelson (signature of circulator)

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

Page No. 2 / 2

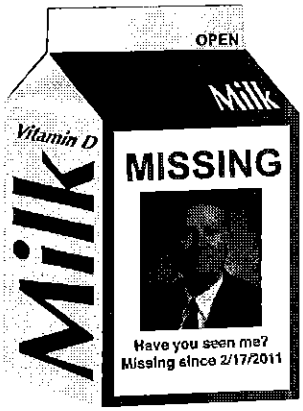
RECALL PETITION

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N9884 County Rd H Gleason WI 54435	☐ Town ☑ Village ☐ City Parish	3/25/11
2. Joanne Ruffier	6358 Hwy K Rhinelander, Wi	☐ Town ☐ Village ☐ City Newbold	3-25-11
3. Dennis L. Kemps	4813 Clover Valley Rd. Harshaw, WI	☐ Town ☐ Village ☐ City Cassian	3-25-11
4. Bette Jane H. Kemps	4813 Clover Valley Rd Harshaw WI 54529	☐ Town ☐ Village ☐ City CASSIAN	3-25-11
5. Lynette C. Morgan	4203 Moen Lake Rd Rhinelander, WI	☐ Town ☐ Village ☐ City Pine Lake	3/25/11
6. Joyce J. Krahn	N11379 Stone Hill Lane Rhinelander, Wisc.	☐ Town ☐ Village ☐ City Harrison Lincoln Co.	3/25/11
7. Peggy Thompson	W 6074 Windwood Ln Tomahawk	☑ Town ☐ Village ☐ City Bradley	3/25/11
8. Peggy Thompson	W 6074 Windwood Ln Tomahawk WI	☐ Town ☑ Village ☐ City Bradley	3-25-11
9. Kurt H. Krahn	N11379 STONE HILL LANE RHINELANDER, WISC.	☑ Town ☐ Village ☐ City HARRISON LINCOLN COUNTY	3/25/11
10. Daniel R. Clemban	552 Moen ST Rhinelander WI 54501	☐ Town ☐ Village ☑ City Rhinelander	3/25/11

Certification of Circulator

I, Douglas Hunlbutt (name of circulator), certify:

I reside at N10593 Hwy 17 S Gleason, WI 54435 Parish
(circulator's residence - include number, street, and municipality)

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

3-25-2011 (date) — Douglas Hunlbutt (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. 2513

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joseph Valerio	2828 TINKER LANE CRANDON, WI 54520	☑ Town ☐ Village ☐ City NASHVILLE	3-13-11
2. Vd Valerio	2828 TINKER LANE CRANDON WI 54520	☑ Town ☐ Village ☐ City NASHVILLE	3-13-11
3. D Pettman	W7574 CRAIN W PEMBINE WI	☑ Town ☐ Village ☐ City PEMBINE	3-22-11
4. [illegible]	W8066 Cigarette ST Pembine, WI	☑ Town ☐ Village ☐ City Pembine	3-22-11
5. [illegible]	N16830 DAM RD BEECHER, WI 54156	☑ Town ☐ Village ☐ City BEECHER	3-22-11
6. Theresa L Menard	N16830 DAM Rd BEECHER, WI 54156	☑ Town ☐ Village ☐ City Beecher	3-22-11
7. Lorraine Pettman	W7374 Crain La Pembine WI 54106	☐ Town ☐ Village ☐ City Pembine WI	3-22-2011
8. Ed Zahl	N16784 Rock Lake Amberg WI 54102	☑ Town ☐ Village ☐ City Amberg	3/22/11
9. [illegible]	N22780 TIMOTHY RD NIAGARA, WI	☑ Town ☐ Village ☐ City NIAGARA, WI	3/22/11
10. JUSTIN COMANKINGSTOCK ME	510 GAGE ST	☐ Town ☐ Village ☐ City	3/22/11

Certification of Circulator

I, Kenneth W Settle (name of circulator), certify:

I reside at 1280 Edgewater 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.

3/22/11 (date)

Kenneth W Settle (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2514

RECALL PETITION

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Natalie M Fornasieri	6205 E. Boygan Rd. Land O'Lakes, WI. 54540	☒ Town ☐ Village ☐ City Land O'Lakes	3-12-11
2. Lisa J. Fornasieri	6205 E. BOYGAN LK. RD. LAND O LAKES WIS. 54540	☒ Town ☐ Village ☐ City LAND O LAKES	3-12-11
3. Terry L. Taylor	4131 CHURCH RD. CONOVER WI. 54519	☒ Town ☐ Village ☐ City CONOVER	3-13-11
4. Geri Taylor	4131 Church Rd Conover, WI 54519	☐ Town ☐ Village ☐ City Conover	3-13-11
Ivy Allman	5894 South Black Oak Lake Rd Land O'Lakes WI	☒ Town ☐ Village ☐ City Land O'Lakes Wi.	3-13-11
6. Madeleine C. Allman	5894 S. Black Oak Lake Rd Land O' Lakes, WI	☒ Town ☐ Village ☐ City Land O'Lakes	3-13-11
7. Dawn Whitney	2307 Big Sky DR Eagle River WI	☐ Town ☐ Village ☒ City Eagle River	3-18-11
8. Sandra T. Garbank	6260 Shaughnessy Phelps WI	☒ Town ☐ Village ☐ City Phelps	3-19-11
9. Robert Walk	407 E Tamarack St Eagle River	☒ Town ☐ Village ☐ City Lincoln	3-23-11
10. Hanna K Reich	4623 Tamarack ST Eagle River WI	☐ Town ☐ Village ☐ City Lincoln	3-23-11

Certification of Circulator

I, Kenneth W Settle (name of circulator), certify:

I reside at 1280 Edgewater 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.

3/23/11 (date)

Kenneth W Settle (signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2515

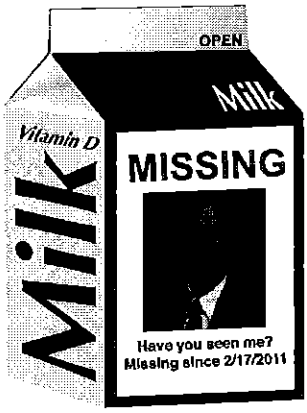
RECALL PETITION

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	350 EDISON ST Antigo	☐ Town ☐ Village ☒ City ANTIGO	4/5/11
2.	112 mayfair Street Antigo	☐ Town ☐ Village ☒ City Antigo	4-5-11
3.	112 Mayfair St Antigo	☐ Town ☐ Village ☒ City Antigo	4-5-11
4.	1223 Spanish Fort Ave. Antigo	☐ Town ☐ Village ☒ City Antigo	04/05/11
5.	1812 1st Ave Antigo	☐ Town ☐ Village ☒ City Antigo	04/05/11
6. Michelle Charles	633 1/2 5th Ave Apt 5 Antigo	☐ Town ☐ Village ☒ City Antigo	4/5/11
7.	616 Sunset Dr Antigo	☐ Town ☐ Village ☒ City Antigo	4-5-11
8.	523 1/2 Superior St Antigo	☐ Town ☐ Village ☒ City Antigo	4-5-11
9.	W11684 Hwy 64 Antigo	☒ Town ☐ Village ☐ City ~~Antigo~~ Ackley	4-8-11
10.	204 Elm St. Antigo	☐ Town ☐ Village ☒ City Antigo	4-8-11

Certification of Circulator

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

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

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

4-8-11
(date)

Laurie Hottenstein
(signature of circulator)

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

Page No. 2516

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dixie Soderberg	W4585 PENROD ROAD	☒ Town ☐ Village ☐ City NIAGARA	3/29/11
2. [illegible]	" W4585 PENROD ROAD	☒ Town ☐ Village ☐ City " NIAGARA	3/29/11
3. [illegible]	W7900 CEDAR ST	☒ Town ☐ Village ☐ City NIAGARA	3/31/11
4. [illegible]	125 pine St.	☐ Town ☐ Village ☒ City Niagara	3/31/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, RAYMOND SODERBERG, certify:
(name of circulator)

I reside W4585 PENROD ROAD TOWN of NIAGARA.
(circulator's residence - include number, street, and municipality)

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

[illegible]
(signature of circulator)

Page No. 2517

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael L Sukeski	1040 US-2 Florence WI 54121	☒ Town ☐ Village ☐ City	3/31/11
2. Cindy E. Sukeski	1040 US Hwy 2 Florence WI 5412	☒ Town ☐ Village ☐ City	3/31/11
3. Ernest A. Peterson	1847 Roosevelt Rd Niagara, WI 54151	☐ Town ☐ Village ☒ City	3/31/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Ernest Peterson, certify:
(name of circulator)

I reside 1847 Roosevelt Rd. 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.

4-1-11
(date)

Ernest Peterson
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David M. Cumber	2246 Cty Rd L Tomahawk, WI	☑ Town ☐ Village ☐ City Nokomis	3-26-11
2. Joanne M. Cumber	2246 Cty Rd L Tomahawk wis	☑ Town ☐ Village ☐ City Nokomis	3-26-11
3. Cassie R Kuenzinger	10497 Schuettler Rd Tomahawk, WI	☑ Town ☐ Village ☐ City Nokomis	3-28-11
4. Joel Novitski	W5807 N. Country Ct. Tomahawk WI	☑ Town ☐ Village ☐ City Bradley	3-30-11
5. Theresa Novitski	W5807 N. Country Ct Tomahawk, WI	☑ Town ☐ Village ☐ City Bradley	3-30-11
6. Bob Frontman	5816 W Theisen Tomahawk, WI	☑ Town ☐ Village ☐ City Bradley	4-2-11
7. Frank Seebantz	P.O. Box 1991 WOODRUFF, WI. 54568	☑ Town ☐ Village ☐ City ARBOR VITAE	4-2-11
8. Tierney Seebantz	P.O. Box 1991 Woodruff, WI 54568	☑ Town ☐ Village ☐ City Arbor Vitae	4-2-11
9. Jana Novitski	W5896 Cty Rd A Tomahawk WI 54487	☑ Town ☐ Village ☐ City Bradley	4-19-11
10. Jim Novitski	W5896 Cty Rd A Tomahawk WI 54487	☑ Town ☐ Village ☐ City Bradley	4-19-11

Certification of Circulator

Tim Novitski
(name of circulator), certify:

reside at W5896 Cty Rd A Tomahawk WI 54487 Town of Bradley
(circulator's residence - include number, street, and municipality)

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

April 19th 2011
(date)

Jim Novitski
(signature of circulator)

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
is form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
8-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2519

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patsy Gilligan	13990 Gilligan Rd Box 82 Long Lake WI	☒ Town ☐ Village ☐ City Popple River	3/27/11
2. Jerry Gilligan	13990 Gilligan RD Box 82 Long Lake WI	☐ Town ☐ Village ☐ City Popple River	4/1/11
3. Don Gilligan	451 Lilypad Rd. Tipler WI	☒ Town ☐ Village ☐ City Tipler	4/3/11
4. Diana Hensley	447 Lily Pad Rd Tipler, WI.	☒ Town ☐ Village ☐ City Tipler	4/3/11
5. Jeff Hensley	447 Lily Pad Rd Tipler, WI	☒ Town ☐ Village ☐ City Tipler	4/3/11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Patsy Gilligan (name of circulator), certify:

I reside 13990 Gilligan Rd. Popple River, WI 54542 (PO Box 82 Long Lake, WI. 54542)
(circulator's residence - include number, street, and municipality)

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

4-6-2011
(date)

Patsy Gilligan
(signature of circulator)

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

Page No. 2520

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Adam Mason	403 S. Oneida Ave. Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	3/1/11
2. [illegible]	8806 US Hwy 8 Tomahawk WI 54487	☒ Town ☐ Village ☐ City Woodboro	3-1-11
3. [illegible]	1284 E Timber Dr ~~54487~~ Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-1-11
4. [illegible]	4788 Hilltop Rd Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-1-11
5. [illegible]	4990 St Hwy 52 Wabeno WI 54566	☒ Town ☐ Village ☐ City Wabeno	3-1-11
6. [illegible]	Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-1-11
7. [illegible]	517 Lynne St.	☐ Town ☐ Village ☒ City Rhinelander	3-1-11
8. [illegible]	130 E Anderson St	☐ Town ☐ Village ☒ City Rhinelander	3-1-11
9. [illegible]	6651 Prune Lk Rd	☐ Town ☐ Village ☒ City Rhinelander	3/1/11
10. [illegible]	10096 S Hwy 17	☒ Town ☐ Village ☐ City Gleason	3-1-11

Certification of Circulator

I, David B. Punches (name of circulator), certify:

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

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

3-1-11 (date)

David B Punches (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tom Larson	N6565 GREIL RD	☒ Town ☐ Village ☐ City TOMAHAWK	4/3/11
2. Marilyn M. Barder	414 E. Birchwood Ave #3 Tomahawk, WI	☐ Town ☐ Village ☒ City Tomahawk	4/3/11
3. Cheryl A. Graeber	12335 Felser Rd	☒ Town ☐ Village ☐ City Tomahawk	4/3/11
4. Nate M. Graeber	2275 East Rd	☒ Town ☐ Village ☐ City Tomahawk	4/3/11
5. Steven Johnson	624 BARNES ST	☐ Town ☐ Village ☐ City Rhinelander	4/3/11
6. Blair Knoch	2275 East RD	☒ Town ☐ Village ☐ City Tomahawk	4/3/11
7. Ann J. Bakty	1420 Wheeler Rd	☐ Town ☐ Village ☒ City Tomahawk	4/3/11
8. Donna Beyer	N2355 GEN DR.	☐ Town ☐ Village ☐ City Merrill	1/11
9. Linda Gahr	12 Lel Spirit Haven	☐ Town ☐ Village ☐ City Tomahak	1/11
10. Sarah Miller	217 W. Leather Ave	☐ Town ☐ Village ☒ City Tomahawk	4/3/11

Certification of Circulator

I, THOMAS D. LARSON (name of circulator), certify:

I reside N6565 GREIL ROAD TOMAHAWK (circulator's residence - include number, street, and municipality).

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

Tom Larson (signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen S. Lenzner	W10734 Hwy 64	☐ Town ☐ Village ☐ City Ackley	3/29/11
2. Richard Lenzner	W10734 Hwy 64	☐ Town ☐ Village ☐ City Ackley	3/29/11
3. Tom Moekeiwez	534 Deleglise	☐ Town ☐ Village ☐ City Antigo	3/29/11
4. Tona Moekeiwez	534 Deleglise	☐ Town ☐ Village ☐ City	3/29/11
5. Lorri Igl	W9395 Cty Rd F	☐ Town ☐ Village ☐ City Antigo	3/29/11
6. Chris LANIER	E5691 EvergreEN Rd.	☐ Town ☐ Village ☐ City Harrison	3/30/11
7. Darian Houle	1213 mcmillan Ave	☐ Town ☐ Village ☐ City Antigo	3/30/11
8. Steven P. Smith	1117 MENDELIK AVE ANTIGO WI	☐ Town ☐ Village ☐ City ANTIGO	3/31/11
9. Michaelene Johnson	W5693 State Hwy 64 Bryant, WI. 54418	☐ Town ☐ Village ☐ City Antigo	3/31/11
10. Jean Bechard	W12888 Hwy J Deerbrook	☐ Town ☐ Village ☐ City Upham	3/31/11

Certification of Circulator

I, Karen Sue Lenzner, certify:
(name of circulator)

I reside W10734 Hwy 64 Antigo WI. 54409 ACKLEY.
(circulator's residence - include number, street, and municipality)

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

Karen S. Lenzner (signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Anton W. Markeine	N12014 Meyer Rd	■ Town ☐ Village ☐ City SOMO	3/29/11
2. Judy M. Markeine	N12014 Meyer Rd	■ Town ☐ Village ☐ City SOMO	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Anton W Markeine, certify:
(name of circulator)

I reside 12014 Meyer Rd Tripoli, Wis. 54564 SOMO.
(circulator's residence - include number, street, and municipality)

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

Anton W. Markeine
(signature of circulator)

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

Page No. 2524

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Cindy Melau	1772 Buckhorn Cir.	☒ Town ☐ Village ☐ City Arbor Vitae	3/30/11
2. Katelyn Buss	1772 Buckhorn Circle	☒ Town ☐ Village ☐ City Arbor Vitae	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Cindy Melau, certify:
(name of circulator)

I reside 1772 Buckhorn Circle, Arbor Vitae, WIS, 54568.
(circulator's residence - include number, street, and municipality)

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

3/30/11
(date)

Cindy Melau
(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James E Mitchell	W-5431 North Shore Drive	☐ Town ☒ Village ☐ City IRMA	3/29/11
2. Ruth E. Mitchell	W5431 N. Shore Dr.	☐ Town ☒ Village ☐ City Irma	3/29/11
3. Mike Everson	N3225 Cty. Rd. K Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	3/30/11
4. Mark J. Deis Sr.	606 Cedar St. Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3/30/11
5. James W. George	W4388 Eagle Ridge Ln. Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	3/30/11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, James E Mitchell, certify:
(name of circulator)

I reside W5431 N. Shore Dr. Irma, Wis - Town of Rock Falls.
(circulator's residence - include number, street, and municipality)

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

3-31-2011
(date)

James E Mitchell
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

For leaving the state of WI when he should have been representing the citizens he's supposed to serve.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Thomas E. Mous	1055 W. Glen St Crandon, WI 54520	☐ Town ☐ Village ☒ City	3/29/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Thomas E. Mous, certify:
(name of circulator)

I reside 1055 W. Glen St, Crandon, WI 54520 (City of Crandon).
(circulator's residence - include number, street, and municipality)

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

Thomas E. Mous
(signature of circulator)

RECALL PETITION

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

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

R { I consider it a walk-off job - not tolerated in any other job without termination!

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rosemary V. Mitchell	11035 Griffin Rd	☒ Town ☐ Village ☐ City Minocqua	3/30/11
2. John R Mitchell	11035 GRIFFIN Rd	☒ Town ☐ Village ☐ City MINOCQUA	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7. Note - no nearby		☐ Town ☐ Village ☐ City	/ /11
8. neighbors - all gone		☐ Town ☐ Village ☐ City	/ /11
9. Search for winter		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Rosemary V. Mitchell (name of circulator), certify:

I reside 11035 Griffin Rd Minocqua WI 54548 (circulator's residence - include number, street, and municipality).

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

3/30/11 (date)

Rosemary V. Mitchell (signature of circulator)

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

Page No. 2528

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edward Marksman	W1631 CTY M WHITE LAKE, WI	☒ Town ☐ Village ☐ City WOLF RIVER	03/30/11
2. Charlene Marksman	W1631 CTY M WHITE LAKE, WI	☒ Town ☐ Village ☐ City WOLF RIVER	03/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, EDWARD MARKSMAN, certify:
(name of circulator)

I reside W1631 CTY M WHITE LAKE, WI 54491 WOLF RIVER.
(circulator's residence - include number, street, and municipality)

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

03-30-11
(date)

Edward Marksman
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

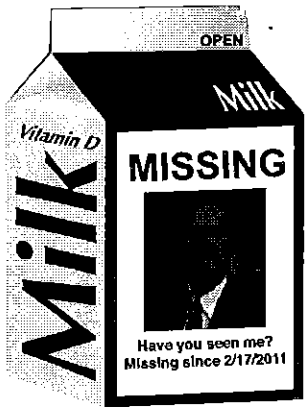
RECALL PETITION

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

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

petition for the recall of Jim 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John H. Muir	7338 Hywy B LAND O'LAKES, WI 54540	☒ Town ☐ Village ☐ City	3/31/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JOHN H. MUIR, certify:
(name of circulator)

I reside at 7338 Hywy 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.

3-31-11
(date)

John H. Muir
(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. 23570

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

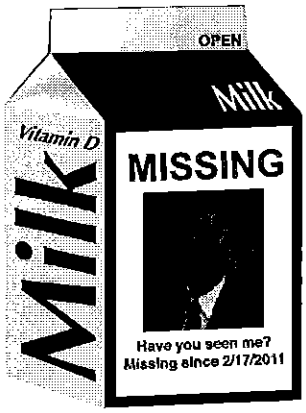
RECALL PETITION

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

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

petition for the recall of Jim 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Andrew Reichenbach	~~[illegible] Road~~ W10085 Pike Plains ~~[illegible] WI 1784~~ Dunbar	☑ Town ☐ Village ☐ City Dunbar	3/29/11
2. Chris McClain	N11770 Twin Lake Rd Dunbar, WI 54119	☑ Town ☐ Village ☐ City Dunbar	3/29/11
3. Christie J Lincoln	W10085 Pike Plains Rd Dunbar, WI 54119	☑ Town ☐ Village ☐ City Dunbar	3/29/11
4. Deborah A. Stockwell	~~[illegible]~~ W10085 Pike Plains Rd. ~~Dunbar, WI [illegible]~~	☑ Town ☐ Village ☐ City Dunbar	3/29/11
5. Jason Heath	N18242 Monson LK RD Pembine WI 54156	☑ Town ☐ Village ☐ City Pembine	3/29/11
6. Joshua M. Krusnek	W10085 Pike Plains Road Dunbar WI 54119	☑ Town ☐ Village ☐ City Dunbar	3/29/11
7. Jonathan Schuler	W10085 Pike Plains Rd ~~N8[illegible] Towers~~ ~~Menomonee Falls, WI 53051~~ Dunbar	☑ Town ☐ Village ☐ City Dunbar	3/29/11
8. Ashley Piekarski	W10085 Pike Plains Rd 54119 Dunbar	☑ Town ☐ Village ☐ City Dunbar	3/29/11
9. Daniel Zakes	W10085 Pike Plains Rd Dunbar WI	☐ Town ☐ Village ☐ City Dunbar	3/29/11
10. Stephen Isbell	W10085 Pikes Plains Rd Dunbar WI.	☐ Town ☐ Village ☐ City Dunbar	3/29/11

Certification of Circulator

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

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

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

4/4/2011 (date)

David Smail (signature of circulator)

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

Page No. 2521

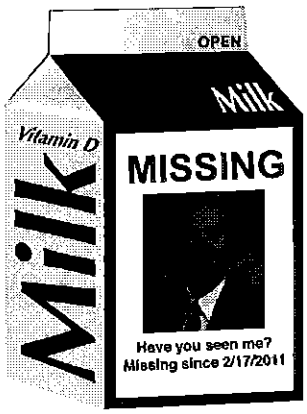
RECALL PETITION

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sarah Larsen	3925 Mitchell St Hrshw, WS 54529	☒ Town ☐ Village ☐ City Harshaw, WS	3-24-11
2. [illegible]	W12071 Hwy C Dorbrook WI. 54424	☐ Town ☐ Village ☐ City Nevin	3-26-11
3. [illegible] Putnam	W13914 Putnam Ln Bowler WI 54416	☒ Town ☐ Village ☐ City Bartelme	3-26-11
4. Dan [illegible]	W12497 Schoolhouse Rd Bowler WIS 54416	☒ Town ☐ Village ☐ City Seneca	3-26-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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

3-26-11
(date)

Laurie Hottenstein
(signature of circulator)

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

Page No. 2532

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

RECALL PETITION

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

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

petition for the recall of Jim 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Annette Strabac	516 Neguanee Florence WI	☒ Town ☐ Village ☐ City Florence	4-7-11
2. Phyl Gehlhoff Phyllis Gehlhoff	540 Koman st. Florence	☒ Town ☐ Village ☐ City Florence	4-7-11
3.		☐ Town ☐ Village ☐ City	
4. John Grycowski	733 Chapin St Florence	☐ Town ☐ Village ☐ City Florence	4-7-11
5. Joan Novak	600 OLIVE ST FLORENCE	☒ Town ☐ Village ☐ City FLORENCE	4-7-11
6. Lori McNamel	533 Olive Ave Florence, WI	☒ Town ☐ Village ☐ City Florence	4-7-11
7. Lori McNamel	533 Olive Ave Florence, WI	☒ Town ☐ Village ☐ City Florence	4-7-11
8. Coy McNamel	Florence WI 533 Olive Ave	☐ Town ☐ Village ☐ City Florence	4-7-11
9. Mary Nicholson	540 Florence Av Florence	☒ Town ☐ Village ☐ City Florence	4-7-11
10. Anita Neuberg	641 Koman Ave Florence WI	☒ Town ☐ Village ☐ City Florence	4-7-11

Certification of Circulator

I, David Smail 209 Mill St Goodman, certify:
(name of circulator)

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

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

4/8/2011 (date)

David Smail (signature of circulator)

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

Page No. 2523

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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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jennifer L Burkett	329 N. Ninth St Eagle River, WI 54521	☐ Town ☐ Village ☒ City Eagle River	2/25/2011
2. Cade Halada	319 Silver Lake Rd. Eagle River, WI 54521	☐ Town ☐ Village ☒ City Eagle River	2/25/2011
3. [illegible]	1821 N. Sky Tree Camp Blind, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/25/2011
4. Abi Burkett	3016 5th St Eagle River WI	☐ Town ☐ Village ☒ City Eagle River	2/25/2011
5. Marcia Farness	1069 Drager Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/25/2011
6. Kim Farness	1069 Drager Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/25/2011
7. Chance Halada	1399 Cherry Dr. Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/25/11
8. [illegible]	N9316 Wildemess Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	2/25/11
9. [illegible]	319 Silver Lake Rd. Eagle River, WI. 54521	☐ Town ☐ Village ☒ City Eagle River	2/25/11
10. Stephanie Samuelson	1399 Cherry Dr Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/26/11

Certification of Circulator

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

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

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

2/26/11 (date)

Cade Halada (signature of circulator)

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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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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. Charles Gullen	4294 MARTENS RD Eagle River	☒ Town ☐ Village ☐ City LINCOLN	2/26/11
2. Jean Resch	1541 NALEIA RD Eagle River	☒ Town ☐ Village ☐ City Three Lakes	2/26/11
3. [illegible]	1427 E. BASS LAKE EAGLE RIVER	☒ Town ☐ Village ☐ City WASHINGTON	2/26/11
4. Steve Kelly	PO BOX 427 Eagle River	☒ Town ☐ Village ☐ City CONOVER	2/26/11
5. Marcella Miller	2945 Pine Island Dr. Eagle River, WI 54521	☒ Town ☐ Village ☐ City Conover	2/26/11
6. [illegible]	4100 DOLLAR LAKE EAGLE RIVER, WI	☒ Town ☐ Village ☐ City LINCOLN	2-26-11
7. Mary Ann Koindowski	4100 DOLLAR LAKE Rd. EAGLE RIVER, WI	☒ Town ☐ Village ☐ City LINCOLN	2-26-11
8. Stefan Hauschildt	507 US Hwy 45 Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	2-26-11
9. Jackie Hauschildt	507 US Hwy 45 Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/26/11
10. Donald Rock	9449 STATE HWY 17 PHELPS, WI 54554	☒ Town ☐ Village ☐ City PHELPS	2/26/11

Certification of Circulator

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

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

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

2/26/11
(date)

Cade Halada
(signature of circulator)

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Sen. Holperin

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	5133 N Town Rd N Florence WI 54121	☒ Town ☐ Village ☐ City	3/16/11
2. David J. Herrick	5133 N Town Rd N Florence WI 54121	☒ Town ☐ Village ☐ City	3/16/11
3. [illegible]	5133 Town Rd N FLORENCE WI 54121	☒ Town ☐ Village ☐ City	3/16/11
4. Bonita J. Hell	PO Box 277 Florence, WI 54121	☒ Town ☐ Village ☐ City	3/21/11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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3/21/11 (date)

Cade Halada (signature of circulator)

GAB-170 (Rev 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005. http://gab.wi.gov email: gab@wi.gov

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

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STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	W1090 City Rd X Antigo WI 54409	☑ Town ☐ Village ☐ City Antigo	2-24-11
2.	W7984 Hwy 17 Antigo, WI 54409	☑ Town ☐ Village ☐ City Vorwood	2-24-11
3.	W14022 Rocky Glen Rd Gleason, WI 54435	☑ Town ☐ Village ☐ City Summit	2-24-11
4.	508 Lincoln St Antigo, WI 54409	☐ Town ☐ Village ☑ City Antigo	2/24/11
5.	104 E 8 Ave Antigo 54409	☐ Town ☐ Village ☑ City Antigo	2/24/11
6.	508 Deresch Street Antigo WI 54409	☐ Town ☐ Village ☑ City Antigo	2/24/11
7.	508 Deresch Street Antigo WI 54409	☐ Town ☐ Village ☑ City Antigo	2/24/11
8.	N3353 Meadow Rd Antigo WI	☑ Town ☐ Village ☐ City Antigo	2/24/11
9.	N3353 Meadow Rd Antigo WI	☑ Town ☐ Village ☐ City Antigo	2-24-11
10.	N3353 Meadow Rd Antigo WI	☑ Town ☐ Village ☐ City Antigo	2-24-11

Certification of Circulator

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

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

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

2-24-11
(date)

Laurie A 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
608-266-8005, email: gab@wi.gov

Page No. 2537

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Niall Henkel	4021 Cty Rd. H Laona, WI 54541	☒ Town ☐ Village ☐ City Blackwell	2-25-11
2. Ronald E. Henkel	4018 Cty Rd H LAONA, WI. 54541	☒ Town ☐ Village ☐ City Blackwell	2-25-11
3. Earl Henkel	4645 State Hwy 55 Crandon WI	☒ Town ☐ Village ☐ City Nashville	2-26-1
4. Jack Matuszinski	4311 Pechtigs Pine Rd Laona WI 54541	☒ Town ☐ Village ☐ City Laona	2-27-11
5. Debra Stalker	5916 N. Hwy 8 Laona WI 54541	☒ Town ☐ Village ☐ City Laona	2-27-11
6. William Alley	Newald WI 54571 5447 Fern St.	☒ Town ☐ Village ☐ City Newald	2-27-11
7. Judy Alley	5447 Fern St. Newald, WI 54571	☒ Town ☐ Village ☐ City Newald	2-27-11
8. CHuckie Ready	5269 BEECH ST APT 11 LAONA WI	☐ Town ☒ Village ☐ City LAONA	2-27-11
9. Kate Queen	P.O. Box 412 54541 Laona WI 54541	☐ Town ☐ Village ☐ City Laona	2-27-11
10. Shannon Barrett	4823 5th ST Laona WI 54541	☒ Town ☐ Village ☐ City Laona	2-28-11

Certification of Circulator

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

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

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

3/5/11 (date)

Jenny Henkel (signature of circulator)

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

Page No. 12538

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gary Krueger	3496 Cty Rd HH Antigo WI 54409	☒ Town Harrison ☐ Village ☐ City	4-2-11
2. [illegible] Krueger	4237 County Rd G Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	4-2-11
3. [illegible]	212 Hwy 70 East St. Germain WI 54558	☒ Town St. Germain ☐ Village WI ☐ City	4-2-11
4. [illegible]	1840 Broken Bow Tr Arbor Vitae, WI	☐ Town ☐ Village Arbor Vitae ☐ City	4-2-11
5. Michael Spychalski	5513 Mayflower Lane Gillett, WI 54124	☒ Town ☐ Village ☐ City Gillett	4-2-11
6. [illegible]	P.O. Box 131 Crandon, Wis. 54520	☐ Town ☐ Village ☒ City Crandon	4-2-11
7. [illegible]	4376 Forks Lane Rhinelander 54501	☐ Town ☐ Village ☒ City Rhin	4/2/11
8. Peter [illegible]	1013 Elm St Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4/2/11
9. David [illegible]	1381 Seventh Ave Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	4-2-11
10. Cindy Trapp	1283 Old Hwy 51 S Woodruff, WI 54568	☒ Town ☐ Village ☐ City Woodruff	4-2-11

Certification of Circulator

I, Jennifer L Nery, certify:
(name of circulator)

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

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

4-2-11 (date) Jennifer L Nery (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. 2539

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Melissa McLaughlin	4065 Peshtigo River Rd Laona, WI 54541	☒ Town ☐ Village ☐ City Laona	3.29.2011
2. Vicki Holewinski	3011 Co A Rhinelander WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	3-29-2011
3. Tom McLaughlin	4065 Peshtigo River Rd LAONA WI 54541	☒ Town ☐ Village ☐ City LAONA	3-29-2011
4. Darlene McLaughlin	4781 Cypress St Laona WIC 54541	☐ Town ☐ Village ☐ City Laona	3-30-2011
J. Gibson	8778 Jantzik Argonne, WI 54511	☒ Town ☐ Village ☐ City Argonne 54511	3-30-2011
6. Angie Kapustar	W11215 Hwy 64 Antigo WI, 54409	☒ Town ☐ Village ☐ City Ackley Langlade	4-9-11
7.	1510 Meister Stockley Pelican Lake, WI 54463	☒ Town ☐ Village ☐ City Schoepke	4/2/11
8. David H. Gjersen	5259 Cole Rd	☒ Town ☐ Village ☐ City Crandon	4/2/11
9. A Cooper	710 S Clermont Antigo WI	☒ Town ☐ Village ☐ City Antigo	4/2/11
10. Jim Perry	5760 Jungel Rd Crandon 54520	☒ Town ☐ Village ☐ City Crandon	4/2/11

Certification of Circulator

I, Jennifer Nery, certify:
(name of circulator)

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

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

4-2-11
(date)

Jennifer L Nery
(signature of circulator)

Page No. 2540

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. William M. Dunsmoor	7815 County Rd. H Eagle River, WI 54521	☒ Town ☐ Village ☐ City Sugar Camp	2/25/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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

3/11/2011
(date)

Darrell R Fliflet
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE (Mailing Address) Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Voting) Indicate Town, City, or Village	DATE OF SIGNING
1. Brad Schewe	11083 Old 8 Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Little Rice	3/18/11
2. Vickie Bartels	4950 Willow Dam Rd Hazelhurst WI 54531	☒ Town ☐ Village ☐ City Little Rice	3/22/11
3. LEON KROENING	4643 Wild Rice Rd Harshaw	☒ Town ☐ Village ☐ City Cassian	3/22/11
4. Mary L Eggebrecht	3516 Stones Cir Dr. Tomahawk	☐ Town ☐ Village ☐ City Little Rice	3/24/11
5. Russell J Peterson	703 E. 4th St Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	3/24/11
6. Michael Deck	N11877 Honey Rd Tripoli Wis	☐ Town ☐ Village ☐ City Wilson	3-24-11
7. John W Jacobson	N1169 Stone Rd Tomahawk, Wis	☒ Town ☐ Village ☐ City Bradley	3-26-11
8. John Lassel	800 Johnson St Merrill, Wi 54452	☐ Town ☐ Village ☒ City Merrill	3-26-11
9. Lynn Pitre	800 Johnson St Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	3-26-11
10. Katherine Jacobson	5624 Pine Crest Tomahawk Wi	☐ Town ☐ Village ☐ City Bradley	3-26-11

Certification of Circulator

I, Iva J. Fernholz (name of circulator), certify:

I reside at 2570 Klimek Dr. Tomahawk W. 54487 Little Rice
(circulator's residence - include number, street, and municipality)

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

03/26/11
(date)

Iva J. Fernholz
(signature of circulator)

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

Page No. 2-542

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 (mailing ADDRESS) Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Voting) Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	6756 Orchard Dr Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	3-31-11
2. Jon Sparks	6756 Orchard Dr Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	3-31-11
3. Mary Lu Dietsche	3873 W. Pine Sq. Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Cassian	3-31-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Iva J. Fernholz (name of circulator), certify:

I reside at 3570 Klimek Dr Tomahawk WI 54487 Little Rice
(circulator's residence - include number, street, and municipality).

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

03/31/11
(date)

Iva J Fernholz
(signature of circulator)

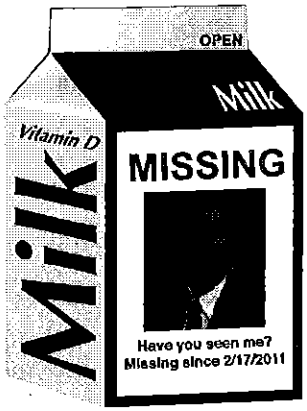
RECALL PETITION

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Theresa Schneider	344 N. Second St. Eagle River, WI 54521	☐ Town ☐ Village ☒ City Eagle River	3-26-11
2. Jackie Markussen	5201 Hideaway Dr.	☐ Town ☐ Village ☒ City Eagle River	3-26-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jackie Markussen, certify:
(name of circulator)

I reside at 5201 Hideaway Dr. Eagle River.
(circulator's residence - include number, street, and municipality)

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

3-26-11 (date) Jacqueline Markussen (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. 2544

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

RECALL PETITION

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

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

petition for the recall of Jim 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.)

SPINELESS ESCAPE TO ILL. TO DISRUPT HIS DUTY TO VOTE FOR OR AGAINST A BILL HE WAS ELECTED TO PERFORM HIS JOB AS A 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Raymond J Tillman	* 7151 ARBUTUS DR SUGAR CAMP WI	☒ Town ☐ Village ☐ City SUGAR CAMP ~~EAGLE RIVER~~ ~~MAIL ADDR.~~	3/26/11
2. Nancy E Tillmann	* 7151 Arbutus Dr Sugar Camp, WI	☒ Town ☐ Village ☐ City SUGAR CAMP	3/26/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, RAYMOND J TILLMANN, certify:
(name of circulator)

I reside at 7151 ARBUTUS DR. EAGLE RIVER (TOWN OF SUGAR CAMP)
(circulator's residence - include number, street, and municipality)

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

3/26/11
(date)

Raymond J Tillmann
(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. 2545

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

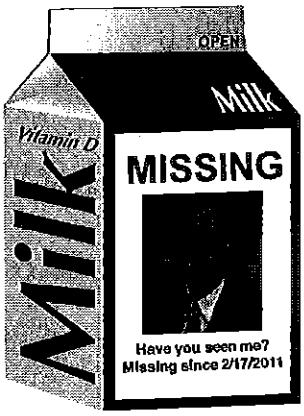
RECALL PETITION

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

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

petition for the recall of Jim 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Nila Sommer	6534 Safar Rd Three Lakes	☒ Town ☐ Village ☐ City Three Lakes	3/26/11
2. Adrian Sommer	6534 Safar Rd. Three Lakes	☒ Town ☐ Village ☐ City Three Lakes	3/26/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Nila Sommer (name of circulator), certify:

I reside at 6534 Safar Road 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.

3/26/11 (date) Nila Sommer (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. 2546

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Denise Fristek	778 Hwy 45 So Eagle River WI 54521	☒ Town Lincoln ☐ Village ☐ City	3-8-11
2. Richard Fristek	" " "	☒ Town ☐ Village Lincoln ☐ City	3-8-11
3. Steve E. Squiller	782 B. Hwy 45 South EAGLE RIVER, WI. 54521	☒ Town Lincoln ☐ Village ☐ City	3-9-11
4. Julie A Squiller	782 B. Hwy 45 S. Eagle River, WI. 54521	☒ Town Lincoln ☐ Village ☐ City	3-9-11
5. Sandi Benson	4779 Cross Country Rd Rhinelander WI 54501	☒ Town Pine Lake ☐ Village ☐ City	3-11-11
6. Scott Craig	6493 Thunder Lk. Rd Rhinelander WI. 54501	☒ Town Sugar Camp ☐ Village ~~☐ City~~ ~~Oneida~~	3-30-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, John T Benson, certify:
(name of circulator)

I reside Town of Pine Lake 4779 Cross Country Rd.
(circulator's residence - include number, street, and municipality)

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

3/30/2011
(date)

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2547

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	8995 CTY J	☑ Town ☐ Village ☐ City WOODRUFF	3-2-11
2. [illegible]	8566 HUBER LN MINOCQUA	☑ Town ☐ Village ☐ City MINOCQUA	3-2-11
3. Barbara A. Jurries	8566 Huber Ln. Minocqua, WI	☑ Town ☐ Village ☐ City Minocqua	3-2-11
4. Kari [illegible]	8516 E. Frontier Cir. St. Germain	☑ Town ☐ Village ☐ City Woodruff	3-2-11
5. [illegible] Meske	8671 Big St. Germain Dr St. Germain	☑ Town ☐ Village ☐ City St. Germain	3-2-11
6. [illegible]	1325 Old Hwy 51 S. #29 Arbor Vitae WI	☑ Town ☐ Village ☐ City Arbor Vitae	3-2-11
7. Robert W. [illegible]	1325 Old Hwy 51 S #29 Arbor Vitae WI 54568	☑ Town ☐ Village ☐ City Arbor Vitae	3-2-11
8. Craig Richardson	5931 Oneida/Fishtrap Lk Rd Boulder Jct	☑ Town ☐ Village ☐ City Boulder Jct. WI	3-2-11
9. [illegible] Richardson	5931 Oneida Lk Rd. Boulder Jct, WI 54512	☑ Town ☐ Village ☐ City Boulder Jct	3-2-11
10. [illegible] M. J	816 Cedar Ct Minocqua, WI	☑ Town ☐ Village ☐ City Minocqua	3-2-11

Certification of Circulator

I, Rudolph A Fuys Jr, certify:
(name of circulator)

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

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

3-2-2011
(date)

(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	1295 Hwy 47 W Box 647 Woodruff, WI 54568	☑ Town ☐ Village ☐ City Arbor Vitae	3/2/2011
2.	9914 Ridgewood Dr Minocqua, WI 54548	☑ Town ☐ Village ☐ City Minocqua	3-2-11
3.	PO Box 636 Minocqua WI	☑ Town ☐ Village ☐ City Minocqua	3/2/11
4.	4240 Hwy H Lac Du Flambeau	☑ Town ☐ Village ☐ City LDF	3/2/11
5.	9397 EAGLE POINT LN. PRESQUE ISLE, WI 54557	☑ Town ☐ Village ☐ City PRESQUE ISLE	3-2-11
6.	11797 Hall CT Arbor Vitae, WI 54568	☑ Town ☐ Village ☐ City Arbor Vitae	3-2-11
7.	1966 N. Farming Rd. Arbor vitae WI	☑ Town ☐ Village ☐ City Arbor Vitae	3-2-11
8.	9359 Thoroughfare Rd Minocqua, WI 54548	☑ Town ☐ Village ☐ City Minocqua	3-2-11
9.	102 N. Van Rensselaer St Merrill, WI 54452	☐ Town ☐ Village ☑ City Merrill	3.2.11
10.	6334 Oak Rock Rd Hazelhurst, WI 54531	☑ Town ☐ Village ☐ City Hazelhurst	3-2-11

Certification of Circulator

I, RUDOLPH A. FOYS JR, certify:
(name of circulator)

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

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

3-2-2011
(date)

(signature of circulator)

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

Page No. 2549

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 (Rural address must also include box or fire no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Donna Van Ooy	N1325 Old 26, Antigo	☐ Town ☐ Village ☐ City Rolling, Wisc	3/12/11
2. [illegible]	2026 9th Ave Antigo	☐ Town ☐ Village ☒ City ANTIGO	3-15-11
3. Gina Egan	N11412 Pheasant Ln Birnamwood, WI	☐ Town ☒ Village ☐ City Aniwa	3-15-11
4. [illegible]	222 Lincoln Antigo Wi	☐ Town ☐ Village ☒ City Antigo	3-16-11
5. Ruth Cunningham	N3775 Hwy 5 Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	3-16-11
6. [illegible]	W 8910 FORREST Antigo	☐ Town ☐ Village ☐ City Antigo	3-16-11
7. [illegible]	W6870 5th Ave Rd. Bryant, WI	☐ Town ☐ Village ☐ City Polar,	3-16-11
8. [illegible]	W8720 W [illegible] Rd Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	3-17-11
9. [illegible]	700 North Ave Antigo	☐ Town ☐ Village ☒ City Antigo	3-17-11
10. Dawn Roggenbuck	N671 Old 26 Rd ANIWA WI	☒ Town ☐ Village ☐ City Rolling	3-17-11

Certification of Circulator

I, JAMES D. WOLVAK, certify:
(name of circulator)

I reside at 619 GOWAN ANTIGO, WISC.
(circulator's residence - include number, street, and municipality)

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

4-11-11
(date)

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2550

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John D Veit	8765 St Johns La Crandon WI 54520	☒ Town ☐ Village ☐ City Nashville	4/3/11
2. Alice L. Veit	8765 St Johns La. Crandon WI 54520	☒ Town ☐ Village ☐ City Nashville	4/3/11
3. GD Keppert	8785 ST. JOHN LA CRANDON, WI 54520	☒ Town ☐ Village ☐ City NASHVILLE	4/4/11
4. Marilyn Stecker	8825 ST JOHN LANE CRANDON, WI 54520	☒ Town ☐ Village ☐ City NASHVILLE	4/5/11
5. Richard W. Stecker	8825 St John Ln. Crandon, WI 54520	☒ Town ☐ Village ☐ City Nashville	4/5/11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, GERALD D. KEPPERT, certify:
(name of circulator)

I reside 8785 ST. JOHN LA. CRANDON, WI 54520 TOWN NASHVILLE.
(circulator's residence - include number, street, and municipality)

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

4/5/11
(date)

GD Keppert
(signature of circulator)

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

Page No. 2551

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	5248 Fairway CT LAONA, WI 54541	☒ Town LAONA ☐ Village ☐ City	3/30/11
2. [illegible]	6875 Boy Scout Rd LAONA, WI 54541	☒ Town LAONA ☐ Village ☐ City	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 5244 Fairway CT Laona, WI 54541.
(circulator's residence - include number, street, and municipality)

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

4/2/11 (date)

Vicki Koch (signature of circulator)

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

Page No. 2552

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ginger S. Rappley	7285 Woodcrest Drive Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Crescent	3-2-2011
2. Dri Lillegan	918 Brenner St. Apt. 3 Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-2-2011
3. Joseph A Rappley	7285 WOODCREST DRIVE RHINELANDER, WI 54501	☒ Town ☐ Village ☐ City CRESCENT	3-2-2011
4. Mark E Berger	1081 HWY 32 THREE LAKES	☒ Town ☐ Village ☐ City THREE LAKES	3.5.11
5. [illegible]	740 Bellview Rd Eagle River	☒ Town ☐ Village ☐ City Eagle River	3-7-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Ginger Rappley (name of circulator), certify:

I reside 7285 Woodcrest Drive, Rhinelander (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.

3-2-2011
(date)

Ginger Rappley
(signature of circulator)

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

Page No. 2553

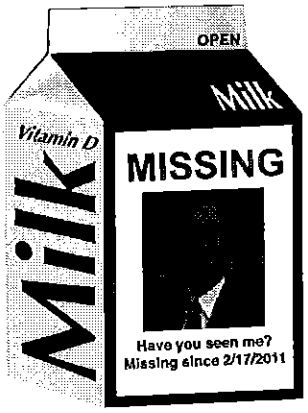
RECALL PETITION

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N4733 CTY RD V Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	3-19-11
2. Richard Guenther	N9084 Cty TT Deerbrook	☒ Town ☐ Village ☐ City Ainsworth	3-19-11
3. [illegible]	1911 5th Ave ANTIGO WI 54409	☐ Town ☐ Village ☒ City Antigo	3-19-11
4. Steve Kelz	1000 SMITH AVE ANTIGO	☐ Town ☐ Village ☒ City ANTIGO	3-19-11
5. [illegible]	~~M~~ 12636 Badger Rd. Deerbrook WIS. 54424 WI	☐ Town ☐ Village ☐ City AINSWORTH	3-19-11
6. James A. [illegible]	2069 Nolan Rd Aniwa, WI 54408	☒ Town ☐ Village ☐ City Harrison	3/19/11
7. [illegible]	Antigo WI 54409	☐ Town ☐ Village ☐ City Langlade	3/19-11
8. Judith A. Korn	W9439 Co. Rd. F Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	3/19/11
9. Ronald Korn	W9439 Co Rd F Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	3/19/11
10. James Henning	N7537 Black Oak Rd Deerbrook, WI 54424	☒ Town ☐ Village ☐ City Upham	3/19/11

Certification of Circulator

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

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

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

3-19-11
(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. 2554

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Myron Strand Jr.	W 5944 School ave Merrill Wi 54452	☒ Town ☐ Village ☐ City Scott	3/9/11
2. Blossom A Strand	W5944 School Ave Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	3-9-11
3. Barry Lisle	N743 Fair View Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	3-10-11
4. Brent Schmoeckel	N743 Fairview Rd. Merrill, WI 54452	☐ Town ☐ Village ☐ City Scott	3-10-11
5. Jennifer Schmoeckel	N743 Fairview Rd. Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott	3-10-11
6. Stephen F Coty	MERRILL WI 54452 W3664 SCHILLER DR	☒ Town ☐ Village ☐ City MERRILL	3-14-11
7. Randall J Hofmann	1909 Arthur St Merrill W. 54452	☐ Town ☐ Village ☒ City Merrill	3/14/11
8. Steven Hay	1031 N Park St Merrill, Wis 54452	☐ Town ☐ Village ☒ City Merrill	3/14/2011
9. Sandra Coty	W3664 Schiller Dr Merrill, WI	☐ Town ☐ Village ☐ City Merrill	3/14/2011
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, MAX PETERSON, certify:
(name of circulator)

I reside W4495 CTY RD. G MERRILL WIS. 54452 PINE RIVER TWN.
(circulator's residence - include number, street, and municipality)

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

3-17-11
(date)

Max Peterson
(signature of circulator)

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

Page No. 2555

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	W17857 Co Rd Q Wittenberg Wi	☒ Town ☐ Village ☐ City Wittenberg	4/4/11
2. [signature]	W17857 Co Rd Q Wittenberg Wi 54499	☒ Town ☐ Village ☐ City Wittenberg	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jesse J Hanke, certify:
(name of circulator)

I reside W17857 Co Rd Q Wittenberg.
(circulator's residence - include number, street, and municipality)

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

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John Bednarek	1559 South Shore Dr	☒ Town ☐ Village ☐ City SAINT GERMAIN	3/30/11
2. Valerie Bednarek	1559 S Shore Dr	☐ Town ☐ Village ☐ City St. Germain	3/30/11
3. Carolyn Miller	9233 Hwy 70-W	☐ Town ☐ Village ☐ City Lampsen Wi	3/30/11
4. Peggy Isabel	9380 Manitou Way	☐ Town ☐ Village ☐ City Minocqua	3/30/11
5. [illegible]	1559 South Shore Dr	☒ Town ☐ Village ☐ City St. Germain	4/1/11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JOHN J. BEDNAREK, certify:
(name of circulator)

I reside 1659 South Shore Dr. St. GERMAIN Wis. 54558.
(circulator's residence - include number, street, and municipality)

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

4/4/11
(date)

John Bednarek
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Catherine M. Brandenburg	5214 County Rd. D Eagle River, WI	☒ Town ☐ Village ☐ City Sugar Camp	04/05/11
2. Janet L. Brandenburg	5214 County Rd. D Eagle River, WI	☒ Town ☐ Village ☐ City Sugar Camp	04/05/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Catherine M. Brandenburg, certify:
(name of circulator)

I reside 5214 County Rd. D, Eagle River, Wisconsin (Sugar Camp 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.

04/05/11
(date)

Catherine M. Brandenburg
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marvin Howard	3159 DIANA L HARSHAW. WI 54529	☑ Town ☐ Village ☐ City HARSHAW	4/4/11
2. Diana Behling	3159 DIANA L HARSHAW, WI 54529	☑ Town ☐ Village ☐ City HARSHAW	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, DIANA BEHLING MARVIN HOWARD, certify:
(name of circulator)

X I reside 3159 DIANA LA HARSHAW. WI.
(circulator's residence - include number, street, and municipality)

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

X 4.4.11 (date) X Diana Behling Marvin Howard (signature of circulator)

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

Page No. 2559

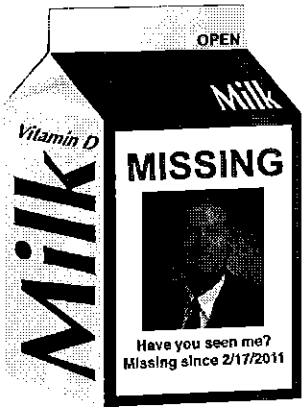
RECALL PETITION

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James E Bardenwerper	1190 Wilke Trail St. Germain, WI.	☒ Town ☐ Village ☐ City CLOVERLAND	3/16/11
2. Carol E. Bardenwerper	1190 Wilkie Trail St. Germain, WI.	☒ Town ☐ Village ☐ City Cloverland	3/16/11
3. Karla Stern	1230 Walter Place St. Germain, WI	☒ Town ☐ Village St. Germain ☐ City	3/16/11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JAMES E. BARDENWERPER James E. Bardenwerper, certify:
(name of circulator)

I reside at 1190 Wilke Trail, St. Germain WI 54558 Cloverland
(circulator's residence - include number, street, and municipality)
1190 WILKE TRAIL ST. GERMAIN, WI. 54558 TOWN OF CLOVERLAND

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

3/16/11
(date)

James E. Bardenwerper
(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. 2560

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jeremy Wichert	W10497 Hwy 8 DUNBAR, ~~WI~~ 54119	☑ Town ☐ Village ☐ City DUNBAR	04/10/2011
2. Elizabeth Wichert	W10497 Hwy 8 Dunbar 54119	☑ Town ☐ Village ☐ City Dunbar	4-10-11
3. Lynne Massey	W4705 Wallace Rd Amberg WI 54102	☑ Town ☐ Village ☐ City Amberg	4-12-11
4. Michael Voss	W10497 US Hwy 8 Dunbar, 54119	☒ Town ☐ Village ☐ City Dunbar	4-12-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Elizabeth Wichert, certify:
(name of circulator)

I reside at W10497 US Hwy 8 Dunbar
(circulator's residence - include number, street, and municipality)

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

4-13-11
(date)

Elizabeth Wichert
(signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Doug Hurlbutt	N10593 Hwy 175 Gleason, WI	☒ Town ☐ Village ☐ City Harrison	3-4-11
2. Karen Hurlbutt	N10693 State Hwy 17 So. Gleason, WI 54435	☒ Town ☐ Village ☐ City Harrison	3/4/11
3. Clarence Everson	N10604 School Forest RD 54435 Gleason WI	☒ Town ☐ Village ☐ City Harrison	3/4/11
4. William Barth	403 E. 3RD St. Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3-15-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Doug Hurlbutt (name of circulator) certify:

reside at N10593 Hwy 175 Gleason, WI Town of Harrison
(circulator's residence - include number, street, and municipality)

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

03/15/2011
(date)

Doug Hurlbutt
(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Jones	1417 GROSS RD ARBOR VITAE WI	☒ Town ☐ Village ☐ City	3/30/11
2. Nancy A. Jones	1417 GROSS RD ARBOR VITAE, WI 54568	☒ Town ☐ Village ☐ City	4/5/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, RICHARD JONES, certify:
(name of circulator)

I reside at 1417 GROSS RD ARBOR VITAE, WI. 54568.
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Richard Jones
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	4331 VALLEY LT RHINELANDER	☒ Town ☐ Village ☐ City NEWBOLD	4/7/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, SCOTT E. JACOBSEN, certify:
(name of circulator)

I reside 4331 VALLEY LT, TOWN OF NEWBOLD (RHINELANDER, ONEIDA
(circulator's residence - include number, street, and municipality)

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

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: 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 MUNICPALITY 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	6386 Journey's End Rd Rhinelander, WI	X Town __ Village __ City Pine Lake	2/25/11
2	44 S Brown St Apt 2 Rhinelander WI 54501	__ Town __ Village X City Rhinelander	2/25/11
3	216 Sarah Lake Road Rhinelander Wis	__ Town __ Village X City Rhinelander	2/25/11
4	5531 Hixon Lake Rd Rhinelander WI 54501	__ Town X Village __ City Crescent	2-25-11
5	728 S ONEIDA RHINELANDER WI. 54501	__ Town __ Village X City RHINELANDER	2-25-11
6	5451 Lake Julia Rd Rhinelander WI 54501	X Town Pelican __ Village __ City	2-25-11
7	1218 Tracy St Rhinelander, WI 54501	__ Town __ Village X City Rhinelander	2/25/11
8	203 Pleasant Street Rhinelander Wis 54501	__ Town __ Village X City Rhinelander	3-14-11
9		__ Town __ Village __ City	
10		__ Town __ Village __ City	

CERTIFICATION OF CIRCULATOR

I, Keith K. Kost, certify that I reside at 203 Pleasant Street Rhinelander Wis 54501

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

3-14-2011
(date)

(Signature of Circulator)
Keith K. Kost

Page: 2565

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 (Rural address must also include box or fire no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Charles Hoogland	640 Koman Florence	☑ Town ☐ Village ☐ City Florence	4/7/11
2. Jeffrey Gordon	W2285 Sequin Rd. Marinette 54143	☑ Town ☐ Village ☐ City Porterfield	4/8/11
3. Alvin Greason	N8145 School Forest Rd Crivitz, WIS 54114	☑ Town ☐ Village ☐ City Lake	4/8/11
4. Randall Ochs	2309 Goodreau St. Niagara, WIS. 54151	☐ Town ☐ Village ☑ City Marinette	4/13/11
5. Janice Ochs	2309 Goodreau St NIAGARA WIS. 54151	☐ Town ☐ Village ☑ City Marinette	4/13/11
6. Bernie Powell	W1645 Wescher Rd Niagara Wi	☐ Town ☐ Village ☐ City Niagara Township	4/13/11
7. BARB Schroeder	2409 Montgomery RD Florence, WI	☐ Town ☑ Village ☐ City Florence	4/13/11
8. Desiree Schneider	W349 City Hwy N Aurora WI	☑ Town ☐ Village ☐ City Aurora	4/13/11
9. Neil Erickson	W10921 Woods rd Dunbar WI 54119	☐ Town ☐ Village ☐ City Dunbar	4/13/11
10. James Campbell	2370 CTY N Florence, WI 54121	☑ Town ☐ Village ☐ City Commonwealth	4/13/11

Certification of Circulator

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

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

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

4/14/2011 (date) David Smail (signature of circulator)

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

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. William O. Haling	1065 Circle Drive Eagle River, WI	☒ Town ☐ Village ☐ City LINCOLN	3/30/11
2. Kay M. Haling	1065 Circle Drive Eagle River, WI	☒ Town ☐ Village ☐ City Lincoln	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, William O. Haling, certify:
(name of circulator)

I reside 1065 Circle Drive Eagle River, WI 54521 LINCOLN
(circulator's residence - include number, street, and municipality)

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

March 30, 2011
(date)

William O. Haling
(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kenneth Heidewald	W7105 NOQUEBAY ROAD CRIVITZ, WI. 54114	☒ Town ☐ Village ☐ City STEPHENSON	3/31/11
2. Kathryn Heidewald	W7105 NOQUEBAY Road Crivitz, WIS. 54114	☒ Town ☐ Village ☐ City STEPHENSON	3/31/11
3. Albert Croft	N9178 CTY A Crivitz WI. 54114	☐ Town ☐ Village ☐ City Stephenson	4/1/11
4. Julie Cisler	W10723 Squirrel Ln. Crivitz, WI 54114	☒ Town ☐ Village ☐ City Stephenson	4/1/11
5. John J. Croft	N9178 Cty A Crivitz WI 54114	☐ Town ☐ Village ☐ City stephenson	4/1/11
6. Allison Croft	W11985 Parkway Rd Crivitz, WI. 54114	☐ Town ☐ Village ☐ City Stephenson	4/1/11
7. April Croft	N9178 CTY A Crivitz WI. 54114	☐ Town ☐ Village ☐ City Stephenson	4/1/11
8. Michael Croft	N9085 CTY A Crivitz, Wi 54114	☒ Town ☐ Village ☐ City Stephenson	4/1/11
9. [illegible]	W11985 Parkway Rd Crivitz WI 54114	☒ Town ☐ Village ☐ City Stephenson	4/1/11
10. Carl Orlando	~~W10437 Moonshine~~ Crivitz Wis 54114	☐ Town ☐ Village ☐ City Stephenson	4/1/11

Certification of Circulator

I, KENNETH HEIDEWALD, certify:
(name of circulator)

I reside W7105 NOQUEBAY ROAD CRIVITZ, WI. 54114 STEPHENSON.
(circulator's residence - include number, street, and municipality)

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

~~3-31-11~~ 4/1/11
(date)

Kenneth Heidewald
(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Raymond Hartleben	1014 1st Ave apt 18 Antigo Wi 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
2. Karin Foster	1014 1st Ave #16 Antigo Wi 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
3. Jeanine Jacobs	1014 1st Ave #17 Antigo Wi 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
4. Adelaire Fox	1014 1st Ave apt 20 Antigo, Wi 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
5. LaVerne Berndt	1014 1st Ave. 54009 Antigo, Wi 1014 #8	☐ Town ☐ Village ☒ City Antigo	3/30/11
6. Doris Peterka	1014 1st Ave Apt 10 Antigo Wis 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
7. Catherine Stollings	1014 1st. Ave. apt 11 Antigo Wis. 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
8. Ken Hays	1014 1st Ave #15 Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
9. Theresa Hartleben	1014 1st AVE #18 ANTIGO-WI 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
10. Cynthia L Wilson	1014 1st ave #1 Antigo WIS 54409	☐ Town ☐ Village ☒ City Antigo	3/31/11

Certification of Circulator

I, Raymond Hartleben, certify:
(name of circulator)

I reside 1014 1st Ave apt 18 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.

March 31, 2011 — (date)

Raymond Hartleben — (signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	W11789 Hwy 153 Wittenberg	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
2. [illegible]	N6192 US Hwy 45	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
3. [illegible]	N6215 Wittmor Town Line Road	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
4. Debra Bong	N6215 Wittmor Town Line Rd	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
5. Mary L. Wendler	N5401 13 ~~Bird~~ Bluebird Rd	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
6. Roger Wendler	Tigerton, Wisc. 54486 W17908 Hwy 153	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
7. Mary Jane Wendler	Wittenberg Wi 54499	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
8. Dorian Hirt	N5721 Witt-Morr Rd. Tigerton, Wi. 54486	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
9. Ralph J. Wendler	N5401 Bluebird Rd Tigerton, Wi. 54486	☒ Town ☐ Village ☐ City Wittenberg	3/31/11
10 Paul Eckardt	N5980 US Hwy 45 Tigerton WI 54486	☒ Town ☐ Village ☐ City Wittenberg	3/31/11

Certification of Circulator

I, Dorian Hirt, certify:
(name of circulator)

I reside At N5721 Witt-Morr Rd. Tigerton, Wi. 54486 - Township of Wittenberg.
(circulator's residence - include number, street, and municipality)

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

March 31, 2011
(date)

Dorian Hirt
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

no

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert F. Houston	1323-E-KING RD TOMAHAWK WI	☐ Town ☐ Village ☒ City	4/1/11
2. Pearl M. Houston	1323 E. King Rd Tomahawk, WI 54487	☐ Town ☐ Village ☒ City	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, ROBERT F. HOUSTON, certify:
(name of circulator)

I reside 1323-E-KING Rd TOMAHAWK, WI 54487.
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Robert F. Houston
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Grace C Hey	PO Box 300 Arbor Vitae WI	☑ Town ☐ Village ☐ City Arbor Vitae	4/1/11
2. Walter P Hey	PO Box 300	☐ Town ☐ Village ☐ City Arbor Vitae	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Grace C Hey (name of circulator), certify:

I reside 2693 N Highway 51 Arbor Vitae WI 54568 (circulator's residence - include number, street, and municipality).

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

4/1/11 (date)

Grace C Hey (signature of circulator)

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

Page No. 2572

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	5360 Forest Lane Rhinelander WIS	☒ Town ☐ Village ☐ City Pine Lake	3/28/11
2. Gerry Van Harpen	5360 Forest Lane Rhinelander, WI	☒ Town ☐ Village ☐ City Pine Lake	4/7/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Gerry Van Harpen (name of circulator), certify:

I reside 5360 Forest Lane, Rhinelander town Pine Lake.
(circulator's residence - include number, street, and municipality)

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

4.7.11 (date)

Gerry Van Harpen (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N10180 Sunny Pt Rd Tomahawk WI	☑ Town ☐ Village ☐ City King	4/8/11
2. Gary Kuspa	W6075 Hillcrest Dr Merrill, WI	☑ Town ☐ Village ☐ City Merrill	4/8/11
3. [illegible]	603 Woodbine Ave Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	4/8/11
4. [illegible]	Merrill N3332 B County Rd	☑ Town ☐ Village ☐ City Harrison	4/8/11
5. Hayley Wallbeck	904 Hollywood Drive Merrill WI	☐ Town ☐ Village ☑ City Merrill	4/8/11
6. Todd Schulz	511 East St Merrill	☐ Town ☐ Village ☑ City Merrill	4/9/2011
7. Barb Spoch	N1592 Deer Run Merrill WI 54452	☑ Town ☐ Village ☐ City Pine River ~~Merrill~~	4/8/2011
8. Joshua Schmelter	N236 Rd W W Merrill WI 54452	☑ Town ☐ Village ☐ City Pine River	4/8/2011
9. Roger Pieper	1311 Cedar Merrill	☐ Town ☐ Village ☑ City Merrill	4-8-11
10. [illegible]	N2306 Pier St WI 54452	☑ Town ☐ Village ☐ City Merrill	4/-8/11

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.

4-11-11
(date)

Larry W. Schumacher
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2574

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N9433 Zenith Tower Rd Tomahawk, WI 54487	☑ Town ☐ Village ☐ City Tomahawk	4-8-11
2. [illegible]	W8457 Prairie Pl Merrill	☑ Town ☐ Village ☐ City Schley	4-8-11
3. [illegible]	N2345 Memorial Dr Merrill WI	☑ Town ☐ Village ☑ City Merrill	4-8-11
4. [illegible]	N7409 Dotter Rd Tomahawk WI 54487	☑ Town ☐ Village ☐ City Bradley	4-8-11
5. [illegible]	N4761 Balkein Rd Gleason WI	☐ Town ☐ Village ☐ City Gleason	4-8-11
6. [illegible]	500 N Mill Merrill WI	☐ Town ☐ Village ☑ City Merrill	4-8-11
7. [illegible]	202 Douglas St Apt H S, Merrill	☐ Town ☐ Village ☑ City Merrill	4-8-11
8. [illegible]	N1573 Deer Run Rd Merrill WI 54452	☑ Town ☐ Village ☐ City Pine River	4-8-11
9. [illegible]	W1993 Schulz Rd Merrill, WI 54452	☑ Town ☐ Village ☐ City Pine River	4-8-11
10. [illegible]	110 S Genesee St Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	4-8-11

Certification of Circulator

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

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

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

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

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Donald Betts	W13497 CO. C ATHELSTANE, WISC. 54104	☒ Town ☐ Village ☐ City Silver Cliff	3/6/11
2. Dennis Schmidt	W10046 Cty C Athelstane W. 54104	☒ Town ☐ Village ☐ City Athelstane	3/6/11
3. Elaine Olson	W9484 Co Rd X Crivitz, WI 54114	☒ Town ☐ Village ☐ City Stephenson	3/6/11
4. Karen Miller (Celia)	W10784 Cty Rd C Athelstane, Wi 54104	☒ Town ☐ Village ☐ City Athelstane	3/7/11
5. Rich Bul	W14985 KIMBLE LN ATHELSTANE WI. 54104	☒ Town ☐ Village ☐ City SILVER CLIFF	3-7-11
6. Opal D. Locke	N15140 CLEVELAND ST. AMBERG, WI. 54102	☒ Town ☐ Village ☐ City AMBERG	3-6-11
7. Gary D. Miller	W10704 CTY Rd C Athelstane, WI 54104	☒ Town ☐ Village ☐ City Athelstane	3-6-11
8. Janice Locke	N15140 Cleveland 1	☒ Town ☐ Village ☐ City Amberg	3-7-11
9. Ruth Schmidt	W 10046 Cty. Rd. C ATHELSTANE, Wi. 54104	☐ Town ☐ Village ☐ City Athelstane	3-9-11
10. Carolyn D. Bul	W14985 Kimball La. Athelstane, Wi.	☒ Town ☐ Village ☐ City Silvercliff	3-10-11

Certification of Circulator

I, Carole R. Betts (name of circulator), certify:

I reside W13497 Hwy C Athelstane, Wi. 54104 (circulator's residence - include number, street, and municipality).

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

3-25-11 (date) Carole R. Betts (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2576

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Diane Groth	W7120 Solar Lake Rd Wausaukee WI 54177	☒ Town ☐ Village ☐ City Wausaukee	2/24/11
2. Deborah Van Den Elzen	W6891 Pike River Rd Wausaukee WI 54177	☒ Town ☐ Village ☐ City Wausaukee	2/24/11
3. Jane L Kipp	N11929 LUBKA RD WAUSAUKEE, WISC	☒ Town ☐ Village ☐ City WAUSAUKEE	2/25/11
4. Niles David Kipp	N11929 LUBKA ROAD WAUSAUKEE 54177	☒ Town ☐ Village ☐ City WAUSAUKEE	2/25/11
5. Rosemarie Witczak	N11710 Whispering Pine Ln Athelstane, WI 54104	☒ Town ☐ Village ☐ City Silver Cliff	2/28/2011
6. Edward J Witczak	N1170 Whispering Pine Ln Athelstane, Whispering Pine	☒ Town ☐ Village ☐ City Silver Cliff	2/28/2011
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, NILES DAVID KIPP, certify:
(name of circulator)

I reside at N11929 LUBKA RD. WAUSAUKEE, WI 54177.
(circulator's residence - include number, street, and municipality)

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

3/24/2011
(date)

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005 http://gab.wi.gov email: gab@wi.gov

Page No. 2577

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	8140 Peters Rd	☐ Town ☐ Village ☒ City Eagle River	3/25/11
2.	1175 Winne Worka	☐ Town ☐ Village ☒ City THREE LAKES	3/25/11
3. Scott Sorge	6436 Maywood Ln	☒ Town ☐ Village ☐ City Three Lakes	3/25/11
4.	6398 N Biscayne	☒ Town ☐ Village ☐ City 3 LKS	3/25/11
5.	1525 Winker Rd	☐ Town ☐ Village ☐ City 3 Lakes	3/26/11
6.	854 Gatewood Rd	☐ Town ☐ Village ☐ City 3 Lakes	3/26/11
7.	506 Apt A Wisconsin Eagle River	☐ Town ☐ Village ☐ City Eagle River	3/26/11
8.	10927 Dearborne Trail	☐ Town ☐ Village ☐ City 3 Lakes	3/26
9.	1707 Maple Lake Rd	☒ Town ☐ Village ☐ City Three Lakes	3/26
10.	8289 Oneida Trail Eagle River	☐ Town ☐ Village ☐ City Eagle River	3/27

Certification of Circulator

I, JOHN A. WITKOWSKI (name of circulator), certify:

reside at 1701 MAPLE LAKE ROAD (PO BOX 32) THREE LAKES WI 54562
(circulator's residence - include number, street, and municipality)

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

30 MAR 11
(date)

(signature of circulator)

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
his form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
08-266-8005, 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joy Nichols	7661 Morgan Lake Rd. Florence, WI. 54121	☒ Town ☐ Village ☐ City Fence	3-16-11
2. Lila L. Tibbs	7050 West River Rd Florence, WI 54121	☒ Town ☐ Village ☐ City Fence	3-16-11
3. Thomas Smith	7357 Morgan Lake Rd Florence, WI. 54121	☒ Town ☐ Village ☐ City Fence	3/19/11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, LILA L. TIBBS, certify:
(name of circulator)

I reside 7050 West RIVER Rd Florence, WI 54121 Fence.
(circulator's residence - include number, street, and municipality)

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

Lila L. Tibbs
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Jaworski	16970 Landing Lane White Lake, WI, 54491	☒ Town ☐ Village ☐ City Doty	3/30/11
2. Cheryl Jaworski	16970 Landing Ln White Lake, WI 54491	☒ Town ☐ Village ☐ City Doty	3/30/11
3. James O Tilkens	N3319 Swenska Hills White Lake, WI 54491	☒ Town ☐ Village ☐ City Wolf River	3/30/11
4. Janet Tilkens	N3319 Swenska Hills Rd. White Lake, WI 54491	☒ Town ☐ Village ☐ City Wolf River	3/30/11
5. Steven Whitten	17011 Landing Ln White Lake, WI	☒ Town ☐ Village ☐ City Doty	3/30/11
6. Connor Van Dorn	16950 LANDING LN WHITE LAKE WI	☒ Town ☐ Village ☐ City Doty	3/30/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Connor Van Dorn, certify:
(name of circulator)

I reside 16950 LANDING LN WHITE LAKE WI 54491 TOWN OF DOTY.
(circulator's residence - include number, street, and municipality)

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

Connor Van Dorn
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2580

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Deane Curtiss	4929 County Rd G Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/26/11
2. [illegible]	8024 Hwy K Star Lake WI 54561	☒ Town ☐ Village ☐ City Plum Lake	2/26/11
3. [illegible]	2395 Hwy 45 N Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/26/11
4. Denise Ambrosius	2395 Hwy 45 N Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/26/11
5. [illegible]	7752 Bear Rd Three Lakes WI 54562	☒ Town ☐ Village ☐ City Three Lakes	2/26/11
6. [illegible]	1931 Otter Ln Eagle River 54521	☒ Town ☐ Village ☐ City Washington	2/26/11
7. Mary Hayden	1651 McKinley Blvd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/26/11
8. Ed Cottingham ED COTTINGHAM	6168 Big Lake Rd Three Lakes WI	☒ Town ☐ Village ☐ City 3-Lakes	2-26-11
9. Karen Cottingham	6168 Big Lake Rd Three Lakes, Wi. 54562	☒ Town ☐ Village ☐ City Three Lakes	2/26/11
10. Charles P. Spencer	4408 Middle Gresham Ln Boulder Jct. WI 54512	☒ Town ☐ Village ☐ City Boulder Junction	2/26/11

Certification of Circulator

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

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

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

2/26/2011
(date)

Paula Visner
(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Pastor J. S. Hering	Highway 70 E W 4431 P.O. Box 81	☒ Town of Florence ☐ Village ☐ City	4/2/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Pastor Johannes S. Hering, certify:
(name of circulator)

I reside W 4431 Hwy. 70 E. Florence WI.
(circulator's residence - include number, street, and municipality)

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

4-2-11
(date)

Pastor Johannes S. Hering
(signature of circulator)

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

Page No. 2582

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Scott A. Chanlynn	4974 Buchanan Lane Florence, WI 54121	☒ Town ☐ Village ☐ City	4/2/11
2. Lynda L. Chanlynn	4974 Buchanan Lane Florence, WI 54121	☒ Town ☐ Village ☐ City	4/2/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Scott A. Chanlynn Scott A. Chanlynn, certify:
(name of circulator)

I reside 4974 Buchanan Lane 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.

4-2-11
(date)

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2583

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Clarice Hess	Lake Tomahawk 6871 Barbara Dr	☑ Town ☐ Village ☐ City Newbold 3-29	3/29/11
2. Lloyd Hess	6871 Barbara Dr	☐ Town ☐ Village ☐ City Newbold	3/29/11
3. [illegible]	5631 [illegible]	☐ Town ☐ Village ☐ City [illegible]	3/30/11
4. Harry W. Grout	7540 Pine Ridge Rd Eagle River, WI 54521	☐ Town ☐ Village ☐ City Sugar Camp	3/30/11
5. Peter Bube	6845 BARBARA PO Box 254	☐ Town ☐ Village ☐ City Newbold	/ /11
6. Charlie E. Hess	8879 MAYFLOWER CT WOODRUFF, WI. 54568	☐ Town ☐ Village ☐ City WOODRUFF	4/2/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Lloyd Hess, certify:
(name of circulator)

I reside 6871 Barbara Dr 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.

4/2/11
(date)

Lloyd Hess
(signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2584

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	1130 TYSON ROAD EAGLE RIVER, WI 54521	☑ Town ☐ Village LINCOLN ☐ City	3-2-11
2. Mary L. Simac	1130 TYSON ROAD EAGLE RIVER WI 54521	☑ Town ☐ Village LINCOLN ☐ City	3-2-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside 6045 BEAVER TR, 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.

3/8/2011 (date)

Paula Vis (signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

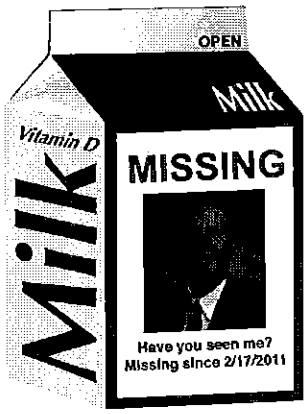
RECALL PETITION

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

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

petition for the recall of Jim 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. LeRoy J. Samuelson	6229 MUSKELUNGE HIGHWAY LAKE TOMAHAWK	☒ Town ☐ Village ☐ City NEWBOLD	4/4/11
2. Peter Helgers	4390 Camp 2 Rd STAR LAKE	☒ Town ☐ Village ☐ City PLUM LAKE	4/4/11
3. Sherry Helgers	4390 Camp 2 Rd Star Lake	☒ Town ☐ Village ☐ City Plum Lake	4/4/11
4. William J Marquardt	3687 S Limberlost Rd Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	4-4-11
5. [illegible] Lamar	3702 E WOODLAND DR RHINELANDER WI	☒ Town ☐ Village ☐ City PINE LAKE	4-4-11
6. Annette Theiling	5241 Green Lock Rd Rhinelander, WI	☒ Town ☐ Village ☐ City Pine LAKE	4-4-11
7. Wayne C. Sieha	1196 WILKE RD. St. Germain 54558	☒ Town Cloverland ☐ Village ☐ City	4/5/11
8. Joan M. McGuroe	3332 Norwood Circle Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pelican	4/5/11
9. Wilma Hannie	3860 N Limberlost Rhinelander, WI 54501	☐ Town ☐ Village ☐ City Pine Lake	4/5/11
10. Bill Bishop	3837 BUFFALO Rhinelander, WI 54501	☒ Town Sugar Camp ☐ Village ☐ City Rhinelander	4/5/11

Certification of Circulator

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

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

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

4/5/11
(date)

(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. 2586

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

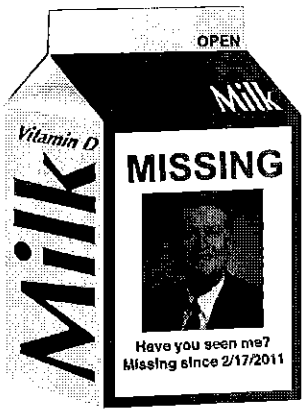
RECALL PETITION

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

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

petition for the recall of Jim 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kimberly Towne	W4388 Henrich Rd Tomahawk	☒ Town ☐ Village ☐ City Tomahawk	4-9-11
2. Elizabeth R. Nameth	1115 N. Pelham St. Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4/9/11
3. Kari A Radcliffe	N1306 Spring Rd Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott	4/9/11
4. Julia M Renard	5967 Hwy K Rhinelander WI 54501	☒ Town ☐ Village ☐ City Crescent	4-11-11
5. Daniel G. Krueger	3682 S. LIMBERLOST RHINELANDER WI 54501	☒ Town ☐ Village ☐ City STELLA	4/11/11
6. Jack L. Craggs	3500 Campfire Lane Harshaw, WI 54529	☒ Town ☐ Village ☐ City Woodboro	4/11/11
7. Sandra Brewster	111 N Park Ave #1 Crandon, WI 54520	☐ Town ☐ Village ☒ City Crandon WI	4/11/11
8. Gene Schroeder	3980 Lake Shore Dr Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pine Lake	4/11/11
9. Barbie Sweet	3200 S. Frost Lk. Rd. Rhinelander.	☐ Town ☒ Village ☐ City Pelican	4/11/11
10. Gerald Daul	4688 E LAKEVIEW ST CRANDON	☒ Town ☐ Village ☐ City LINCOLN	4/11/11

Certification of Circulator

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

I reside at 4475 County P Rhinelander, Pelican, 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.

4/11/11
(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.
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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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. June M Tomany	N9060 Big Twin LK LN Pickerel WI 54465	☒ Town ☐ Village ☐ City LANGLADE	03/29/11
2. Douglas M. Tomany	N9060 Big Twin LK LN PICKEREL WI 54465	☒ Town ☐ Village ☐ City LANGLADE	03/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, June M Tomany, certify:
(name of circulator)

I reside N9060 Big Twin LK LN Pickerel WI 54465 LANGLADE
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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. 29, 2011
(date)

June M. Tomany
(signature of circulator)

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	W16650 Lake Dr. Birnamwood WI 54414	☒ Town ☐ Village ☐ City Hutchins	3-1-11
2.	350 Brezzewood Birnamwood WI	☐ Town ☒ Village ☐ City Birnamwood	3/01/11
3.	H13659 Mill Rd Wausau WI 54403	☒ Town ☐ Village ☐ City Hewitt	3/02/11
4.	366 Ford Dr Birnamwood WI 54414	☐ Town ☒ Village ☐ City Birnamwood	3-2-11
5.	820 Arctic St. Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/2/11
6.	N8983 Hwy. 45 Birnamwood, WI 54414	☒ Town ☐ Village ☐ City BIRNAMWOOD	3/8/11
7.	1919 Sugarbush Rd Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pelican	3/8/11
8.	W16652 Hwy Z Birnamwood, WI. 54401	☒ Town ☐ Village ☐ City HUTCHINS	3/14/11
9.	W16650 Lake Dr Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Hutchins	3/14/11
10.	8555 Hickory rd Eland, WI 54427	☒ Town ☐ Village ☐ City Elderon	3/16/11

Certification of Circulator

I, Alan VanderKooy (name of circulator), certify:

I reside at 8555 Hickory Rd. Eland, WI 54427 ELDERON (town)
(circulator's residence - include number, street, and municipality)

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

3/16/11 (date)

Alan VanderKooy (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 2589

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Theodore A. McAuly	W15863 Woodlawn Rd Birnamwood, WI 54414	☑ Town ☐ Village ☐ City Hutchins	4/3/11
2. Patricia A. McAuly	W15863 Woodlawn Rd Birnamwood, WI	☑ Town ☐ Village ☐ City Hutchins	4/3/11
3. Jerry McAuly	W15863 Woodlawn Rd Birnamwood WI	☑ Town ☐ Village ☐ City Hutchins	4/3/11
4. Thomas H. McAuly	W16068 Woodlawn Rd. Birnamwood WI	☑ Town ☐ Village ☐ City Hutchins	4/3/11
5. Kelly A. McAuly	W16068 Woodlawn Rd. Birnamwood, WI 54414	☑ Town ☐ Village ☐ City Hutchins	4/4/11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Theodore A. McAuly, certify:
(name of circulator)

I reside W15863 Woodlawn Rd Birnamwood, WI Twn. Hutchins
(circulator's residence - include number, street, and municipality)

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

Theodore A. McAuly
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	1583 Mary Lane W. Arbor Vitae	☒ Town ☐ Village ☐ City Arbor Vitae	2/27/11
2. [illegible]	9006 Mishonagon Minocqua	☒ Town ☐ Village ☐ City Minocqua	2/27/11
3. [illegible]	9006 Mishonagon Minocqua	☒ Town ☐ Village ☐ City Minocqua	2/27/11
4. [illegible]	1772 Buckhorn Circle Arbor Vitae	☐ Town ☐ Village ☐ City Arbor Vitae	2-27-11
5. [illegible]	1806 Buckhorn Cir. Arbor Vitae	☐ Town ☐ Village ☐ City Arbor Vitae	2-27-11
6. [illegible]	1833 Fawn Ct Arbor Vitae WI	☐ Town ☐ Village ☐ City Arbor Vitae	2-27-11
7. [illegible]	1833 Fawn Ct Arbor Vitae WI	☐ Town ☐ Village ☐ City Arbor Vitae	2-27-11
8. Marsha Williams	1842 Fawn Ct Arbor Vitae, WI	☐ Town ☐ Village ☐ City Arbor Vitae	2-27-11
9. Denise Wipperfurth	10840 Buckhorn Circle Arbor Vitae	☐ Town ☐ Village ☐ City Arbor Vitae	2-27-11
10. Wendy Hunter	1835 Buck Ct Arbor Vitae WI	☒ Town ☐ Village ☐ City Arbor Vitae	2-27-11

Certification of Circulator

I, Roxann Murphy (name of circulator), certify:

I reside at 10833 Buckhorn Circle Arbor Vitae
(circulator's residence - include number, street, and municipality)

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

2/27/11
(date)

[illegible]
(signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Roxann M Murphy	10833 Buckhorn Cir Arbor Vitae, Wi.	☒ Town ☐ Village ☐ City Arbor Vitae	2/24/11
2. Richard P Murphy	10833 BUCKHORN CIRCLE ARBOR VITAE, WI	☒ Town ☐ Village ☐ City ARBOR VITAE	2/24/11
3. Jacquelyn Jossart	1705 Buckhorn Ld Arbor Vitae Wis	☒ Town ☐ Village ☐ City Arbor Vitae	2/24/11
4. Art Jossart	1705 Buck Horn Rd, Arbor Vitae WI	☒ Town ☐ Village ☐ City Arbor Vitae	2/24-11
5. Jennifer Borak	10847 Buckhorn Circle Arbor Vitae WI	☒ Town ☐ Village ☐ City ARBOR Vitae	2/24/11
6. Jerry Borak	9400 Grouse Rd. Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	2/25/11
7. andrew Borak	1411 eric dr. Woodruff WI 54569	☒ Town ☐ Village ☐ City Woodruff	2/25/11
8. [illegible]	10847 Buckhorn Cir Arbor Vitae	☒ Town ☐ Village ☐ City Arbor Vitae	2/25/11
9. Diane M Trusch	9823 Sylvan Shore Minocqua, WI	☒ Town ☐ Village ☐ City Minocqua	2/25/11
10. Carl [illegible]	8914 Little Presque Isle St Germain WI 54558	☒ Town ☐ Village ☐ City Newbald	2/25/11

Certification of Circulator

I, Roxann Murphy (name of circulator), certify:

I reside at 10833 Buckhorn Circle Arbor Vitae
(circulator's residence - include number, street, and municipality).

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

2/29/11 (date)

[signature] (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dellen	707 S Lake Ave Crandon	☐ Town ☐ Village ☒ City Crandon	3/8
2. Ross Kincaid	406 N. Central Ave Crandon	☐ Town ☐ Village ☒ City Crandon	3/8/2011
3. [redacted]	[redacted]	☐ Town ☐ Village ☒ City [redacted]	3/8/2011
4.	1808 County hwy Q lot 4 pelican lake WI 54463	☐ Town ☐ Village ☒ City Pelican Lake	3/8/2011
5. Sandy Eastman	10448 Rec Rd B Crandon WI 54520	☐ Town ☐ Village ☐ City Nashville	3-9-11
6. Gene Blair	9936 Planyla Rd Argonne Wi. 54511	☒ Town ☐ Village ☐ City Crandon	3-9-11
7. Lynn McClure	5268 Forest AVE Laona Wi 54541	☐ Town ☐ Village ☐ City Laona	3-12-11
8. [illegible]	107 S. Centralia Crandon, Wi 54520	☐ Town ☐ Village ☒ City Crandon	3-13-11
9. Shirley Connors	910 Moe Arthur Trl Wabeno Wi 54566	☒ Town ☐ Village ☐ City Wabeno	3-13-11
10. Jeff W. Sandphier	3816 Indian Lake Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	3-15-11

Certification of Circulator

I, John (Jay) Schafer, certify:
(name of circulator)

I reside 8985 E. Pioneer St Crandon Wi 54520.
(circulator's residence - include number, street, and municipality)

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

March 22nd 2011
(date)

(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rick Koch	5244 FAIRWAY CT. LAONA, WI 54541	☒ Town ☐ Village ☐ City Laona	2-24-11
2. Vicki Koch	5244 Fairway CT. Laona, WI 54541	☒ Town ☐ Village ☐ City Laona	2/24/11
3. Jennifer L Nery	9830 Hwy 32 Hiles, WI 54511	☒ Town ☐ Village ☐ City Hiles	2/28/11
4. Raymond C Nery	9830 Hwy 32 Hiles WI 54511	☒ Town ☐ Village ☐ City Hiles	2/28/11
5. [illegible]	5406 Mill St Laona, WI 54541	☒ Town ☐ Village ☐ City Laona	3/3/11
6. Wayne Querret	3675 Hanner Ln Laona WI 54541	☒ Town ☐ Village ☐ City Blackwell	3/4/11
7. [illegible] Thurber	3637 Jensen Ln Laona WI 54541	☐ Town ☐ Village ☐ City Blackwell	3-4-11
8. Lonnie McKeown	5897 FREEDOM CORNERS WABENO, WI 54566	☐ Town ☐ Village ☐ City WABENO	3-4-11
9. Marilyn L Collins	5951 W Hwy 8 LAONA WI 54541	☐ Town ☐ Village ☐ City LAONA	3-4-11
10. Michael [illegible]	PO BOX 335 Laona WI	☐ Town ☐ Village ☐ City LAONA	3-4-11

Certification of Circulator

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

I reside at 5244 Fairway CT, Laona WI 54541 (circulator's residence - include number, street, and municipality).

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

March 4, 2011 (date)

Vicki Koch (signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 2594

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jeanette A. Kraft	8055 Paton Rd St. Germain, WI 54558	☒ Town ☐ Village ☐ City St. Germain	2-27-11
2. Carla Schneider	1604 W. BASS LK Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Washington	2-27-11
3. [illegible]	1604 W. Bass Lk Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Washington	2/27/11
4. Connie L Haines	6402 Timbering Haven Eagle River, WI 54521	☒ Town ☐ Village ☐ City Cloverland	2-27-11
5. [illegible]	6402 Timbering Haven Dr Eagle River WI 54521	☒ Town ☐ Village ☐ City cloverland	2-27-11
6. Craig R Callies	8004 PATON RD	☒ Town ☐ Village ☐ City ST. GERMAIN	2-28-11
7. [illegible]	1592 DANDELION DR ST GERMAIN, WI	☒ Town ☐ Village ☐ City ST GERMAIN	3-1-11
8. Yvonne Kline	8068 Indian Tr. St. Germain WI 54558	☒ Town ☐ Village ☐ City St. Germain	3-1-11
9. Barbara B Callies	8004 Paton Rd St Germain, WI 54558	☒ Town ☐ Village ☐ City ST GERMAIN	3-1-11
10. Jeffrey Kraft	8055 PATON ROAD ST. GERMAIN 54558	☒ Town ☐ Village ☐ City ST. GERMAIN	3/1/11

Certification of Circulator

I, JEFFREY KRAFT (name of circulator), certify:

I reside ~~ST. GER~~ 8055 PATON ROAD ST. GERMAIN, WI 54558 (circulator's residence - include number, street, and municipality).

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

3/1/2011 (date)

Jeffrey Kraft (signature of circulator)

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

Page No. 2595

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen DeHart	W5565 DeHart Rd Tomahawk, WI	☒ Town ☐ Village ☐ City Bradley	3-4-11
2. Harold DeHart	" "	☐ Town ☐ Village ☐ City "	"
3. Ron Woodley	7035 Rapid Rd PO Box 307 Lake Tomahawk WI 54548	☒ Town Lake Tomahawk ☐ Village ☐ City	3-4-11
4. Joyce Woodley	7035 Rapid Rd PO Box 307 Lake Tomahawk WI 54548	☒ Town Lake Tomahawk ☐ Village ☐ City	3-4-11
5. [illegible]	2247 Cty Rd L Tomahawk	☒ Town ☐ Village ☐ City Nokomis	3-4-11
6. [illegible]	2247 Cty Rd L Tomahawk	☐ Town ☐ Village ☐ City Nokomis	3-4-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, SHERRY KROEPLIN, certify:
(name of circulator)

I reside at 10721 TOW, Minocqua Wis 54548
(circulator's residence - include number, street, and municipality)

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

3/17/11
(date)

Sherry Kroeplin
(signature of circulator)

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

Page No. 2596

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 MUNICPALITY 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 Robert H. Weir	4738 Sheep Ranch Rd. Rhinelander	X Town Cassian __ Village __ City	2-28-2011
2 Mary C Weir	4738 Sheep Ranch Rhinelander	X Town Cassian __ Village __ City	2-28-2011
3 Mike Burdon	4920 Hwy 47 Rhinelander	X Town New Bold __ Village __ City	3-2-11
4 Corey J. Skime	216 Court Park Rhinelander, WI	Township __ Town Rhinelander __ Village X City	3-2-11
5 Kim Powell	31662 Kennedy Rd Rhinelandr WI	X Town Pelican __ Village __ City	3-3-11
6 Deb Johnson	4674 County P Rhinelander WI	X Town __ Village Pelican __ City	4-3-11
7		__ Town __ Village __ City	
8		__ Town __ Village __ City	
9		__ Town __ Village __ City	
10		__ Town __ Village __ City	

CERTIFICATION OF CIRCULATOR

I, Robert H. Weir, certify that I reside at 4738 Sheep Ranch Rd. Town of Cassian Rhinelander Wi. 54501

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

4-19-2011 RHW (date)

Robert H. Weir (Signature of Circulator)

Page: 2597

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Charles M Scholtz	W3543 E. Winesville Rd	☑ Town ☐ Village ☐ City Porterfield	3/30/11
2. Jean F. Scholtz	W3543 E. Winesville Rd	☑ Town ☐ Village ☐ City Porterfield	3/30/11
3. Cornelia Rezachek	W7586 Addison Tr	☑ Town ☐ Village ☐ City Stephenson	4/3/11
4. Sandra Rezachek	W7586 Addison Tr	☑ Town ☐ Village ☐ City Stephenson	4/3/11
5. Jeff Scholtz	W7493 Addison Tr.	☑ Town ☐ Village ☐ City Stephenson	4/3/11
6. Nicole Scholtz	W7493 Addison Tr.	☑ Town ☐ Village ☐ City Stephenson	4/3/11
7. Chr DeSo	1210 Lulu Ave	☐ Town ☑ Village ☐ City Crivitz	4/3/11
8. Ashlie DeSo	1210 Lulu Ave	☐ Town ☑ Village ☐ City Crivitz	4/3/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside W 7493 ADDISON TR. STEPHENSON (circulator's residence - include number, street, and municipality).

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

4-3-2011 (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kent Smith	N 6534 Raven Lane Wittenberg, WI 54499	☒ Town ☐ Village Wittenberg ☐ City	4/6/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Kent Smith, certify:
(name of circulator)

I reside N 6534 Raven Lane, Wittenberg, WI 54499.
(circulator's residence - include number, street, and municipality)

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

April 6, 2011
(date)

Kent Smith
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mark Steber	1642 old HWY 69 E Florence, WI 54121	☐ Town ☒ Village ☐ City Florence	3/29/11
2. Heidi Steber	1642 Old Hwy 69 E Florence WI 54121	☐ Town ☒ Village ☐ City Florence	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, MARK J STEBER, certify:
(name of circulator)

X I reside 1642 OLD HIGHWAY 69 E, 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.

X 3/30/11 (date) X [signature] (signature of circulator)

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

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