

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 DOING HIS JOB LEAVING THE STATE

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Keith Maulth</u>	<u>N9804 LOOP RD TOMAHAWK WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BRADLEY</u>	<u>4/4/11</u>
2. <u>Beverly Rampart</u>	<u>N9804 Loop Rd TOMAHAWK, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u>	<u>4/4/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

I, Keith Maulth (KEITH GAULKE), certify:  
(name of circulator)

I reside TOWN OF BRADLEY, N9804 LOOP RD TOMAHAWK, WI 54487.  
(circulator's residence - include number, street, and municipality) BRADLEY

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

Keith Maulth  
(signature of circulator)

# RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

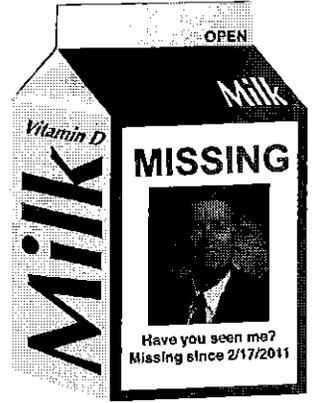
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District,  
(jurisdiction or district of officeholder)

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

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

### STATEMENT OF REASON FOR RECALL

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



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1. <u>Michael Abig</u>	<u>W 9380 Hwy F</u> <u>Antigo, WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	<u>4-8-11</u>
2. <u>DMcCarthy</u>	<u>W8163 Hwy U</u> <u>Pearson, WI 54462</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELCHO</u>	<u>4-8-11</u>
3. <u>Lisa Shabel</u>	<u>W10041 Hwy E</u> <u>Antigo, WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ACKLEY</u>	<u>4-8-11</u>
4. <u>Janey Shabel</u>	<u>W10641 Hwy I</u> <u>Antigo WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ACKLEY</u>	<u>4-8-11</u>
5. <u>Barbara Rolling</u>	<u>P.O. Box 128</u> <u>510 Eckart St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo WI</u>	<u>4-8-11</u>
6. <u>Robert Mehnke</u>	<u>7592 Hwy F</u> <u>ANTIGO, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Polar</u>	<u>4-8-11</u>
7. <u>Judy Malnick</u>	<u>W 7592 Hwy F</u> <u>Antigo WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Polar</u>	<u>4-8-11</u>
8. <u>Darlene Moern</u>	<u>1419 Neve Rd</u> <u>Antigo WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-8-11</u>
9. <u>Pete VanDriel</u>	<u>14948 Golf Rd</u> <u>Deerbrook WI 545</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	<u>4-8-11</u>
10. <u>Louise Sanford</u>	<u>250 Watson St.</u> <u>Antigo, WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-8-11</u>

### Certification of Circulator

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

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

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

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. 2902

**RECALL PETITION**

to: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	9260 TIMBERLINE DR. MINOCQUA, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4/2/11
2. Buckys Richards	9260 TIMBERLINE DR. MINOCQUA, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4/2/11
3. Ligda Rehberg	4663 Lake Hill Landing CONOVER, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	4/2/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**Certification of Circulator**

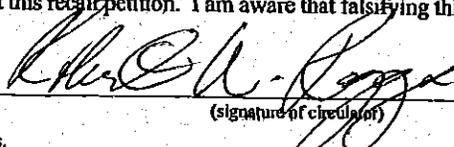
ROBERT W. ROZCA  
(name of circulator)

certify:

reside at 10 N. AQUILA CT. EAGLERIVER, WI 54531, VILAS COUNTY  
(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.

12 April 11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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1. <i>Barbara Schmidt</i>	<i>N 284 Country Rd K Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>3/9/11</i>
2. <i>Ronald Schneider</i>	<i>W 4799 Creek Av Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>3-10-11</i>
3. <i>Fal C. Berg</i>	<i>1105 Jefferson St Merrill Wisconsin 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-10-11</i>
4. <i>Jim Weller</i>	<i>W 5573 Park Dr Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SCOTT</i>	<i>3-10-11</i>
5. <i>Yany Prontali</i>	<i>NB18 Grantwood Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE RIVER</i>	<i>3-10-11</i>
6. <i>Steve Allerts</i>	<i>N 1706 Shear Dr Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3-10-11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, MAX PETERSON, certify:  
(name of circulator)  
 I reside W 4495 CTY RD G MERRILL WIS. 54452  
(circulator's residence - include number, street, and municipality) PINE RIVER (TWN)

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

3-10-11 (date) Max Peterson (signature of circulator)

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1. <i>Jane Voigt</i>	<i>905 Madison St. Merrill, WI 54452-3086</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/30/11</i>
2. <i>Phyllis J. Voigt</i>	<i>905 Madison St Merrill, WI 54452-3086</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/30/11</i>
3. <i>Mary A. Fromfeld</i>	<i>4428 Paper Rd. Merrill, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
4. <i>Gus Kalafatis</i>	<i>912 1/2 Paper St Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *Phyllis Voigt*, certify:

I reside *905 Madison St. Merrill Wis*  
(circulator's residence - include number, street, and municipality)

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

*4-4-11*  
(date)

*Phyllis J. Voigt*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <u>Dennis Umland</u>	<u>N1263 Hwy 45 S, ANTIGO, WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/6/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
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9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

### Certification of Circulator

I, DENNIS UMLAND, certify:

I reside N1263 Hwy 45 S, ANTIGO, WI 54409  
(circulator's residence - include number, street, and municipality)

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

4/6/11  
(date)

Dennis Umland  
(signature of circulator)

# RECALL PETITION

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

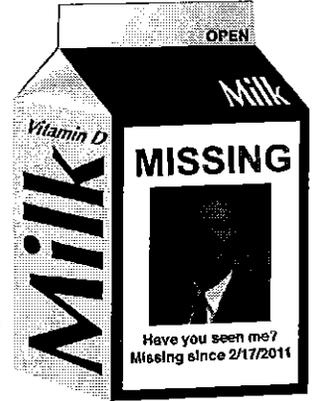
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(jurisdiction or district of officeholder)

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1. <u>DAVE WILLIAMS</u>	<u>4285 Peshtigo River Rd LAONA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u>	<u>4-1-11</u>
2. <u>Rebecca Lafferty</u>	<u>5258 Spruce St PO Box 71</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u>	<u>4-2-11</u>
3. <u>Marshall Lafferty</u>	<u>5258 Spruce PO Box 71</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u>	<u>4-2-11</u>
4. <u>Brian Lafferty</u>	<u>5258 Spruce St PO Box 71</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u>	<u>4-2-11</u>
5. <u>Crystal Lafferty</u>	<u>5258 Spruce St PO Box 71</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u>	<u>4-2-11</u>
6. <u>Dana Williams</u>	<u>4285 Peshtigo River Rd Laona, WI 54541</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u>	<u>04-02-11</u>
7. <u>Eileen Fayman</u>	<u>N9409 Corners D Wabeno, WI 54566</u>	<input checked="" type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wolf River</u>	<u>4-2-11</u>
8. <u>Robert P. Fayman</u>	<u>N9409 CORNERS DR WABENO, WI 54566</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOLF RIVER</u>	<u>4-2-11</u>
9. <u>Channy DeWitt</u>	<u>403 SW Wisconsin Ave Brandon, WI 53520</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-2-11</u>
10. <u>Sanger Wells</u>	<u>P.O. Box 202 Laona, WI 54541</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LAONA</u>	<u>04/05/11</u>

### Certification of Circulator

I, DAVE WILLIAMS, certify:

(name of circulator)

I reside at 4285 Peshtigo River Rd 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.

4/5/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

Page No. 2907

# RECALL PETITION

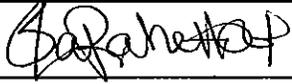
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	824 Pedersen Trail	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

### Certification of Circulator

I, Stanley W. Holt, certify:

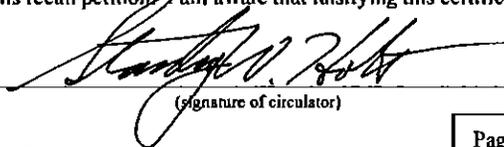
(name of circulator)

I reside 2905 PEDERSEN TRAIL PHELPS

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

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

APR 3, 2011  
(date)

  
(signature of circulator)

# RECALL PETITION

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

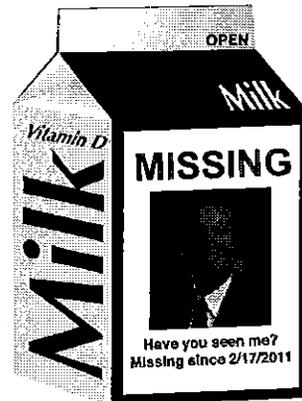
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District,  
(jurisdiction or district of officeholder)

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

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

### STATEMENT OF REASON FOR RECALL

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



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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Dennis Hoh</i>	1109 1st Ave. Antigo Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-19-11
2. <i>Zinda Muegel</i>	W8780 Hwy I Bryant WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neva	3-19-11
3. <i>Bin Engstrom</i>	N 6019 Hwy 5 Bryant WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bryant	3-19-11
4. <i>Jeff Alft</i>	N9361 Deer Rd. Pearson WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ainsworth	3-19-11
5. GAIL ALFT	N9361 Deer RD PEARSON, WI 54462	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ainsworth	3-19-11
6. Renee Babbitts	W10325 Northlake Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neva	3-19-11
7. Tom Diercks	500 Alpha Ct. Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-19-11
8. Laurie Strobel	N7831 Log Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3-19-11
9. Perry W Postler	N2008 Maple Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3-19-11
10. Lila Postler	N2008 Maple Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	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)

*Laurie Hottenstein*  
(signature of circulator)

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

Page No. 2909

# RECALL PETITION

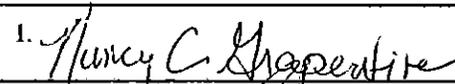
TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	10124 Little Arbor Vitae Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/30/11
2. 	10124 Little Arbor Vitae Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3/30/11
3. 		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

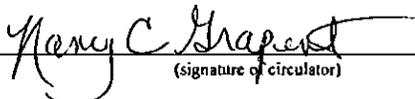
### Certification of Circulator

I, NANCY C GRAPENTWE, certify:  
(name of circulator)

I reside 10124 Little Arbor Vitae Drive, 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.

March 30, 2011  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Philip Guzik</i>	<i>5062 Lonely Dr</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhine Landau</i>	<i>3/29/11</i>
2. <i>Betty Guzik</i>	<i>5062 Lonely Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhine Landau</i>	<i>3/29/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *PHILIP GUZIK*, certify:  
(name of circulator)

I reside *5062 Lonely Dr Rhine Landau 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.

*3-29-11*  
(date)

*Philip Guzik*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Truman Gussick	2649 NINE MILE RD EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	3/30/11
2. Jim McVane	2684 Ninemile Rd EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	3/30/11
3. MARK VANDERLIN	420 ALLYN RD THREE LAKES	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City THREE LAKES	3/30/11
4. Betty A. Gussick	2649 NINE MILE RD. EAGLE RIVER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	3/30/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

### Certification of Circulator

I, TRUMAN GUSSICK, certify:  
(name of circulator)

I reside at 2649 NINE MILE RD EAGLE RIVER WI 54521.  
(circulator's residence - include number, street, and municipality) WASHINGTON TOWNSHIP

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

Truman Gussick  
(signature of circulator)

# RECALL PETITION

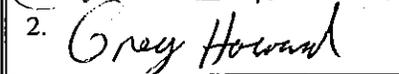
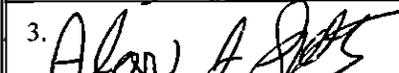
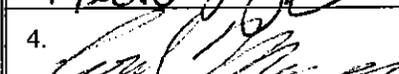
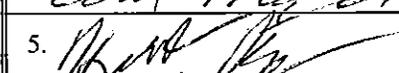
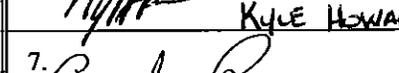
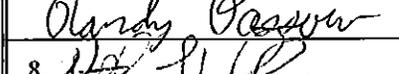
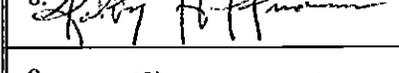
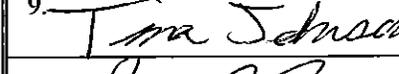
TO: Wisconsin Government Accountability Board

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

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

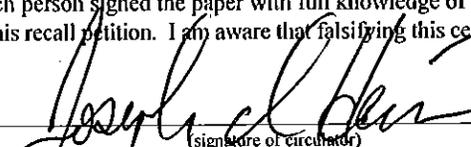
### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	2494 Rux Rd Arbor Vitae, WI 54828	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	2/24/11
2. 	2494 Rux Rd Arbor Vitae WI 54828	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	2/24/11
3. 	11450 Reinert Rd Arbor Vitae WI 54828	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	2/24/11
4. 	8205 GRITZMACHEN RD Woodruff WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	2/24/11
5. 	7588 Forest Tr Lake Tomahawk, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	2/24/11
6.  KYLE HOWARD	7141 Williams Rd Woodruff, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	2/25/11
7. 	9329 Dahlia Drive Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	2/28/11
8. 	7701 DUCK RD LAKE TOMAHAWK	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	2/28/2011
9. 	N4581 City Rd YY Tripplet WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KNOX	3-4-2011
10. 	N1805 MOSEK Tomahawk	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City HARRISON	3-4-11

I, Joseph I. Hein **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 7754 Nixon 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.

3/4/11 (date)  (signature of circulator)

# RECALL PETITION

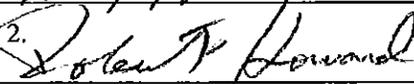
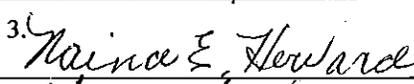
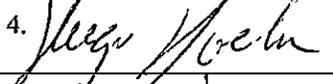
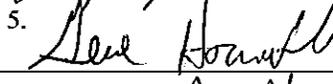
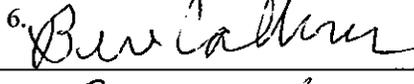
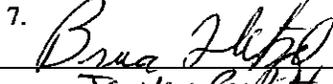
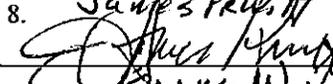
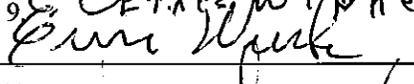
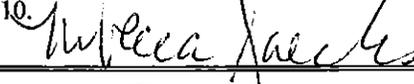
TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

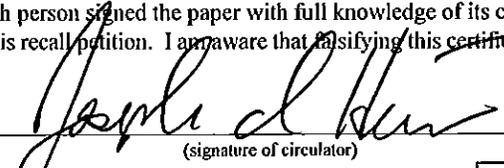
*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	7701 DUCK RD LAKE TOMAHAWK	<input checked="" type="checkbox"/> Town LAKE TOMAHAWK <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
2. 	1150 S. FARMING RD ARBOR VITAE	<input checked="" type="checkbox"/> Town ARBOR VITAE <input type="checkbox"/> Village <input type="checkbox"/> City	2/28/11
3. 	1150 S. Farming Rd ARBOR VITAE, WI 54568	<input checked="" type="checkbox"/> Town ARBOR VITAE <input type="checkbox"/> Village <input type="checkbox"/> City	2/28/11
4. 	6215 DUCOT LK RD. HAZELHURST, WI 54531	<input checked="" type="checkbox"/> Town HAZELHURST <input type="checkbox"/> Village <input type="checkbox"/> City	3-1-11
5. 	19 Vermont St Tomahawk WI 54487	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-4-11
6. 	Some Hot 3 Tomahawk WI	<input type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-4-11
7. 	703 North Ave Tomahawk	<input type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-4-11
8. 	479 High St Rhinelander, WI 54501	<input type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/4/11
9. 	N 10280 Bay Mill Tomahawk WI 54489	<input type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/4/11
10. 	W8803 Hwy 0 Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	3/4/11

I, Joseph I. Hein Certification of Circulator, certify:

I reside at 7754 Hixon Rd, MINOCQUA, WI 54548  
(circulator's residence - include number, street, and municipality)

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

3/4/11 (date)  (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Chris McCorkle	11689 Hwy 6 W CRANDON WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRANDON	2-25-11
2. Dan Mueller	5164 Rivier Rd. Rhuelanover WI 5454	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PIWELAKE	2/25/11
3. Jim Steinhilber	5522 HWY 11 N KILLDAK WIS 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SEBLER CAMP	2-25-11
4. David Malachuk	6645 SCHOENFELDT RD 3 LKS WIS 54062	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City 3 LKS	2/25/11
5. John Tillman	7350 Wheeler Ln E Rd 3 LAKES WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City 3 LAKES	2/11/11
6. Robert O'Brick	9248 Hwy 32 Argonne WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne	3-1-11
7. TERRY TILLYMAN	8330 S 41ST NERRY RD Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City 3 LKS	3-1-11
8. Jenny Trick	9248 Hwy 32. Argonne, WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne	3-1-11
9. Lucia Koebuck	6504 Hallmar Rd 3 Lakes	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City 3 LAKES	3-1-11
10. Barbara Matthei	9690 Rocky Rd Tomahawk	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NOKOMIS	3-4-11

### Certification of Circulator

I, Joseph T. Hein, certify:

I reside at 7754 Hixon Rd, MINOCQUA, WI 54548  
(circulator's residence - include number, street, and municipality)

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

3/4/11  
(date)

Joseph T. Hein  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>RITA STATION</u>	<u>3171 Diana Ln Harshaw WI 54529</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodboro</u>	<u>3-4-11</u>
2. <u>Rita Station</u>	<u>3171 Diana Lane Harshaw WI 54529</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodboro</u>	<u>3-4-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, CAROL ANN HEXT NEWBOLD, certify:

I reside 3944 VETS MEMORIAL DR RHINELANDER WI  
(circulator's residence - include number, street, and municipality)

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

March 10 2011  
(date)

Carol Ann Hext  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Robert J. Hext</i>	3991 VETS MEM. DR. RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEWBOLD	2/27/11
2. <i>Sam A. AP</i>	3991 VETS MEMORIAL DR Rhinelanders WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEWBOLD	2/27/11
3. <i>Douglas Hext</i>	3944 Vets Mem Dr Rhinelanders WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEWBOLD	2/27/11
4. <i>Carol Ann Hext</i>	3944 Vets Mem Dr Rhinelanders WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEWBOLD	2/27/11
5. <i>Andrew Alberg</i>	120 E. River Street Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TOMAHAWK	2/28/11
6. <i>Tim Hext</i>	3580 Cty Hwy N Rhinelanders, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT	2/28/2011
7. <i>Jack Hext</i>	3580 Cty Hwy N Rhinelanders, WI 54500	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT	2/28/2011
8. <i>Jan Hext</i>	3580 Cty Hwy N Rhinelanders WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT	2-28-11
9. <i>[Signature]</i>	3990 Redpine Ct Rhine lander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	3/1/2011
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, CAROL ANN HEXT NEWBOLD, certify:

I reside 3944 VETS MEMORIAL DR RHINELANDER WI  
(circulator's residence - include number, street, and municipality)

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

March 10, 2011  
(date)

*Carol Ann Hext*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Nancy Ellen Benson</i>	<i>1324 N. Stevens St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>03/30/11</i>
2. <i>(Betty) Mary L. Luedtke</i>	<i>216 Dahl St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4/15/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

I, *JORI L BROWN*, certify:  
(name of circulator)  
 I reside *327 SPRING LAKE ROAD RHINELANDER WI 54501*  
(circulator's residence - include number, street, and municipality)

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

*04/06/11* *Jori L Brown*  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ken Brice</u>	<u>702 LOVE LANE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>ATHENS</u>	<u>3/30/11</u>
2. <u>Kathleen Brice</u>	<u>702 Love Lane</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Athens</u>	<u>3/30/11</u>
3. <u>Bruce Stebbings</u>	<u>9037 Marathon</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hamburg</u>	<u>3/30/11</u>
4. <u>Cliff Arneson</u>	<u>978 NAVGART DR. ATHENS</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hamburg / ATHENS</u>	<u>3/30/11</u>
5. <u>Scott Watters</u>	<u>6611 MASON RD ATHENS</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>HALSEY</u>	<u>3/31/11</u>
6. <u>Michelle Watters</u>	<u>6611 Mason Rd Athens</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Halsey</u>	<u>3/31/11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>

### Certification of Circulator

I, KEN BRICE, certify:

(name of circulator)

I reside 702 LOVE LANE ATHENS WI 54411

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

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

March 30, 2011  
(date)

Ken Brice  
(signature of circulator)

# RECALL PETITION

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

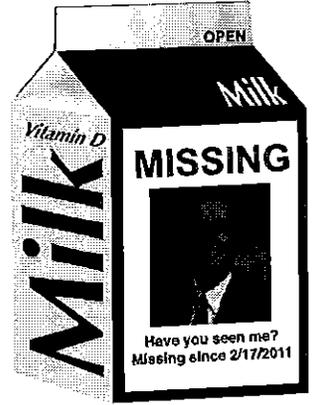
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

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

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

### STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <u>Crystal Klumke</u>	<u>600 W. 1<sup>st</sup> St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/18/11</u>
2. <u>[Signature]</u>	<u>1102 E. 5th</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MERRILL</u>	<u>3/18/11</u>
3. <u>Margie Planann</u>	<u>W5436 Ave Snow Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Scott</u>	<u>3/18/11</u>
4. <u>[Signature]</u>	<u>W4923 Hillside Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/18-11</u>
5. <u>Dan Wendt</u>	<u>N2329 Wegner rd Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u>	<u>3-29-11</u>
6. <u>Brenda Wendt</u>	<u>N2329 Wegner Rd. Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u>	<u>3/29/11</u>
7. <u>Norma Wendt</u>	<u>N2163 Wegner Rd Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u>	<u>3-30-11</u>
8. <u>Jack R. Wendt</u>	<u>N2163 Wegner Rd Merrill Wi</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u>	<u>3-30-11</u>
9. <u>Randy Laughlin</u>	<u>209 Allen St Athens Wi 54411</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Athens</u>	<u>4/1/11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Bernard Breitenbach, certify:  
(name of circulator)

I reside at 8501 Peach St. Rothschild, WI 54474  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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) Bernard Breitenbach (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. 2720

# RECALL PETITION

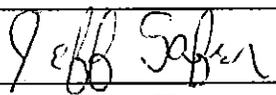
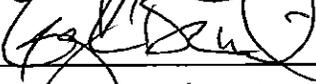
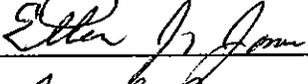
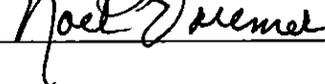
TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	3654 Meteor Parkway Eagle River, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/1/11
2. 	4538 COUNTY B LAND O' LAKES, WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O' LAKES	3-1-11
3. 	1653 McKinley Eagle River, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/3/11
4. 	5971 E Big Portage Lake Rd Land O' Lakes	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O' Lakes	3/5/11
5. 	5971 E Big Portage Lake Rd Land O' Lakes WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O' Lakes	3/5/11
6. 	4538 HWY B LAND O' LAKES, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O' LAKES	3/6/11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, ELISA BRUNS, certify:

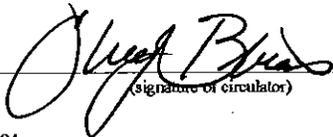
(name of circulator)

I reside 4538 COUNTY B LAND O' LAKES

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

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

4-4-2011  
(date)

  
(signature of circulator)

# RECALL PETITION

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

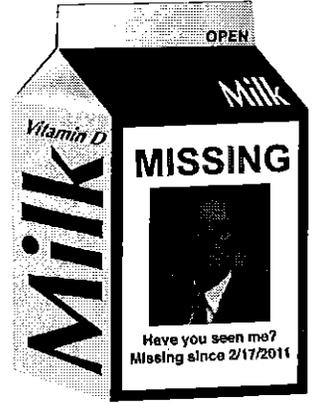
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

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

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

### STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Scott Kosh</i>	<i>N1342 Sugarbush Rd Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-16-11</i>
2. <i>Rita J. J. J.</i>	<i>N247 9th Hwy 45 Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-16-11</i>
3. <i>Greg Anderson</i>	<i>49809 Hwy 45 Bromwood WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-16-11</i>
4. <i>Steve Marcus</i>	<i>W11394 Hwy Y Antigo Wis 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ackley</i>	<i>3-17-11</i>
5. <i>Paul...</i>	<i>W11392 Hwy Y Antigo Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ackley</i>	<i>3-17-11</i>
6. <i>Chris...</i>	<i>4800 Springbrook Rd Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3-17-11</i>
7. <i>Karl Kegler</i>	<i>1702 N. SUPERIOR ANTIGO, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-17-11</i>
8. <i>Dee...</i>	<i>239 Chermak St ANTIGO WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-17-11</i>
9. <i>Fred Dennis</i>	<i>1125 EDISON STREET Antigo wis</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-17-11</i>
10. <i>Deane Brown</i>	<i>1211 4th Ave Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo WI</i>	<i>3-17-11</i>

### Certification of Circulator

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

I reside at N 3383 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.

3-17-11  
(date)

*Laurie Huttenstein*  
(signature of circulator)

Please mail this form to: Recall Jim

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jean Carlson</i>	<i>N 1495 Rainbow Keshena 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonee</i>	<i>3/11/11</i>
2. <i>J.M. Carlson</i>	<i>N 1495 Rainbow Keshena, WI 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonee</i>	<i>3/11/11</i>
3. <i>Regina Jodder</i>	<i>W1686 Fox Ridge Rd Keshena WI 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee</i>	<i>3/11/11</i>
<i>Regina Jodder</i>	<i>W1686 FOX RIDGE RD KESHENA, WI. 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee</i>	<i>3-11-11</i>
5. <i>Karen Williamson</i>	<i>N1151 Sun Rise Rd Keshena, WI 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee</i>	<i>3/11/11</i>
6. <i>Clark Williamson</i>	<i>N1151 SUNRISE RD KESHENA, WI 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MENOMINEE</i>	<i>3/11/11</i>
7. <i>Michael Cartell</i>	<i>Keshena WI 54135 N1165 Rawhide Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee</i>	<i>3/14/11</i>
8. <i>Michelle R. Figgins</i>	<i>Keshena WI 54135 N1165 Rawhide Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee</i>	<i>3-14-11</i>
9. <i>Wm Holperin</i>	<i>W1633 Council Hill Keshena 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee</i>	<i>3-14-11</i>
10. <i>Allen Wilber</i>	<i>W1607 Council Hill Keshena, WI 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee</i>	<i>3-14-11</i>

### Certification of Circulator

I, *Elaine M Noel*, certify:  
(name of circulator)

I reside *N1307 Rawhide Rd Keshena, WI 54135 Town of Menominee*  
(circulator's residence - include number, street, and municipality)

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

*3-22-11*

(date)

*Elaine M. Noel*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Mary Bauer</u>	<u>N 4640 W York Ave. Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/10/11</u>
2. <u>Duane Hirkkinen Jr.</u>	<u>669 Thayer St Rhinelander WI 54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3/10/11</u>
3. <u>Holly Heinrich</u>	<u>N1245 Wis River Rd Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill - Pine River</u>	<u>3/10/11</u>
4. <u>Ryan Pocheweltz</u>	<u>N3562 Lakes Ln Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Schley</u>	<u>3-10-11</u>
5. <u>Wayne Karpenste</u>	<u>Merrill WI 54452 1915 W. Main St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-10-11</u>
6. <u>Kris Ziegler</u>	<u>613 Liberty St. Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/10/11</u>
7. <u>Leslie Langhan</u>	<u>607 Johnson #408 Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-10-11</u>
8. <u>Judd Van</u>	<u>W4455 Peterson Ln Merrill, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>3-10-11</u>
9. <u>Rebecca J. Hedberg</u>	<u>205 N. Prospect St Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-10-11</u>
10. <u>Elizabeth Shrevel</u>	<u>1190 Arrowhead Arrowhead WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arrowhead</u>	<u>3-11-11</u>

### Certification of Circulator

I, Barbra Noone, certify:  
(name of circulator)  
 I reside at 9835 N. Yawkey Lake Road Hazelhurst WI  
(circulator's residence - include number, street, and municipality) 54531

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 11, 2011 Barbra Noone  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Brad Kondrath	11660 Lonely Rd. Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rollins	2-25-11
2. [Signature]	911 Super Jr Antigo WI 54407	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	2-25-11
3. James R. Bergh	615 4TH AVE ANTIGO WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-25-11
4. Angelina C. Rank	615 4TH AVE ANTIGO WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO	2-25-11
5. Deborah Dettler	616 Watson St Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO	2-25-11
6. Elyssa Hodder	1217 McMillan Ave Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-26-11
7. [Signature]	N-988 Crown Rd Antigo Wisconsin	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norwood	2/27/11
8. Barb Bankmecht	N4795 Price Polar Road Bragant, WI 54418	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	02-27-11
9. [Signature]	8121 Hwy 61 Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	02-27-11
10. Wendy Lasser	610 S. Morse St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-27-11

### Certification of Circulator

I, Laurie Hattenstein, certify:

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

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

2-27-11  
(date)

Laurie Hattenstein  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Michael D. Wj.</i>	<i>1709 E 10th St. Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/4/11</i>
2. <i>Mark M. Bares</i>	<i>1401 E 10th St. Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4/7/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *Mark Bares*, certify:

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

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

*4/7/11*  
(date)

*Mark Bares*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Leana Melligan</i>	2217 Penn St. Niagara, WI 54151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	2/25/11
2. <i>Kristi Markell</i>	1750 Roosevelt Niagara WI 54151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	2/28/11
3. <i>William Counts</i>	<del>240 E. Street</del> <del>Franklin WI 54121</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>Franklin</del>	<del>2/28/11</del>
4. <i>David Kemp</i>	1837 Oak Hwy 69 FLORENCE WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FLORENCE	3/1/11
5. <i>Richard Gadsen</i>	Florence, WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	3/2/11
6. <i>Roger W Anderson</i>	N-13402 Hwy 141 WAUSAUKEE WI 54177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE WI	3-5-11
7. <i>Phyllis Townsend</i>	W5993 Hwy 180 Wausaukee, WI 54177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee WI	3-5-11
8. <i>Bob Flanagan</i>	W5993 Hwy 180 Wausaukee, WI 54177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee, WI	3-5-11
9. <i>Darrell J. Juhn</i>	926 Main St Apt. 50 Wausaukee, WI 54177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausaukee, WI	3-5-11
10. <i>Sandra Anderson</i> SANDRA L ANDERSON	N-13402 Hwy 141 WAUSAUKEE WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE	3-5-11

### Certification of Circulator

I, Lucille Anderson, certify:  
(name of circulator)  
 I reside at 1850 Grandview Dr. Aurora, WI 54151  
(circulator's residence - include number, street, and municipality)

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

March 6, 2011  
(date)

*Lucille Anderson*  
(signature of circulator)

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 <i>Jim Tibbals</i> <i>James Tibbals</i>	629 Bond Blvd Eagle River WI 54521	Town Village <u>Eagle River</u> <input checked="" type="checkbox"/> City	3/2/11
2 <i>Louis Raska</i>	1715 Silver Forest Lane Eagle River WI 54521	<input checked="" type="checkbox"/> Town <u>Washington</u> Village City	3/2/11
3 <i>Leo Horant III</i> <i>Leo Horant III</i>	4515 Otter Lk Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <u>Lincoln</u> Village City	3/2/11
<i>Joyce F. Rawlin</i> <i>RAWLIN</i>	3932 Emergreen Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <u>Lincoln</u> Village City	3/2/11
5 <i>John E. Bugh</i>	4251 Space Ln #33 Eagle River WI 54521	<input checked="" type="checkbox"/> Town <u>Lincoln</u> Village City	3/2/11
6 <i>Leon Kulawick</i>	2116 Boot Lk. Rd. Eagle River WI 54521	<input checked="" type="checkbox"/> Town <u>Lincoln</u> Village City	3/2/11
7 <i>Jeffrey E. Pitt</i>	2139 Musky Rd. Eagle River WI 54521	<input checked="" type="checkbox"/> Town Village City <u>Cleveland</u>	3/3/11
8 <i>Anna Hays</i>	220 S 4th St Eagle River WI 54521	<input checked="" type="checkbox"/> Town Village City <u>Lincoln</u>	3/3/11
9 <i>Karee Healy</i>	220 S 4th St Eagle River WI 54521	<input checked="" type="checkbox"/> Town Village City <u>Lincoln</u>	3/3/11
10 <i>Marion Koticki Lynn</i>	6335 Nelson Lake Rd Eagle River, WI 54521	<input checked="" type="checkbox"/> Town Village City <u>Cleveland</u>	3/3/11

#### CERTIFICATION OF CIRCULATOR

I, JAMES R. LYNN, certify that I reside at 6335 NELSON LAKE RD CLEVELAND  
EAGLE RIVER, WI 54521

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

3/3/11  
(date)

James R. Lynn  
(Signature of Circulator)

**RECALL PETITION**

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

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

**STATEMENT OF REASON FOR RECALL**

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 <i>Kevin Jacobson</i>	3950 EAST PIONEER CONOVER WI 54519	<input checked="" type="checkbox"/> Town CONOVER <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/1/11
2 <i>Bob Allen</i>	1770 Open Acres Ln Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Washington <input type="checkbox"/> City	3-1-11
3 <i>Erica Znek</i>	170 Open Acres Lane Eagle River, WI 54521	<input checked="" type="checkbox"/> Town Washington <input type="checkbox"/> Village <input type="checkbox"/> City	3-1-11
4 <i>Kathy Cieszynski</i>	4691 Dayn Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town LINCOLN <input type="checkbox"/> Village <input type="checkbox"/> City	3-1-11
5 <i>[Signature]</i>	5219 ILLINOIS RD. Eagle River WI 54521	<input checked="" type="checkbox"/> Town LINCOLN <input type="checkbox"/> Village <input type="checkbox"/> City	3-1-11
6 <i>Kay Sarauer</i>	3229 Hwy K.E. Conover, WI 54519	<input checked="" type="checkbox"/> Town Conover, <input type="checkbox"/> Village <input type="checkbox"/> City	3-1-11
7 <i>Frank P. Smith</i>	6704 Hwy 17N SUGAR CAMP, WI 54501	<input checked="" type="checkbox"/> Town SUGAR <input type="checkbox"/> Village CAMP <input type="checkbox"/> City	3-1-11
8 <i>Dream Safer</i>	952 Circle Dr. EAGLE RIVER,	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City	3-1/11
9 <i>Gerda Safer</i>	950 Circle Dr Eagle River, WI	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City	3-1-11
10 <i>Jane Szymanski</i>	1153 Mela Lake Rd EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town ONIDA <input type="checkbox"/> Village <input type="checkbox"/> City	3/2/11

**CERTIFICATION OF CIRCULATOR**

I, JAMES R. LYNN, certify that I reside at 6335 NELSON LAKE RD CLEVELAND  
EAGLE RIVER WI 54521

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

3/2/11  
(date)

James R. Lynn  
(Signature of Circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mark Mancini</i>	9873 SWEETFERN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN	3-2-11
2. <i>Nicole Fralin</i>	1999 CLEPPE ST GERMAIN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-2-11
3. <i>Nathan Long</i>	9309 HWY N WEST SAYNER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SAYNER PLUM LAKE	3-2-11
4. <i>Chris Reuck</i>	1599 Lost Run Eagle Run	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle Run	3-2-11
5. <i>[Signature]</i>	262 Fabian Dr SAYNER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sayner	3/2/11
6. <i>[Signature]</i>	2726 WITCHES	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VIDA	3/2/11
7. <i>[Signature]</i>	8333 Deertrail	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sayner	3/3/11
8. <i>[Signature]</i>	3012 Kay St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sayner	3/3/11
9. <i>[Signature]</i>	10651 A Mill Pond Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	3/4/11
10. <i>[Signature]</i>	10651 A Mill Pond Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	3/4/2011

### Certification of Circulator

I, ERIC L. PERSENSTEIN, certify:

(name of circulator)

I reside at 8939 WHISPERING PINES LN. SAYNER, WI 54560  
(circulator's residence - include number, street, and municipality)

PLUM LAKE  
TOWNSHIP

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

3-9-11  
(date)

*Eric Lieberstein*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Barbara J. Mains</u>	<u>3174 Razorback Rd. Sawyer, WI 54560</u>	<input checked="" type="checkbox"/> Town (Sawyer) <input type="checkbox"/> Village Plum Lake <input type="checkbox"/> City	<u>3/1/11</u>
2. <u>Alan Long</u>	<u>9393 CTH N Sawyer, WI 54560</u>	<input checked="" type="checkbox"/> Town (Sawyer) <input type="checkbox"/> Village PLUM LAKE <input type="checkbox"/> City	<u>3/1/11</u>
3. <u>Jay Kutt</u>	<u>9197 McCormick Rd Sawyer WI 54560</u>	<input checked="" type="checkbox"/> Town SAWYER <input type="checkbox"/> Village Plum Lake <input type="checkbox"/> City	<u>3/1/11</u>
4. <u>Dean Nielsen</u>	<u>2161 Witches Lk Rd Arbor Vitae</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Arbor Vitae <input type="checkbox"/> City	<u>3/2/11</u>
5. <u>Kathy Tietensho</u>	<u>2962 Main St Sawyer WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village PLUM LAKE <input type="checkbox"/> City SAWYER	<u>3/2/11</u>
6. <u>Eric Luthenstein</u>	<u>2962 MAIN ST. SAWYER, WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village PLUM LAKE <input type="checkbox"/> City	<u>3/2/11</u>
7. <u>Jim P...</u>	<u>7205 S. 104th Ave Rd Franklin WI 53132</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Woodruff <input type="checkbox"/> City	<u>3/2/11</u>
8. <u>Tom Jackson</u>	<u>1120 Jackson Ln St. Germain WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village ST. Germain <input type="checkbox"/> City	<u>3/2/11</u>
9. <u>ROXANNE FORTIN</u>	<u>2009 Klepper Rd St Germain, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village St Germain <input type="checkbox"/> City	<u>3/2/11</u>
10. <u>Jon Vosburg</u>	<u>7000 Hwy J Woodruff WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village WOODRUFF <input type="checkbox"/> City	<u>3-2-11</u>

### Certification of Circulator

I, ERIC LUTHENSTEIN, certify:

(name of circulator)

I reside at 8939 WHISPERING PINES LN SAWYER, WI 54560

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

PLUM LAKE TOWNSHIP

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

3-9-11

(date)

Eric Luthenstein

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Halperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Patricia Warner</u>	<u>247 257</u> <u>3002</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum Lake</u>	<u>2/24/2011</u>
2. <u>Jan Eh</u>	<u>7818 Plimaville Ln</u> <u>St. Germain, WI 54558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>2-24-2011</u>
3. <u>Jack F. Hill</u>	<u>7818 Plimaville Ln</u> <u>St. Germain, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>2-24-2011</u>
4. <u>B. Rux</u>	<u>2888 St Hwy 155</u> <u>Sayner WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PLUM LAKE</u>	<u>2-24-11</u>
5. <u>James A Rux</u>	<u>2888 St Hwy 155</u> <u>Sayner WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PLUM LAKE</u>	<u>2-24-11</u>
6. <u>M. M. Smith</u>	<u>9199 Longs Rd</u> <u>PO BOX 289</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum LK</u>	<u>2-24-11</u>
7. <u>William J. Maires</u>	<u>3174 RAZORBACK RD</u> <u>SAYNER, WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PLUM LAKE</u>	<u>2-24-11</u>
8. <u>Justitha J. J. J.</u>	<u>9272 City Rd N</u> <u>Sayner, WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum Lake</u>	<u>2-24-11</u>
9. <u>[Signature]</u>	<u>9272 City Rd N</u> <u>Sayner, WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum Lake</u>	<u>2-24-11</u>
10. <u>[Signature]</u>	<u>3110 RAZORBACK RD</u> <u>SAYNER WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum LAKE</u>	<u>2-24-11</u>

### Certification of Circulator

I, Craig La Mare, CRAIG LA MARE certify:

I reside at 3063 PLUM LAKE DR. SAYNER WI. PLUM 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.

2-28-2011  
(date)

[Signature]  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Dolores La Mare</i>	3061 Plum Lake Dr Sawyer WI 54560	<input checked="" type="checkbox"/> Town Plum Lake <input type="checkbox"/> Village <input type="checkbox"/> City	2/24/2011
2. <i>Chris Mayberry</i>	2080 JUNE RD ST GERMAIN WI 54552	<input checked="" type="checkbox"/> Town ST GERMAIN <input type="checkbox"/> Village <input type="checkbox"/> City	2/24/2011
3. <i>Jim Holperin</i>	8070 June Rd St Germain WI	<input checked="" type="checkbox"/> Town ST GERMAIN <input type="checkbox"/> Village <input type="checkbox"/> City	2/24/2011
4. <i>John R. Colapel</i>	5122 CO D Eagle River, WI	<input checked="" type="checkbox"/> Town Sugar Camp <input type="checkbox"/> Village <input type="checkbox"/> City	2/24/11
5. <i>Marilyn Cooper</i>	5122 CO D Eagle River, WI	<input checked="" type="checkbox"/> Town Sugar Camp <input type="checkbox"/> Village <input type="checkbox"/> City	2/24/11
6. <i>Jacob Santarelli</i>	1911 ROLLMAN RD ST GERMAIN, WI	<input checked="" type="checkbox"/> Town ST GERMAIN <input type="checkbox"/> Village <input type="checkbox"/> City	2/24/11
7. <i>Susan Santarelli</i>	2911 Rollman Rd St Germain, WI	<input checked="" type="checkbox"/> Town St Germain <input type="checkbox"/> Village <input type="checkbox"/> City	2/24/11
8. <i>[Signature]</i>	8750 FIREFLY TR SAYNER, WI 54560	<input checked="" type="checkbox"/> Town PLUM LAKE <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
9. <i>Meadow Lopy</i>	8750 Firefly Tr Sawyer WI 54560	<input checked="" type="checkbox"/> Town Plum Lake <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
10. <i>Kristen Plonard</i>	3015 LAKEWOOD DR SAYNER, WI 54560	<input checked="" type="checkbox"/> Town PLUM LAKE <input type="checkbox"/> Village <input type="checkbox"/> City	2/26/11

### Certification of Circulator

I, CRISTE LA MARE, certify:  
(name of circulator)

I reside at 3063 PLUM LAKE DR, SAWYER WIS. PLUM 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.

2-28-2011  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Marlyn Peterson</u>	<u>3110 Razorback Rd Sawyer, WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum Lake</u>	<u>2/24/11</u>
2. <u>Marlene LaMarre</u>	<u>3063 Plum Lake Dr Sawyer WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum Lake</u>	<u>2/24/11</u>
3. <u>Craig Duane</u>	<u>3063 PLUM LAKE DR Sawyer, WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PLUM LAKE DR</u>	<u>2/24/11</u>
4. <u>Lucile A. Whoblerski</u>	<u>3944 FRED LUKE RD STAR LAKE WI 54561</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PLUM LAKE</u>	<u>2/26/11</u>
5. <u>Hekkie L. McMaster</u>	<u>328 S. 5th St. Eagle River, WI 54521</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>2/26/11</u>
6. <u>David J. Mast</u>	<u>328 S. 5th St Eagle River, WI 54521</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>2-26-11</u>
7. <u>Mary Casnad</u>	<u>3015 Lakewood Dr Sawyer, WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum Lake</u>	<u>2-26-11</u>
8. <u>Bob</u>	<u>8788 Hwy N Sawyer</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plum Lake</u>	<u>2-28-11</u>
9. <u>Kim Semic</u>	<u>3860 Kula Vista Eagle River, WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2-28-11</u>
10. <u>Orth</u>	<u>3860 Kula Vista Dr Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2-28/11</u>

I, CRAIG LA MARRE Craig La Marre, certify:  
(name of circulator)  
 I reside at 3063 PLUM LAKE DR, SAWYER WI, PLUM 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.

2-28-11  
(date)

Craig La Marre  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jamie A. Hux</i>	7806 Kriack Court St. Germain, WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	2-25-2011
2. <i>Doreen Deaume</i>	2959 Main Street SAYNER, WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plum Lake	2-25-11
3. <i>Alice Dralmeier</i>	2604 Cottage Lane Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Coverland	2-25-11
4. <i>Kris Cator</i>	10655 Cator Dr Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	2-25-11
5. <i>Harold R. Elsp</i>	10739 St Hwy 70E ARBOR VITAE WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	2-25-11
6. <i>Janice Hegeman</i>	2012 SERENDIPITY LN THREE LAKES WI 54567	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	2-25-11
7. <i>Norl R. Ruz</i>	9377 CITY RD N SAYNER, WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PLUM LAKE	3-2-11
8. <i>Scott B. Becker</i>	2668 Hwy 19S Sayner WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PLUM	3-2-11
9. <i>Joe Ruz</i>	2923 DeWitt St. Sayner, WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PLUM LAKE	3-3-11
10. <i>Paul Brant</i>	2792 Balsom Blvd SAYNER, WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-3-11

I, CRAIG LA MARRE **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 3063 PLUM LAKE DR, SAYNER WI, TOWN PLUM 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.

3-3-11 (date) *Craig LaMarre* (signature of circulator)

# RECALL PETITION

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

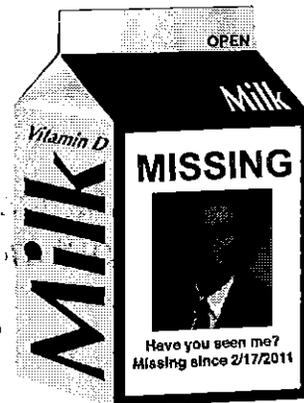
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

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

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

### STATEMENT OF REASON FOR RECALL

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



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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Nancy Labacki</i>	1556 MARSHA LANE WOODRUFF, WI. 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3-28-2011
2. <i>Allen Labacki</i>	1556 MARSHA LN WOODRUFF WI. 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3-28-11
3. <i>Sharon Long</i>	9887 County N W Seymour, WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Seymour	3-29-11
4. <i>Kathleen Curbert</i>	1120 KILAWAN Rd Munocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Munocqua	3-29-11
5. <i>Ryan Holt</i>	9877 County NW Woodruff WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	3/29/11
6. <i>Angeleek Timmerman</i>	8998 Mid Lake Rd. Woodruff, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	3/29/11
7. <i>Jessamine R. Baehon</i>	11833 SUMACH LK RD WOODRUFF WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3/29/11
8. <i>James J. Tomasz</i>	1525 Harmony Ln. Arbor Vitae WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	29 Mar 11
9. <i>Ken R. Tomasz</i>	8485 West Bluebird Road Lake Tomahawk WI 54569	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3/29/11
10. <i>Carol Boehm</i>	1203 Lakeland Pl Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/29/11

### Certification of Circulator

I, NANCY LABACKI, certify:  
(name of circulator)

I reside at 1556 MARSHA LANE 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.

4-9-11  
(date)

*Nancy Labacki*  
(signature of circulator)

Please mail this form to: Recall Jim



# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>George Lurvey</i>	<i>1291 Tyson Rd Eagle River, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Lincoln</i>	<i>2/24/11</i>
2. <i>Ruth Wetzel</i>	<i>1348 Watersmeet Lk Rd Castle Pines WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Lencala</i>	<i>2/25/11</i>
3. <i>Ruth Wetzel</i>	<i>1348 WATERSMEET LK RD</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>LINCOLN</i>	<i>2/25/11</i>
4. <i>Jordan Lurvey</i>	<i>6441 Maywood Ln. Threelakes WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i>	<i>2/26/11</i>
5. <i>Samanta Snyder</i>	<i>3414 Columbus Lk Rd Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>SUGAR CAMP Eagle River</i>	<i>2/26/11</i>
6. <i>Nancy Snyder</i>	<i>3414 Columbus Lk Rd Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>SUGAR CAMP Eagle River</i>	<i>2/28/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *GEORGE LURVEY* (name of circulator) *(NIN)*, certify:  
 I reside at *8304 EVERGREEN DR, EAGLE RIVER, WI 54521* *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.

*3/10/11*

(date)

*George Lurvey*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>George Lurvey</i>	<i>8304 EVERGREEN DR EAGLE RIVER, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>2/24/11</i>
2. <i>Carolyn Lurvey</i>	<i>8304 EVERGREEN DRIVE EAGLE RIVER, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>2-28-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *GEORGE LURVEY*, certify:  
(name of circulator)

I reside at *8304 EVERGREEN DR EAGLE RIVER WI 54521 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.

*4/14/11* (date) *George Lurvey* (signature of circulator)

# RECALL PETITION

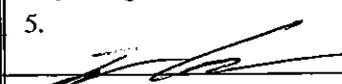
TO: Wisconsin Government Accountability Board

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

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

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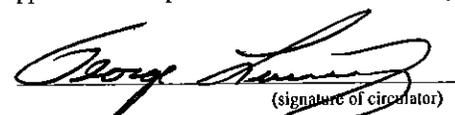
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	6291 Little Portage LE R 6428 Forest Lake Rd.	<input checked="" type="checkbox"/> Town Land o' Lakes <input type="checkbox"/> Village <input type="checkbox"/> City Land o lakes	2-25-11 2-25-11
2. 	4573 Evergreen RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LANDOLAKE	2-25-11
3. 	4063 Croucher RD COWOCK WIS4519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City COWOCK	2/25/11
4. 	6485 3 LAKES cot. Himes WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City 3 LAKES	2/25/11
5. 	2900 Bortas LN Eagle River WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	2/25/11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, GEORGE LURVEY (name of circulator), certify:  
 I reside at 8304 EVERGREEN DR, EAGLE RIVER WI 54521 <sup>TWN</sup> 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.

3/10/11  
(date)

  
(signature of circulator)

# RECALL PETITION

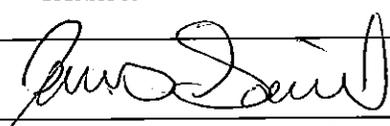
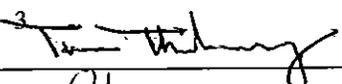
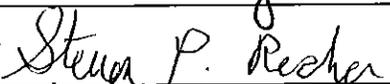
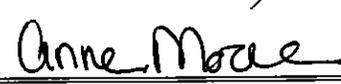
TO: Wisconsin Government Accountability Board

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

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1. 	3880 Rolling Acres Dr Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3/2/11
2. 	5806 Fire Lane Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-2-11
3. 	2940 Meister Rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-2-11
4. 	5622 Wood Park Dr. Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3-2-11
5. 	3880 Koller Circle Dr Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-2-11
6. 	3732 Rolling Acres Dr Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-2-11
7. 	2449 SGC .14 Road Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Starks	3-2-11
8. 	477 Candlelite Ln Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3-2-11
9. 	3579 Laura Ln Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-2-11
10. 	6700 Cessna Lane Three Lakes, WI 54502	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3.2.11

### Certification of Circulator

I, GEORGE LURVEY ~~XXXXXXXXXX~~, certify:  
(name of circulator)

I reside at 8304 EVERGREEN DR EAGLE RIVER WI 54521 TOWN OF SUGARCAMP  
(circulator's residence - include number, street, and municipality)

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

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Nicia D. Shoenck</i>	<i>3462 Columbus Lake Rd. Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>3-2-11</i>
2. <i>[Signature]</i>	<i>4741 N. Green Meadows MERCER WI 54547</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERCER</i>	<i>3-2-11</i>
3. <i>Michelle Mambrot</i>	<i>4140 Hillside Ct Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3-2-11</i>
4. <i>Phil Recker</i>	<i>5622 Wood Park Dr Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3-2-11</i>
5. <i>Jake Erickson</i>	<i>986 Elm Dr. Eagle River WI 54521</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i>	<i>3<sup>rd</sup> Mar 11</i>
6. <i>Bruce Stegand</i>	<i>4820 Silent Skans Rhinelander WI 54544</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>2-3-11</i>
7. <i>John F. Ferry</i>	<i>1488 South Farming Arbavitaie</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i>	<i>3-2-11</i>
8. <i>[Signature]</i>	<i>4140 Hillside Ct Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3-2-11</i>
9. <i>[Signature]</i>	<i>1488 South Farming Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i>	<i>3-2-11</i>
10. <i>Paul J. [Signature]</i>	<i>5901 Fire Lane Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>3-2-11</i>

### Certification of Circulator

I, GEORGE LURVEY

(name of circulator)

~~ETHEL~~

certify:

I reside at 8304 EVERGREEN DR. EAGLE RIVER, WI 54521 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.

3/10/11

(date)

*George Lurvey*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Marcella Jaeger</i>	<i>W 3590 Hwy P Merrill, WI</i>	<input checked="" type="checkbox"/> Town <i>Town of Pine River</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>Gordon Jaeger</i>	<i>303 S. Gates St Merrill, WI 54452</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Merrill</i> <input type="checkbox"/> City	<i>3/29/11</i>
3. <i>Delmar Jaeger</i>	<i>W 3590 Hwy P Merrill, WI</i>	<input checked="" type="checkbox"/> Town <i>Town of Pine River</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
4. <i>Matt P</i>	<i>W 3591 City Rd P Merrill, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Pine River</i> <input type="checkbox"/> City	<i>3/30/11</i>
5. <i>Regina Roetz</i>	<i>7328 Logan Rd Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Pine River</i> <input type="checkbox"/> City	<i>3/30/11</i>
6. <i>Norman Roetz</i>	<i>N 328 Logan Rd. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/30/11</i>
7. <i>Patrick Roetz</i>	<i>N 472 Logan Rd. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/30/11</i>
8. <i>David Roetz</i>	<i>MERRILL, WI 54452 # 328 LOGAN Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE RIVER</i>	<i>3/30/11</i>
9. <i>Beatrice Roetz</i>	<i>MERRILL WI 54452 N 328 Logan Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE RIVER</i>	<i>3/30/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

### Certification of Circulator

I, *Marcella Jaeger*, certify:  
(name of circulator)  
 I reside *W 3590 Hwy P, Merrill, WI 54452 PINE RIVER*  
(circulator's residence - include number, street, and municipality)

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

*4-1-11*  
(date)

*Marcella Jaeger*  
(signature of circulator)

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

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### STATEMENT OF REASON FOR RECALL

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Vernon Anderson</i>	<i>1850 Grandview Dr. Niagara WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>2/25/11</i>
2. <i>David Anderson</i>	<i>2109 Kraus Drive Niagara, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>2/25/11</i>
3. <i>Margaret Dorn</i>	<i>921 Sky Line Dr. Niagara, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>2/25/11</i>
4. <i>Dennis Dorn</i>	<i>921 Sky Line Dr Niagara WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>25 Feb 11</i>
5. <i>Jack Ellis</i>	<i>1999 RIVER DR NIAGARA WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>AURORA</i>	<i>2/26/11</i>
6. <i>John Olson</i>	<i>1882 Elm St Niagara WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>2/26/11</i>
7. <i>Paul Helms</i>	<i>1507 W FISHER CR Pkwy Niagara, WI 5415</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>2/3/11/11</i>
8. <i>John Olson</i>	<i>2226 Ellis Rd. Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Homestead</i>	<i>3/1/11</i>
9. <i>Sandra Hedmark</i>	<i>528 Osterberg Pkwy. Niagara, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>3/1/11</i>
10. <i>Robert Helms</i>	<i>528 Osterberg Pkwy Niagara, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>3/1/11</i>

### Certification of Circulator

I, *Lucille Anderson*, certify:

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

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

*March 6, 2011*  
(date)

*Lucille Anderson*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Donna Nyslop</u>	<u>323 Silver Lake Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>2/24/11</u>
2. <u>Mark Spat</u>	<u>521 E. DIVISION ST EAGLE RIVER</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>	<u>2/24/11</u>
3. <u>Rose Marie Kwatnick</u>	<u>738 ISLE OF B RD EAGLE RIVER, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>2/24/11</u>
4. <u>CS</u>	<u>8584 Peninsula rd Eagle River, WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u>	<u>2-24-11</u>
5. <u>Conrad J. Cudde</u>	<u>3152 CO HWY G Eagle River WI 54803</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2-25-11</u>
6. <u>Tim Schenk</u>	<u>3657 Chain o' Lakes Rd Eagle River WI 54821</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASHINGTON</u>	<u>2-25-11</u>
7. <u>Rob</u>	<u>927 SILVER LAKE RD EAGLE RIVER, WI 54801</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>	<u>2-26-11</u>
8. <u>Thomas Loller</u>	<u>927 Silver Lake Rd Eagle River, WI 54821</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>2-26-11</u>
9. <u>Joan Gardiner</u>	<u>3326 Valley Court Phelps, WI 54854</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>2-26-11</u>
10. <u>William Sachse</u>	<u>3326 walley ct phelps wi</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>2-26-11</u>

### Certification of Circulator

I, Donna Nyslop, certify:

(name of circulator)

I reside at 323 SILVER LK RD, EAGLE RIVER, WI

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

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

2/26/11  
(date)

Donna Nyslop  
(signature of circulator)

# RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

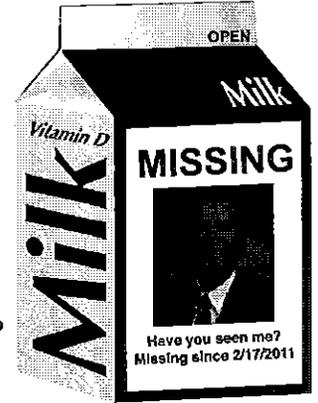
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

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

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

### STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Gary Brown</u>	<u>7035 Crab Lake Rd</u>	<input checked="" type="checkbox"/> Town <u>Presque Isle</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/10/11</u>
2. <u>Pat A Brown</u>	<u>7035 Crab Lake Rd</u>	<input checked="" type="checkbox"/> Town <u>Presque Isle</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/11/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Gary Brown, certify:  
(name of circulator)

I reside at 7035 Crab Lake Road, Presque Isle, WI 54557  
(circulator's residence - include number, street, and municipality)

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

4/11/11  
(date)

Gary Brown  
(signature of circulator)

Please mail this form to:

Recall Jim

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Robert L. Ott</i>	<i>2703 Glen Drive Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill, WI 54452</i>	<i>3/30/11</i>
2. <i>Barbara R. Ott</i>	<i>2703 Glen Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill, Wis 54452</i>	<i>3/30/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *Robert L. Ott*, certify:  
(name of circulator)

I reside *2703 Glen Drive Merrill, WI 54452*.  
(circulator's residence - include number, street, and municipality)

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

*Mar 30, 2011*  
(date)

*Robert L. Ott*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jim Anderson</u> <u>Kevin Anderson</u>	<u>17082 Green Acres Ln</u> <u>Lakewood WI 54138</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
2. <u>Kevin M Spittel</u> <u>Kevin Barthel</u>	<u>17485 Count Rd. F</u> <u>Lakewood, WI 54138</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lakewood</u>	<u>3/4/11</u>
3. <u>Terry A. Severson</u> <u>Terry A. Severson</u>	<u>15602 Old T. Lane</u> <u>Mountain WI 54149</u>	<input checked="" type="checkbox"/> Town <u>DOTY</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
4. <u>Henry A. Severson</u> <u>Henry A. Severson</u>	<u>15602 Old T Lane</u> <u>Mountain WI 54149</u>	<input checked="" type="checkbox"/> Town <u>DOTY</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
5. <u>HENRY CHILDS</u> <u>Henry Childs</u>	<u>1508 - Boylston Gate Rd.</u> <u>Mountain WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
6. <u>Donald Bahr</u> <u>DONALD BAHR</u>	<u>17324 Archibald Rd. Rd.</u> <u>Townsend, WI</u>	<input checked="" type="checkbox"/> Town <u>Doty</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
7. <u>Donald Bahr</u> <u>Gale Bahr</u>	<u>17324 Archibald Rd</u> <u>Townsend, WI 54111</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Doty</u>	<u>3/4/11</u>
8. <u>Debra A Sacha</u> <u>Debra Sacha</u>	<u>13436 Airport Road</u> <u>Pound WI 54161</u>	<input checked="" type="checkbox"/> Town <u>Mountain</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
9. <u>PAUL SOCHA</u> <u>Paul Socha</u>	<u>13435 Airport Rd</u> <u>Pound WI 54161</u>	<input checked="" type="checkbox"/> Town <u>Mountain</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, PAUL J SOCHA, certify:  
(name of circulator)  
 I reside at 13435 AIRPORT RD POUND WI 54161 TOWN OF MOUNTAIN  
(circulator's residence - include number, street, and municipality)

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

3-4-11 Paul Socha  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>George W. Bell /son</i>	203 So. Wildwood Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>CRANDON</b>	2-24-11
2. <i>Valerie Wilson</i>	8715 Grand Ave Argonne, WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Argonne</b>	2-24-11
3. <i>Wanda C. D...</i>	2407 City NN Argonne, WI 5454	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Argonne</b>	2-25-2011
4. <i>Jerry E. Cottrell</i>	4385 Plank Rd Crandon WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Crandon WI (Lincoln Twp)</b>	2-25-11
5. <i>Wanda Kircald</i>	850 W. Washington Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Crandon</b>	2-25-11
6. <i>Perry Marvin</i>	5231 E. LAKEVIEW ST CRANDON, WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>CRANDON</b>	2-25-11
7. <i>Rubel D. Wilson</i>	8715 City Rd G Argonne	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Argonne</b>	2-25-11
8. <i>Ken Muller</i>	5645 Carving Rd Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Crandon</b>	2-25-11
9. <i>Alan Flanagan</i>	8888 E PIONEER CRANDON WI.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>CRANDON</b>	2-25-11
10. <i>Don Edmann</i>	400 Elm St apt 19	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>CRANDON</b>	2-25-11

### Certification of Circulator

I, George W. (Bill) /son, certify:

(name of circulator)

I reside at 203 So Wildwood Av Crandon, WI 54520

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

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

03-14-11

(date)

*George W (Bill) /son*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>MARY R Propernick</u>	<u>320 W. FAWN LAKE RD.</u> <u>P.O. BOX 307 MANITOWISH</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/2/11</u>
2.	<u>WATERS WI</u> <u>54545</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1 / 11</u>
3. <u>Robert C. Propernick</u>	<u>320 WEST FAWN LAKE RD</u> <u>P.O. BOX 307 MANITOWISH</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/2/11</u>
4.	<u>WATERS, WI.</u> <u>54545</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1 / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1 / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1 / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1 / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1 / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1 / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1 / 11</u>

### Certification of Circulator

I, MARY R. PROPERNICK, certify:

I reside 320 W. FAWN LAKE ROAD MANITOWISH WATERS WI 54545  
P.O. BOX 307  
(circulator's residence - include number, street, and municipality)

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

MARY R PROPERNICK  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mavis Skidmore</i>	<i>W 8319 County A Deerbrook, Wi. 54424</i>	<input checked="" type="checkbox"/> Town Upham <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/3/11</i>
2. <i>South Skidmore</i>	<i>W 8319 County A Deerbrook, Wi. 54424</i>	<input type="checkbox"/> Town Upham <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/3/11</i>
3. <i>Marsha Heide</i>	<i>W8605 Kramer Rd. Deerbrook Wi. 54424</i>	<input checked="" type="checkbox"/> Town Upham <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
4. <i>John Heide</i>	<i>W8605 Kramer rd Deerbrook Wi. 54424</i>	<input checked="" type="checkbox"/> Town Upham <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
5. <i>Robert Hitz</i>	<i>N3452 N. Langlade Rd Antigo Wis 54409</i>	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
6. <i>Robin Hitz</i>	<i>N3452 N. Langlade Rd Antigo</i>	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
7. <i>John Hitz</i>	<i>N3452 N. Langlade Rd Antigo, Wi. 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo, Wi.</i>	<i>4/1/11</i>
8. <i>William Brush</i>	<i>W9811 LAGEN LN SUMMIT CK 54485</i>	<input checked="" type="checkbox"/> Town elks <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
9. <i>Jerry Cigel</i>	<i>Antigo "i" W10107 Mary Ln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>4/1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

### Certification of Circulator

I, *John L. Heide*, certify:

(name of circulator)

I reside *W8605 Kramer Rd Deerbrook Wi. 54424 UPHAM*

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

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

*John F. Heide*  
(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.)*

Recall election for Jim Holperin, WI State Senator, 12<sup>th</sup> District

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>(Diane Lynn Johnson)</i> <i>Diane Johnson</i>	10247 Lower Kaubashine Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst, WI	3/14/2011
2. <i>Jeff Gahmern</i>	10247 LOWER KAUBASHINE RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST, WI	3/15/2011
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Diane Lynn Johnson, certify:

(name of circulator)

I reside 10247 Lower Kaubashine Rd, Hazelhurst, WI 54531

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

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

3/15/2011

(date)

*Diane Johnson*

(signature of circulator)

**RECALL PETITION**

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

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

**STATEMENT OF REASON FOR RECALL**

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Bob Andrew	4215 Birchwood Dr. RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town Pine Lake <input type="checkbox"/> Village <input type="checkbox"/> City	2/28/11
2 Judy Andersen	4215 Birchwood DR RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town Pine Lake <input type="checkbox"/> Village <input type="checkbox"/> City	2/28/11
David C. H. H. H.	2777 GREEN BASS RD. RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town CRESCENT <input type="checkbox"/> Village <input type="checkbox"/> City	2/28/11
4 Bruce Dewickson	4908 Isle View Dr. RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town Pine Lake <input type="checkbox"/> Village <input type="checkbox"/> City	2/28/11
5 RAY NOVOTNY	5566 Riverview Dr RHINELANDER WI 54501	<input checked="" type="checkbox"/> Town PINE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City	3/2/11
6 James Perberg	4630 Shore Drive Rhinelander WI.	<input checked="" type="checkbox"/> Town PELICAN <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
7 Devin Shuch	4973 LASSIG RD RHINELANDER WI. 54501	<input checked="" type="checkbox"/> Town PELICAN <input type="checkbox"/> Village <input type="checkbox"/> City	3/11/11
8 M.L. Haverd	4908 ISLE VIEW DR RHINELANDER WI 54501	<input checked="" type="checkbox"/> Town PINE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City	3/11/11
9 W.H. Tyndall	4138 LAKE SHORE DR Rhinelander WI 54501	<input checked="" type="checkbox"/> Town PINE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City	3/11/11
10 R.L. Nelson	4232 Forest Point Dr Rhinelander WI 54501	<input checked="" type="checkbox"/> Town Pine Lake <input type="checkbox"/> Village <input type="checkbox"/> City	03/14/11

**CERTIFICATION OF CIRCULATOR**

I, MELVIN L. DAVIS, certify that I reside at 4908 ISLE VIEW DR., 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.

3/11/11  
(date)

M.L. Haverd  
(Signature of Circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Brent Luepke</i>	<i>1813 Jackson St. Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-10-11</i>
2. <i>Dawn M. Bourie</i>	<i>308 Poplar St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-12-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *Brent Luepke*, certify:

(name of circulator)

I reside *1813 Jackson St. Merrill Wis. 54452*

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

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

*3-14-11*

(date)

*Brent Luepke*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Eric Elmann</i>	630 N. STEVENS RHODER. WI 57501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHODER	3-5-11
2. <i>Tim Klunder</i>	413 A WISCONSIN AVE.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/5/11
3. <i>Roger Brown</i>	W 5871 US. HIGHWAY TOMAHAWK WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	3/5/11
4. <i>John Taylor</i>	3025 N. RIFE RD Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/5/11
5. <i>Billy V. Anfin</i>	12 EDGEWATER RHINELANDER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/5/11
6. <i>Julie Braun</i>	5039 FOREST LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/5/11
7. <i>Earl Braun</i>	5039 FOREST LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/5/11
8. <i>Sandra Cheil</i>	4804 HY 17 N Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ann Lake	3.5.11
9. <i>Mary Kelly</i>	6172 Hwy 107 TOMAHAWK WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	3/5/11
10. <i>Donna Heywood</i>	8443 Little Harshe Road Harshaw WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harshaw	3/5/11

I, Scott Campbell **Certification of Circulator**, certify:  
(name of circulator)  
 I reside 6005 Forest Ln Rhinelander, WI 54501 NEWBOLD  
(circulator's residence - include number, street, and municipality)

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

3/5/11  
(date)
Scott Campbell  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Raymond Peterson</i>	<i>3484 COTTAGE LN.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WASHINGTON</i>	<i>4/1/11</i>
2. <i>Diane Peterson</i>	<i>3484 Cottage Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i>	<i>4/1/11</i>
3. <i>Kathleen Brief</i>	<i>3466 Cottage Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i>	<i>4/1/11</i>
4. <i>Ken Brief</i>	<i>3466 Cottage Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i>	<i>4/1/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

### Certification of Circulator

I, *Kathleen Brief*, certify:  
(name of circulator)

I reside *3466 Cottage Ln. Eagle River, Wis 54921*  
(circulator's residence - include number, street, and municipality) *Washington (TWN)*

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

*4/9/11*  
(date)

*Kathleen Brief*  
(signature of circulator)

# RECALL PETITION

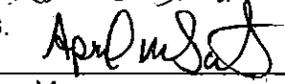
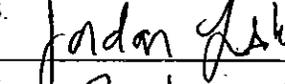
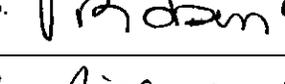
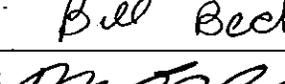
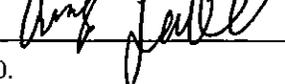
TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	W 5121 KOTH ROAD TOMAHAWK, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bradley	4/19/11
2. 	110 S. 200 ST TOMAHAWK, WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-19-11
3. 	20 Brief St Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-19-11
4. 	216 W. Merrill Ave Tomahawk, WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-19-11
5. 	1318 Jersey Ln Tomahawk, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-19-11
6. 	20 E Wisconsin Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-19-11
7. 	116 E Wisconsin Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-19-11
8. 	217 E. Sand Ave Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-19-11
9. 	W7533 Valley Rd Tomahawk	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bradley	4-19-11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

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

4-20-11 (date) Larry W. Schumacher (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jim Johnson</i>	310 South Web Wittenberg	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-19-11
2. <i>Ann B. Wells</i>	<del>1000</del> W18735 Huntford Wittenberg W.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-19-11
3. <i>Lyle Well</i>	510 E. VINAL ST. WITTENBERG	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WITTENBERG	4-19-11
4. <i>Lang Dale</i>	W17932 WITTENBERG WITTENBERG	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WITTENBERG	4-19-11
<i>Rodney J. Jursinger</i>	412 N HUNTER ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WITTENBERG	4-19-11
6. <i>Code A. Jursinger</i>	4460 RIVER Bend of Rd. Jursinger	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Delican	4-19-11
7. <i>John Karsinger</i>	46059 Hayes Tomahawk, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRADY, TOMAHAWK	4-19-11
8. <i>[Signature]</i>	4168 S. Shore Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelser	4-19-11
9. <i>Ch. Tubl</i>	704 S. Keenan St Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-19-11
10. <i>Jack Jackson</i>	1214 BROWN ST RHINELANDER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-19-11

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

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

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

4-19-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dianne Detert</u>	<u>W1673 Cty Rd C Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sibley</u>	<u>4-19-11</u>
2. <u>Gann Wurt</u>	<u>308 Cooper Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4/19/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, SHERRI FERRELL, certify:

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

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

4/19/11  
(date)

Sherrie C. Ferrell  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Arlene Kurek</i>	<i>10515 Big ARBOR VITAE ARBOR VITAE WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBOR VITAE</i>	<i>4/18/11</i>
2. <i>Kathleen Clark</i>	<i>2595 County Rd G. Pelican Lake, WI 54463</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Enterprise</i>	<i>4/18/11</i>
3. <i>Tiffany Mihal</i>	<i>2595 County Rd G. Pelican Lake, WI 54463</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Enterprise</i>	<i>4/18/11</i>
4. <i>Annelle The</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5. <i>Andrea Sumborg</i>	<i>3397 Meadow Lane Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stella</i>	<i>4/18/11</i>
6. <i>John Nis</i>	<i>402 Dean Street Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4/18/11</i>
7. <i>Jeanne Ann Davis</i>	<i>9 Edgewater Rhinelander 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4/18/11</i>
8. <i>Wendy Meyer</i>	<i>1008 W Pine Street Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4-18-11</i>
9. <i>G. Tromp</i>	<i>2310 Forest Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>4.18.11</i>
10. <i>G. H. C.</i>	<i>3627 STARING DR</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RHINE</i>	<i>4/18/11</i>

### Certification of Circulator

I, SHERI FERRELL, certify:

(name of circulator)

reside 224 BERKSHIRE DR COCOA FL 32922

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated and signed his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.13.3(a), Wis. Stats.

4/18/11  
(date)

*Sheri E Ferrell*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Kristine M. Dionne</i>	<i>2563 Range Line Rd Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>4/15/11</i>
2. <i>Robert E. Dionne</i>	<i>2563 Range Line Rd Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>4/15/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *Lewis Youckel*, certify:

(name of circulator)

I reside *4790 Landings Road Rhinelander Wis 54501 54602 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.

*4/19/11*  
(date)

*Lewis Youckel*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>M. Kupahl</u>	<u>711 W RIVERSIDE AVE</u> <u>Menasha WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>

### Certification of Circulator

I, M. Kupahl, certify:

(name of circulator)

I reside 711 W. RIVERSIDE AVE MENASHA, 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.

4/1/2011

(date)

M. Kupahl

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.**

**THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Levi Lambert</i>	<i>2306 C Finchwood Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Munroe</i>	<i>4/4/11</i>
2. <i>Robert F. Meier</i>	<i>8631 Hwy 14</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>4/4/11</i>
3. <i>Nesia Sparks</i>	<i>8631 Hwy H</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>4/5/11</i>
4. <i>Tommy Kleeba</i>	<i>4383 Chicago Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CUNOVER</i>	<i>4/5/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *Robert F. Meier*, certify:

(name of circulator)

I reside *8631 Hwy H 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.

*4/7/11*

(date)

*Robert F. Meier*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Scott Haig</i>	<i>w 4116 State Highway 67 Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town Pine River <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-4-11</i>
2. <i>Aurah Thomas</i>	<i>w 2546 Daisy Ln Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town Pine River <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-4-11</i>
3. <i>Dayley Barnett</i>	<i>N5297 Hwy 17 Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town Russell <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-4-11</i>
4. <i>William #</i>	<i>W4351 Eagle Ridge Merrill, WI</i>	<input checked="" type="checkbox"/> Town PINE RIVER <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-4-11</i>
5. <i>Heather Black</i>	<i>D4441 Abraham Ct Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town Rock Falls <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-4-11</i>
6. <i>Melissa Winterfeldt</i>	<i>606 W Riverside Ave Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	<i>4/4/11</i>
7. <i>Stacy Drury</i>	<i>N5319 Hwy 17 Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Gleason	<i>4/4/11</i>
8. <i>Affrey J. Simon</i>	<i>N 271 E Racine Park rd Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	<i>4/4/11</i>
9. <i>Jayne Harden</i>	<i>N 3828 Pier Dr Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	<i>4/4/11</i>
10. <i>Ruby Dina</i>	<i>N3203 Chard K Merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	<i>4/4/11</i>

### Certification of Circulator

I, SHERRI FERRELL, certify:

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

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

4/4/11  
(date)

Sherrri E. Ferrell  
(signature of circulator)

# RECALL PETITION

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

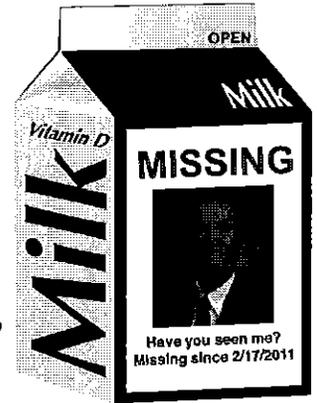
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District,  
(jurisdiction or district of officeholder)

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

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

## STATEMENT OF REASON FOR RECALL

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



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 THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>James W. Eiche</i>	<i>1406 RED PINE CR.</i>	<input checked="" type="checkbox"/> Town <i>ARBOR VITAE</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-15-11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, JAMES W. EICHE, certify:  
(name of circulator)

I reside at 1406 RED PINE CR. 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 §2.13(3)(a), Wis. Stats.

4-15-11 (date) James W. Eiche (signature of circulator)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kenneth A. Brown</u>	<u>7233 Lilly St</u> <u>54539</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LAKE TOMAHAWK</u>	<u>3/2/11</u>
2. <u>John T. Szukalski</u>	<u>7935 Hwy E</u> <u>54539</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LAKE TOMAHAWK</u>	<u>3-2-11</u>
3. <u>Anna Szukalski</u>	<u>Same</u> <u>7935 HWY E 54539</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LAKE TOMAHAWK</u>	<u>3-2-11</u>
4. <u>Barbara Cooper</u>	<u>7060 Rainbow Lk Rd. Lake Tomahawk</u> <u>54539</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3-3-11</u>
5. <u>[Signature]</u>	<u>7060 Rainbow Lake Rd</u> <u>Lake Tomahawk WI 54539</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3/8/2011</u>
6. <u>[Signature]</u>	<u>6625 Thursday Lake Rd</u> <u>Phoenicia WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sciago Camp</u>	<u>3/10/2011</u>
7. <u>Mal Bl</u>	<u>7169 Rainbow Lake Rd</u> <u>Lake, Tomahawk WI 54539</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3-13-11</u>
8. <u>Lisa Busch</u>	<u>7169 Rainbow Lk. Rd.</u> <u>Lake Tomahawk, WI 54539</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3-13-11</u>
9. <u>Nancy Zacher</u>	<u>7144 Rainbow Lake Rd</u> <u>Lake Tomahawk WI 54539</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3-15-11</u>
10. <u>George Zacher</u>	<u>7144 Rainbow Lake Rd</u> <u>Lake Tomahawk WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3-18-11</u>

### Certification of Circulator

I, George Zacher (name of circulator), certify:  
 I reside at 7144 Rainbow Lake Rd Lake Tomahawk WI. 54539  
(circulator's residence - include number, street, and municipality) NEWBOLD (TN)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 18, 2011 A.D. (date) George Zacher (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Maureen Below</i>	<i>706 Watson</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTI60</i>	<i>2/25/11</i>
2. <i>Dave Below</i>	<i>706 Watson</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTI60</i>	<i>2/25/11</i>
3. <i>Beverly Mork</i>	<i>111236 Pincrest Ln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTI60</i>	<i>2/27/11</i>
4. <i>Dale Mork</i>	<i>111036 Pincrest LN</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTI60</i>	<i>2-27-11</i>
5. <i>Conner Jensen</i>	<i>N 1475 Stoney RD</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTI60</i>	<i>2/28/11</i>
6. <i>Sandy Jensen</i>	<i>N 1401 Ct HW Antigo Wis</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTI60</i>	<i>3/1/11</i>
7. <i>Marianne Deede</i>	<i>Antigo, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/1/11</i>
8. <i>Heleen Morrissey</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	
9. <i>Wanda Meidl</i>	<i>618 1st Ave Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTI60</i>	<i>3/14/11</i>
10. <i>Donald Meidl</i>	<i>212 Freeburg Ave Antigo WI 54407</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTI60</i>	<i>3/14/11</i>

### Certification of Circulator

I, *Barbara Keen*, certify:  
(name of circulator)  
 I reside at *210 S. Hudson St* *ANTI60*  
(circulator's residence - include number, street, and municipality)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ally Kozlowski</i>	<i>N12026 OAKWOOD LN ATHERSTONE, WI 54104</i>	<input checked="" type="checkbox"/> Town <i>ATHERSTONE</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/12/11</i>
2. <i>Ken Z</i>	<i>N4689 Quince Pine Porterfield WI 54159</i>	<input checked="" type="checkbox"/> Town <i>Porterfield</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/12/11</i>
3. <i>Rita K. R. Rosette</i>	<i>PO BOX 212 Pembine Wisc</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pembine</i>	<i>4/12/11</i>
4. <i>Betty Rowrick</i>	<i>N12067 Stevenson Rd Wausaukee, WI 54177</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Wausaukee</i> <input type="checkbox"/> City	<i>4/12/11</i>
5. <i>Jessie Reese</i>	<i>Wausaukee WI 54177 N7435 Stevenson Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>WAUSAUKEE</i>	<i>4/12/11</i>
6. <i>Don Jun</i>	<i>N6956 Maple Ln Porterfield WI 54159</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Porterfield</i>	<i>4/12/11</i>
7. <i>Barb McClain</i>	<i>Porterfield WI 54159 N4506 RIVER RDR MARINA</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Porterfield</i>	<i>4/12/11</i>
8. <i>Kay Stambler</i>	<i>N9755 WILDBOOD LN CRIVITZ WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>4/12/11</i>
9. <i>Gladys Vandenthered</i>	<i>637 Washington Ave NIAGARA, WI 54151</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>NIAGARA 54151</i>	<i>4/12/11</i>
10. <i>Linda Conrad</i>	<i>N22304 WISHMARE NIAGARA, WI - 54151</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>NIAGARA, WI</i>	<i>4-12-11</i>

### Certification of Circulator

I, *Debra Kayo*, certify:  
(name of circulator)

I reside *1500 Witte Rd. #12 Houston, TX, 77080*  
(circulator's residence - include number, street, and municipality)

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

*4-12-11*  
(date)

*Debra Kayo*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>James G Johnson</i>	<i>N19265 Steinko Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Niagara, WI</i>	<i>4/2/11</i>
2. <i>Frank Johnson</i>	<i>N19265 STEINKO LN</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NIAGARA, WI</i>	<i>4/2/11</i>
3. <i>Susan Vandertie</i>	<i>3875 Keanna Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SCOTT</i>	<i>4/2/11</i>
4. <i>Jim Suters</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>G.B.</i>	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *Debra Razo*, certify:  
(name of circulator)

I reside *1500 Witte Rd. #12 Houston, TX. 77080*  
(circulator's residence - include number, street, and municipality)

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

*Debra Razo*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Tawyn Rampa</i>	<i>902 W 7th St</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3/26/11</i>
2. <i>John Schaefer</i>	<i>710752 Old Hwy W</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>TOWNS</i>	<i>3/26/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, George Roman, certify:

I reside 2588 NE 182<sup>nd</sup> Ter North Miami Beach FL 3360  
(circulator's residence - include number, street, and municipality)

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

*George Roman*  
(signature of circulator)

①

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ronald Winter</i>	<i>6320 BIRCH DR. PO Box 527</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct.</i>	<i>4-13-11</i>
2. <i>Ron du Fuch</i>	<i>12512 BARKEN RD Boulder Jct, WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct.</i>	<i>4-13-11</i>
3. <i>Geo C. Voeltz</i>	<i>9335 HIGHLAKE RD, WI. P.O. BOX 218</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>4-13-11</i>
4. <i>Nancy M. Voeltz</i>	<i>9335 Highlake Rd W PO Box 218</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>4-13-11</i>
5. <i>John DeLeon</i>	<del><i>5727 Wool Lake Lane</i></del> <i>5727 WOOL LAKE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>4/13/11</i>
6. <i>Jaye Coleman</i>	<i>5722 Wool Lake Lane Boulder Junction WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>4/13/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *Allen J. Bybee*, certify:  
(name of circulator)

I reside *4429 Hwy B Londo Lake 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.

*4/13/2011*  
(date)

*Allen J. Bybee*  
(signature of circulator)

# RECALL PETITION

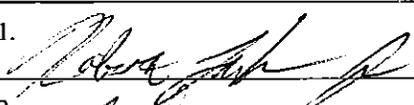
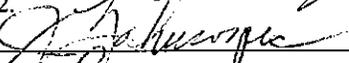
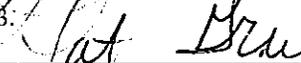
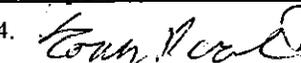
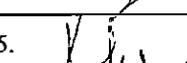
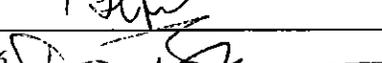
TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	801 Arctic St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11
2. 	W 10071 City T Summit LK 54485	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LANSING	3/21/11
3. 	W 7663 CO Rd F Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	3/21/11
4. 	1125 7TH AVE ANTIGO WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11
5. 	W 1113 Lakeview Cr Antigo WI 54408	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3/21/11
6. 	835 SUPERIOR ANTIGO 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11
7. 	9997 Mill Rd Summit LK 54485	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3/21/11
8. 	2008 City Y Antigo WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Thurison	3/21/11
9. 	W 10520 Elmwood Lane Antigo WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3/21/11
10. 	104 WILSON ST ANTIGO WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11

### Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave; Detroit Lakes, MN 56501

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

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



(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Heane Hapka</i>	<i>8992 Balsam Park Three Lakes WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i>	<i>2/27/11</i>
2. <i>[Signature]</i>	<i>8992 Balsam Ln Three Lakes WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i>	<i>2/27/11</i>
3. <i>[Signature]</i>	<i>8992 Balsam Ln Three Lakes WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i>	<i>2/27/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *Diane Hapka*, certify:

I reside *8992 Balsam Lane Three Lakes*  
(circulator's residence - include number, street, and municipality)

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

*2/27/11*  
(date)

*Heane Hapka*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>William N. DeGroot</i>	<i>7051 NORWAY PINE LN FLORENCE, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>FERN</i>	<i>2/27/2011</i>
2. <i>Judy A. DeGroot</i>	<i>7051 Norway Pine Ln Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Fern</i>	<i>2-27-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *WILLIAM N. DEGROOT*, certify:  
(name of circulator)

I reside *7051 NORWAY PINE LANE, FLORENCE, WI 54121 TOWN FERN*.  
(circulator's residence - include number, street, and municipality)

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

*2-27-2011*  
(date)

*William N. DeGroot*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Brandon Maddix	1016 5th Ave Apt 101 Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/22/11
2. Shaun Boldreau	NS 750 Longlake Pl. Cicero Berkshire WI 54418	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Bryant	3/22/11
3. Justin Eblom	N 10386 Hwy D Bonewood 54414	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Bituminous	3-22-11
4. Wanda Seis	1426 N Superior St Antigo 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
5. Phil Arrauwood	Antigo 54409 304 Center St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-22-11
6. John Remington	1217 2nd Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
7. Coyne Baccaruss	820 3rd Ave Apt 1 Interp WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
8. Lane Bryant	908 N Hague Apt 100 WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
9. Matt Stumpf	<del>Antigo WI 54409</del> Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
10. Michele Weld	Antigo, WI 54409 1426 N Superior St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11

### Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave; Detroit Lakes, MN 56504

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

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



(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Lingelina Huffman</i>	<i>216 Huffman St Antigo WI 54407</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
2. <i>Linda M. Hirschbuehler</i>	<i>W18695 Pleasant Hill Summit Lake WI</i>	<input checked="" type="checkbox"/> Town <i>54485</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>Upham</i>	<i>3-22-11</i>
3. <i>Wayne Schuch</i>	<i>2750 County Rd H11 Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
4. <i>Dawn Follmer</i>	<i>235 Sunset Dr. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3/22/11</i>
5. <i>Ron Cole</i>	<i>5161 Cole Rd Crandon WI 54520</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	<i>3/22/11</i>
6. <i>William Stitt</i>	<i>N4120 Summer Lake Rd White Lake WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>White Lake</i>	<i>3-22-11</i>
7. <i>Bronco Holperin</i>	<i>W4305 Apple Rd Antigo, WI 54409</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
8. <i>Tyler Kuhn</i>	<i>N4363 Apple Road Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
9. <i>Tom Lehman</i>	<i>N3222 5th Ave RD BRYANT, WIS</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>POLAR</i>	<i>3-22-11</i>
10. <i>Alvin</i>	<i>W6295 Hillard Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ANTIGO</i>	<i>3-22-11</i>

### Certification of Circulator

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

I reside *13528 290 Ave, Detroit Lakes, MN 56509*  
(circulator's residence - include number, street, and municipality)

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

*Duane Schumacher*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Karen J. Hunt	105 Wilson St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11
2. Thomas Krueger	W 7 2 7 3 rd AVE Judson, WI 54438	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Judson	3/21/11
3. Mike Keyes	9999 GIBSON LA ARGONNE 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARGONNE	3/22/11
4. Anni Heuss	N 2166 Maple Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-22-11
5. Zak D. Kuhl	1041 1st St Biramound, WI 54414	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mattoon	3-22-11
6. LARONNE SCHMELTZER	224 - E. 107th ANTIGO WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-22-11
7. Jenni Busby	W10960 Ct Summit Lake WI 54485	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elcho	3-22-11
8. Donald Brown	N 7691 Hwy 52 WISCONSIN 54491	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City JUNGLE	3-22-11
9. Mike Reel	N5825 Hwy V Bryant WI 54418	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New	3-22-11
10. Gary L. Lamorel	W18798 Oriole Rd ELAND, WI 54427	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Biramound	3-22-11

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

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

3-25-11 (date) Deane Schumacher (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Madeline Puensch</i>	<i>N 1457 45 St Antigo 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo 54409</i>	<i>3/22/11</i>
2. <i>Mary Kirby</i>	<i>W 18586 Cty Rd Birnansappe WI 54414</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Birnansappe</i> <input type="checkbox"/> City <i>D Wood 54414</i>	<i>3/20/11</i>
3. <i>Edwin Boden</i>	<i>419 Milton St Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3/22/11</i>
4. <i>Agnes White</i>	<i>N 7610 Pickrel Cr Rd Pearson WI 54462</i>	<input checked="" type="checkbox"/> Town <i>Ainsworth</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
5. <i>Floyd Hude</i>	<i>7444 Woodman Rd Pickrel WI 54465</i>	<input checked="" type="checkbox"/> Town <i>Nashville</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
6. <i>Darryl Rumm</i>	<i>W 5337 Hwy 64 Antigo 54409</i>	<input checked="" type="checkbox"/> Town <i>Antigo 54409</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
7. <i>Al Schmitt</i>	<i>14593 PANGOL CR RD Mountain WI 54449</i>	<input checked="" type="checkbox"/> Town <i>Mountain</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
8. <i>J. A. [Signature]</i>	<i>216 Hudson St Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3/22/11</i>
9. <i>Brenda Imker</i>	<i>N 1850 W Kellwood Antigo, WI 54409</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Kellwood</i> <input type="checkbox"/> City	<i>3/22/11</i>
10. <i>Alan Winbrocker</i>	<i>W 10675 Pleasantview Ln Summit Lake 54485</i>	<input checked="" type="checkbox"/> Town <i>Upland</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>

### Certification of Circulator

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

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

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

*Duane Schumacher*

(signature of circulator)

# RECALL PETITION

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

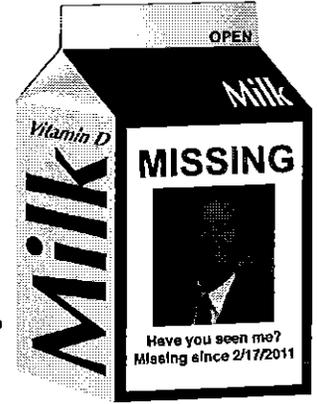
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

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

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

### STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	2750 Hwy Y Arling 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON	3-19-11
2. <i>[Signature]</i>	2750 Hwy Y Arling 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON	3-19-11
3. <i>[Signature]</i>	323 E 10TH AVE ANTIGO, WI 54109	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3-19-11
4. <i>[Signature]</i>	323 E 10th Ave. ANTIGO WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3-19-11
5. <i>[Signature]</i>	W10920 Bluebell rd, Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	3-19-11
6. <i>[Signature]</i>	W10920 Bluebell Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	3-19-11
7. <del><i>[Signature]</i></del>	<del>1111</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. <i>[Signature]</i>	N 27203 G Rd 4 Gleason, WI 54435	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Summit	3/19/11
9. <i>[Signature]</i>	211070 Hwy 45 S. P.O. Box 127 Echo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Echo	3/19/11
10. <i>[Signature]</i>	N11070 Hwy 45 S P.O. Box 127 Echo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Echo	3/19/11

I, JAMES R. BUCKLEY, certify:  
(name of circulator)  
 I reside at 615 4TH AVE 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.

(date) 3-19-2011
(signature of circulator) *[Signature]*

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

Page No. 2979

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Matthew Tusk</i>	3111 Boyce DR Rhinelander WI 54801	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	4-10-11
2. <i>Barbara J. Unmuth</i>	3111 Boyce DR Rhinelander WI 54801	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	4-10-11
3. <i>Jennifer Mearns</i>	4180 River Road #2 Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	4-9-11
4. <i>[Signature]</i>	4180 RIVER ROAD #2 RHINELANDER WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE	4-10-11
5. <i>[Signature]</i>	W117 Hildebrand Circle Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	4-9-11
6. <i>Bob Murphy</i>	404 Highview Pkwy Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-10-11
7. <i>Jan L. Johnson</i>	104 Pearl Rhi. Wi.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhi.	4-10-11
8. <i>Alice M. Steen</i>	112 Harmony Hills Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	4-10-11
9. <i>[Signature]</i>	112 HARMONY HILLS CT	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	4-10-11
10. <i>Brenda Tanner</i>	214 Browns Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-10-11

### Certification of Circulator

I, SHERRI FERRELL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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

4/10/11  
(date)

*Sherrie E. Ferrell*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Thomas R. Steen</i>	4715 River Rd Rhinelanders wi	<input checked="" type="checkbox"/> Town Pine Lake <input type="checkbox"/> Village <input type="checkbox"/> City	4/10/11
2. <i>Kathy Kelley</i>	5072 Forest Ln. Rhinelanders	<input checked="" type="checkbox"/> Town Pine Lake <input type="checkbox"/> Village <input type="checkbox"/> City	4-10-11
3. <i>Mike Linder</i>	24 E. TIMBER Rhine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDERS	4-10-11
4. <i>Thomas Brung</i>	4250 Alton Hill Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelion	4-10-11
5. <i>Justi Wren</i>	127 W Timber Dr Apt A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelanders	4-10-11
6. <i>Gymna Hansen</i>	3720 Columbus Blvd 6119 Big Portage Ln Rd Lang	<input checked="" type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input type="checkbox"/> City	4-10-11
7. <i>Betty Page</i>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O LAKES	4/10/11
8. <i>Rebecca Linn</i>	3320 Edwards Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelanders	4/10/11
9. <i>Tom Linn</i>	265 S Campground Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	4-10-11
10. <i>Dale Jalinski</i>	11090 Interlocken Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	4-10-11

### Certification of Circulator

I, SHERRI FERRELL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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4/10/11  
(Date)

*Sherri E. Ferrell*  
(signature of circulator)

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TO: Wisconsin Government Accountability Board

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

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1. <i>Lete Schump</i>	<i>2990 Crescent RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PHINELANDER</i>	<i>04-10-11</i>
2. <i>Ashley Pundell</i>	<i>5845 Forest Loop Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>11-10-11</i>
3. <i>Neah Lundmark</i>	<i>4122 Bass Bay Dr.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>4-10-11</i>
4. <i>Rusty O'Veira</i>	<i>1030 W. DAVENPORT</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>PHINELANDER</i>	<i>4-10-11</i>
5. <i>Brian Davis</i>	<i>2724 Livvy 17 South</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>9-10-11</i>
6. <i>Brad Winsberg</i>	<i>2564 Lone Pine Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>4/10/11</i>
7. <i>Judy M...</i>	<i>955 N. Stevens St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-10-11</i>
8. <i>Jeffrey Seibert</i>	<i>411 W. Phillips St #301</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Phineland</i>	<i>4-10-11</i>
9. <i>Kate Deh</i>	<i>1340 Curran St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4/10/11</i>
10. <i>Jeffrey Schind</i>	<i>1650 W. DAVENPORT St #3</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>4/10/11</i>

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

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4/10/11 (date) *Sherriferr*  
(signature of circulator)

# RECALL PETITION

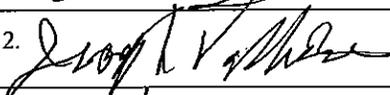
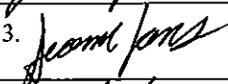
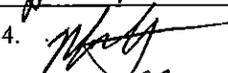
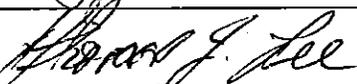
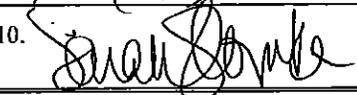
TO: Wisconsin Government Accountability Board

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

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

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1. 	6829 Hwy 51 Hazelhurst, WI 54531	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3-27-11
2. 	797 CLOYD ST LAC DU FLAMBEAU 802 1/2 S. TOMAHAWK AVE.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac Du Flambeau	3-28-11 <del>3-28-11</del>
3. 	Tomahawk 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3-28-11
4. 	<del>8615 RIVER</del> Tomahawk 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	3/28/11
5. 	1179 SCOTT RD ABER VILLAGE, WI 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ABER VILLAGE	3/28/11
6. 	923 Cedar Menomonie 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/28/11
7. 	8271 Co. Rd. Hardwood WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARDWOOD	3/28/11
8. 	7789 Blue Sk Rd. Menomonie, WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-28-11
9. 	8030 Arnold Stock Ln Menomonie WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/28/11
10. 	<del>10639 Gehlke Ln</del> Aber Vitae 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ABER VITAE	3-28-11

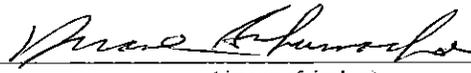
### Certification of Circulator

I, Duane Sahumachar, certify:

I reside 13528 290 Ave, Detroit Lakes, MN 56501

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

  
(signature of circulator)

# RECALL PETITION

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

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1. <i>William Fratton</i>	<i>3465 OLO Hwy 70 Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i>	<i>03-28-11</i>
2. <i>Union Road</i>	<i>4831 HWY 70E Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Eagle River</i>	<i>03-28-11</i>
3. <i>Jeremy Kerins</i>	<i>Eagle River WI 54521 3141 North 2 Street</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i>	<i>03-28-11</i>
4. <i>Erika Stultif</i>	<i>5148 Spiderk Rd Rhinelander WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>03-28-11</i>
5. <del><i>Chris D...</i></del>	<i>6729 Hwy 17 N Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhinelander</i>	<i>03-28-11</i>
6. <i>Jayne Miller</i>	<i>1120 Bloom Rd Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3-28-11</i>
7. <i>Don Eved</i>	<i>3710 Hwy K East Conover WI 54519</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Conover</i>	<i>3-28-11</i>
8. <i>Greg Manny</i>	<i>3763 Hwy 17 N Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i>	<i>3-28-11</i>
9. <i>Eric B...</i>	<i>1119 TAYLOR LK Rd. E. R. WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>3-28-11</i>
10. <i>Robert Duff</i>	<i>7370 Military Rd Three Lakes WI 54562</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i>	<i>3-28-11</i>

### Certification of Circulator

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

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

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

*Duane Schumacher*  
(signature of circulator)

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1.	1192 Zeman Rd Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cloverland	3/28/11
2.	1192 Zeman Rd Eagle River, WI, 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3/28/11
3.	5000 Skinner Rd Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/28/11
4.	7171 Military RD Three Lakes, WI 54582	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/28/11
5.	3691 EVERGREEN RD Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/28/11
6.	1263 Bloom Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/28/11
7.	1116 Hwy 45 South Eagle River 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3-28-11
8.	3084 Sunlight Ave Conover, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	3-28-11
9.	3206 Lukovich Ln Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	3-28-11
10.	565 Hwy 155 Eagle River 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3-28-11

### Certification of Circulator

I, Ruape Schumacker, certify:  
(name of circulator)

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

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4-1-11  
(date)

(signature of circulator)

# RECALL PETITION

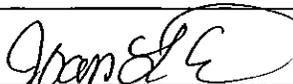
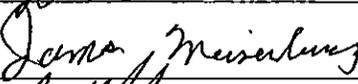
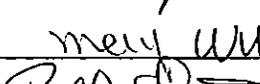
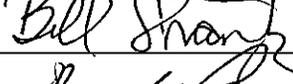
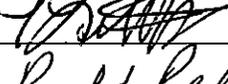
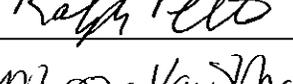
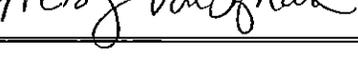
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1. 	<del>4779 Yukon</del> Conover, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Conover</b>	3-28-11
2. 	4875 Hwy G 54521 Eagle River	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Lincoln</b>	3-28-11
3. 	610 N Dyer Park St Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eagle River</b>	3/28/11
4. 	1306 White Pine Drive Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Lincoln</b>	3-28-11
5. 	4351 WALL ST EAGLE RIVER WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>EAGLE RIVER</b>	3-28-11
6. 	8301 HOLLOW LEAF EAGLE RIVER WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>SUGARCAMP</b>	3-28-11
7. 	615 MINNESOTA ST EAGLE RIVER, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>EAGLE RIVER</b>	3/28/11
8. 	4486-1 CHALMERS LAKES RD EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>WASHINGTON</b>	3-28-11
9. 	4674 LOGGERS RUN RD EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>LINCOLN</b>	3-28-11
10. 	3727 Oak Crest Ln. Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Washington</b>	3-28-11

### Certification of Circulator

I, Duane Schumaker, certify:

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

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(date)

  
(signature of circulator)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	11205 Scott Rd. Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/28/11
2.	845 PREMIER LN MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/28/11
3.	11618 Sherwood Ln Arbor Vitae WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/28/11
4.	6246 Hidden Trl. Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/28/11
5.	9887 A2 MORGAN OAKS I) MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/28/11
6.	9268 Ellenbee Ln Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/28/11
7.	1420 CHERRY DR Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	3/28/11
8.	1023 Arnett AD Woodruff, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/28/11
9.	3942 EVERGREEN Rd EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	3/28/11
10.	3911 TV TOWER RD EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	3/28/11

### Certification of Circulator

I, Deanne Schumacker, certify:  
(name of circulator)

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

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

4-1-11  
(date)

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Theresa Novak</i>	4797 Hwy 70 Florence, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Commonwealth	2-26-11
2. <i>Theresa Novak</i>	4797 Hwy 70 Florence, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Commonwealth	2/26/11
3. <i>Robert Smith</i>	5876 Chapin St Florence WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Florence	2/26/11
4. <i>Elizabeth Davis</i>	640 Spring Ave Florence WI 54121	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Florence	2/26-11
5. <i>Peggy Noeske</i>	5374 Cross Cut Rd Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2/26/11
6. <i>Frank Mink</i>	5374 Cross Cut Rd Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11
7. <i>Ben B</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. <i>Heldegard Meade</i>	3211 Bruce Dam Rd Hauvuc	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hauvuc	2-26-11
9. <i>Kristina Nardin</i>	3211 Bruce Dam Rd Florence	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11
10. <i>Rammatrudel</i>	P.O. Box 118 Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11

### Certification of Circulator

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

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

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

03/02/11  
(date)

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Sheryl Yetter</u>	<u>472 MORA LAKE Rosed Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>2-23-11</u>
2. <u>Margaret Yetter</u>	<u>472 Meta Lake Rd Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2-24-11</u>
3. <u>Bonnie Fischer</u>	<u>1547 Sandstone cir Eagle River, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2-24-11</u>
4. <u>Bachel Weirick</u>	<u>4307 Daisy Ln Eagle River WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2-24-11</u>
5. <u>Karin S. Hamon</u>	<u>16909 Hall Dr Alvin WI 54542</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Alvin</u>	<u>2/24/11</u>
6. <u>Will Curtis</u>	<u>3870 CHAIN O LAKES RD EAGLE RIVER, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASHINGTON</u>	<u>2/24/11</u>
7. <u>Joseph C Houle</u>	<u>6034 BOAT LANDING RD 202 WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CAMP DOLAKES VILLAGES</u>	<u>2-24-11</u>
8. <u>Don Flanagan</u>	<u>P.O. BOX 861 EAGLE RIVER, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>	<u>2-24-11</u>
9. <u>Ben Jan</u>	<u>1017 Hwy 175 Eagle River WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>LINCOLN Eagle River</u>	<u>2/24-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Sheryl Yetter (name of circulator), certify:

I reside at 472 meta Lake Road Eagle River WI 54571 (circulator's residence - include number, street, and municipality)  
LINCOLN

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

Feb 26 2011  
(date)

Sheryl Yetter  
(signature of circulator)

**RECALL PETITION**

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

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

**STATEMENT OF REASON FOR RECALL**

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Gene Schwarz	4925 SHERBURN ROAD EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town LINCOLN <input type="checkbox"/> Village <input type="checkbox"/> City	2-22-11
2 Kay Schwarz	4925 Sherburn Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City	2-22-11
3 Susan Miller	4877 Sherburn Rd. Eagle River, Wis. 54521	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City	2-22-11
4 Ann Stouck	Eagle River 4869 Sherburn 54521	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City	2-22-11
5 RJ Dubby	POB. 2499 Eagle River WI 54521	<input type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input type="checkbox"/> City	2-22-11
6 Collette	4832 Sherburn RD	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City	2/22/11
7 K. Munnion	4910 Sherburn Rd. Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	2/22/11
8 Dan Sch...	4900 SHERBURN EAGLE RIVER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	2-22-11
9 K. Anderson	4900 SHERBURN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	2-22-11
10		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**CERTIFICATION OF CIRCULATOR**

I, GENE SCHWARZE, certify that I reside at 4925 SHERBURN EAGLE RIVER WI LINCOLN

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

22 FEB 2011  
(date)

Gene Schwarz  
(Signature of Circulator)

Page: LOFT  
2990

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City or Village</small>	Date of Signing
1 Catherine Brandenburg	5214 County Rd. D Eagle River, WI 54521	<input checked="" type="checkbox"/> Town Sugar Camp <input type="checkbox"/> Village <input type="checkbox"/> City	02/22/11
2 Don Brandenburg	5214 County Rd. D Eagle River, Wis. 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	2-22-11
3		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**CERTIFICATION OF CIRCULATOR**

I, Don E. Brandenburg, certify that I reside at 5214 County Rd D, Sugar Camp Eagle River, Wis.

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

2-22-11  
(date)

Don E. Brandenburg  
(Signature of Circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Tang Lanyon</u>	<u>445 Lennox St Rhinelander WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-29-11</u>
2. <u>Gail Simons</u>	<u>1255 N. Big Lake Loop Rd Three Lakes WI 53502</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3-29-11</u>
3. <u>Stephen H. [Signature]</u>	<u>Deerbrook Wis 54404 W 102 &amp; S. 5th Denick</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Clanglade</u>	<u>3-29-11</u>
4. <u>Joyce A. [Signature]</u>	<u>1576 Eagle Lake Rd Eagle River WI 54521</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>3-29-11</u>
5. <u>Terri [Signature]</u>	<u>1545 [unclear] Ln Arbor Vitae WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Arbor Vitae</u>	<u>3-29-11</u>
6. <u>Margaret Wolf</u>	<u>1325 Old Hwy 51 S ARBORE VITAE WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBORE VITAE</u>	<u>3-29-11</u>
7. <u>Koralee [Signature]</u>	<u>15410 Bald Eagle Blvd Alvin WI 54572</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Alvin</u>	<u>3-29-11</u>
8. <u>Doreen [Signature]</u>	<u>327 East Kyles St Rhinelander</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-29-11</u>
9. <u>Nanda [Signature]</u>	<u>7951 [unclear] Alvin, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Alvin</u>	<u>3-29-11</u>
10. <u>Jeanne [Signature]</u>	<u>107 Harmony Hills Ct Rhinelander, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u>	<u>3-29-11</u>

### Certification of Circulator

I, SHERRI FERRELL, certify:

I reside 224 BERKSHIRE DR COCOA FL 32922

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

3/29/11 (date) Sherrie E. Ferrell (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Paul C. Bullock</i>	415 Thayer St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/29/11
2. <i>Kathy Broestle</i>	W10572 Sunset Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3/29/11
3. <i>Kemp Daniels</i>	5505 Wej Rte. Sable Man	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brandon	3/29/11
4. <i>John Pollock</i>	3759 Rocky Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/29/11
5. <i>Paul Pines</i>	413 N. Palham St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/29/11
6. <i>[Signature]</i>	616 N. STEVENS ST 614 N STEVENS ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/29/11
7. <i>Judy Sarker</i>	6620 S. Bluebird Rd Oneda	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3/29/11
8. <i>Devin Hunter</i>	4544 Cty P Schineland, W.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/29/11
9. <i>Don Pully</i>	804 WALNUT ST EAGLE RIVER WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3/29/11
10. <i>Ken Eyles</i>	200 Bloom Rd Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3/29/11

### Certification of Circulator

I, SHERRI FERRILL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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

3/29/11

(date)

*Sherri E. Ferrill*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Carlos A. Meri</i>	<i>W 241 Medicine Hat Tr. Keshena, WI 54139</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee</i>	<i>3-28-11</i>
2. <i>Maryann J. Steg</i>	<i>718 W. Phillip St #208 Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-28-11</i>
3. <i>Margaret Rosman</i>	<i>11230 N PINEYWOOD DR Elcho, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3/29/11</i>
4. <i>Prueel Patten</i>	<i>4718 Gladys St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-29-11</i>
5. <i>Paula Davis</i>	<i>4526 W. Mildred Rd Elcho</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-29-11</i>
6. <i>Barbara Belmont</i>	<i>4896 Cross Country 4896 Cross Country</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhinelander</i>	<i>3/29/11 3-29-11</i>
7. <i>Dawn Houde</i>	<i>11274 Dorr St</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3-29-11</i>
8. <i>Jeffrey B. Bunker</i>	<i>N9133 Fox Farm Tupoli</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>3-29-11</i>
9. <i>Opregline M. Stever</i>	<i>6334 Interlocken Rd Hazelhurst</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>3-29-11</i>
10. <i>Dana Anial</i>	<i>7251 Oak St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhinelander</i>	<i>3-29-11</i>

### Certification of Circulator

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

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

3/29/11  
(date)

*Sherrie E. Ferrell*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Melanie Ferrer</i>	<i>Box 372, 2550 Wkd Lake Tomahawk</i>	<input checked="" type="checkbox"/> Town <i>lake Tomahawk</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-29-11</i>
2. <i>Cherie Kanner</i>	<i>7986 Two Lakes Rd. Lake Tomahawk Wi</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Lake Tomahawk</i> <input type="checkbox"/> City	<i>3-29-11</i>
3. <i>Rachel Neuwirth</i>	<i>5 W Keelika Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Township</i>	<i>3-29-11</i>
4. <i>Rosemary Boyne</i>	<i>839 Woodland WOODLAND</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/29/11</i>
5. <i>Julie White</i>	<i>6638 Round Hill Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3-29-11</i>
6. <i>Molly Amos</i>	<i>N. 3500 Stevenson Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Skonawan</i>	<i>3-29-11</i>
7. <i>Guy Partington</i>	<i>533 Emgreen Ct</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-29-11</i>
8. <i>Walt Lynn</i>	<i>4616 Landing Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3-29-11</i>
9. <i>Maggie O'brady</i>	<i>4616 Landing Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-29-11</i>
10. <i>Alena Eray</i>	<i>4503 Folkman St</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wabeno</i>	<i>3/29/11</i>

### Certification of Circulator

I, SHERRI FERRELL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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

3/29/11  
(date)

*Sherrie Ferrer*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Donald Schwartz</i>	<i>W 6348 Pine Pt. Rd</i>	<input checked="" type="checkbox"/> Town <i>AINSWORTH</i> <input type="checkbox"/> Village <i>Pickeral</i> <input type="checkbox"/> City <i>Pickeral</i>	<i>4/1/11</i>
2. <i>Jose M. Schwartz</i>	<i>W 6348 Pine Pt. Rd.</i>	<input checked="" type="checkbox"/> Town <i>AINSWORTH</i> <input type="checkbox"/> Village <i>Pickeral</i> <input type="checkbox"/> City <i>Pickeral</i>	<i>4/1/11</i>
3. <i>Mary Guenther</i>	<i>N9084 County Rd TT Deerbrook WI 54424</i>	<input checked="" type="checkbox"/> Town <i>AINSWORTH</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
4. <i>Dee Guenther</i>	<i>N9084 County Rd TT Deerbrook WI 54424</i>	<input checked="" type="checkbox"/> Town <i>AINSWORTH</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
5. <i>Viola Janus</i>	<i>2431 Norway Pt. Rd. Pelican Lake, WI 54463</i>	<input checked="" type="checkbox"/> Town <i>Schoepke</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/2/11</i>
6. <i>Frank O. Janus</i>	<i>" " " "</i>	<input checked="" type="checkbox"/> Town <i>Schoepke</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/2/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

I, *Donald E. Schwartz*, certify:  
(name of circulator)  
 I reside *W 6384 Pine Pt Rd Pickeral Wis 54465*  
(circulator's residence - include number, street, and municipality) *AINSWORTH*

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

*Donald* *Apr 8 - 011* *Donald E Schwartz*  
(date) (signature of circulator)

# RECALL PETITION

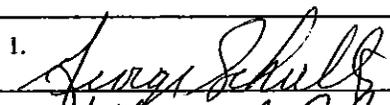
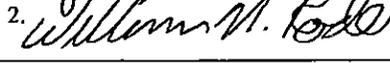
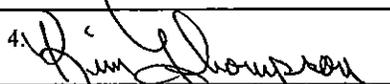
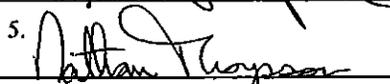
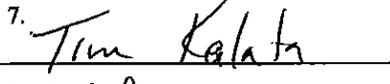
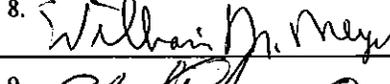
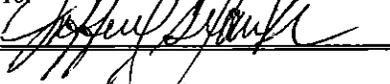
TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	7501 Peshigo River Road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne	3-4-2011
2. 	4753 Perry Drive Crandon WI 54520	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	3/4/11
3. 	7501 Peshigo River Rd Argonne WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Argonne <input type="checkbox"/> City	3/4/11
4. 	5233 Airport Lane Laona WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3/5/11
5. 	4841 Airport Ln Laona WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-5-11
6. 	844 Woodland Dr Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-5-11
7. 	7076 Hwy 32 & 55 Argonne WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3-7-11
8. 	8021 SCHMIDT LN ARGONNE WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARGONNE	3-9-11
9. 	205 S. Wildwood Ave Crandon WI 54520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3-11-11
10. 	1479 GINNEY LAKE RD. Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-11-11

### Certification of Circulator

I, George Schulte, certify:

(name of circulator)

I reside 7501 Peshigo River Road Argonne WI 54511

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

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

3-11-2011  
(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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jessie Dick</i>	7413 Birch Tree Dr. Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	2-25-11
2. <i>Dawn E. Shantz</i>	8301 Hwy H Eagle River, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	2-26-11
3. <i>Paul May</i>	8774 TIMBER LN ST. GERMAIN WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN	2-28-11
4. <i>Kenneth R. Muehler</i>	7736 LITTLE STAR LN STAR LAKE WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PLUM LAKE	3/1/11
5. <i>Paul C. Mahan</i>	5201 Hideaway Dr. Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar	3/2/11
6. <i>Coreen Johnston-Neut</i>	8560 Inlet Rd St. Germain, WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-2-11
7. <i>Jean G. Kelly</i>	7504 Birch Tree Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-3-11
8. <i>Vincent R. Gals</i>	8890 Birchwood Dr Apt 2 St. Germain WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-7-11
9. <i>Alan Hulshanz</i>	St. Germain, WI 54558 1633 Lilac Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-8-11
10. <i>Wald Poiri</i>	8445 EVERGREEN DR EAGLE RIVER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SUGAR CAMP	3/9/11

### Certification of Circulator

I, BRIAN R. COOPER, certify:

(name of circulator)

I reside at 2722 Aspen Ave 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.

3/12/11

(date)

*[Signature]*

(signature of circulator)

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Sinda Kemworthy</u>	<u>W 5220 Terrace View Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KING Tomahawk</u>	<u>3-12-11</u>
2. <u>Ryan Clemens</u>	<u>Tomahawk 217 E Somo ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>3-12-11</u>
3. <u>Dawn Somers</u>	<u>10 W Lincoln Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>3-12-11</u>
4. <u>R. E. Winkler</u>	<u>422 Charles Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u>	<u>3-12-11</u>
5. <u>Ronald J. Kemworthy</u>	<u>W 5220 Terrace View Road</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u>	<u>3-12-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**Certification of Circulator**

Sinda Kemworthy certify:

(name of circulator)

reside at W 5220 Terrace View Rd Tomahawk WI

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

KING TOWN

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 14, 2011

(date)

Sinda Kemworthy

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dan Mull</u>	<u>N6658 LANGES RD. GLEASON, WI 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BIRCH</u>	<u>3-1-11</u>
2. <u>Katherine Merkel</u>	<u>N6658 LANGES RD GLEASON WI 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BIRCH</u>	<u>3-1-11</u>
3. <u>Ant-D Mull</u>	<u>N6658 Langes Rd Gleason, WI 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Birch</u>	<u>3-2-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, DANIEL MERKER, certify:  
(name of circulator)

I reside N6658 LANGES ROAD, GLEASON, WI 54435 TOWN BIRCH.  
(circulator's residence - include number, street, and municipality)

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

3-11-11  
(date)

Dan Mull  
(signature of circulator)