

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official 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. Cheryl Butkus	10211 Hwy 20 W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1
2. Stephanie Von Holdt	8474 Rogers Dr #1	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11
3. [Signature]	831 Curtis Lake Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11
4. Donna Davis	3104 Plum Lake Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sawyer	3/1/11
5. John Thompson	8061 Squirrel Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11
6. Karen Thompson	8061 Squirrel Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11
7. Virginia S. Hares	12957 Blackberry Ln	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11
8. Bob Von Holdt	9231 MAAREVAITE CT.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-1-11
9. Carolyn Klein	8612 Malby Pt Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-2-11
10. Keiri & Weberg	3012 Kay St Sawyer	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sawyer	3/2/11

Certification of Circulator

I, Donna Davis, certify:

(name of circulator)

I reside at 3104 Plum Lake Dr. Sawyer, WI 54560

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

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

3-13-11

(date)

Donna Davis

(signature of circulator)

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1. <u>Carol A. Bell</u>	<u>Ro. Box 781</u> <u>Woodruff, WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3-1-11</u>
2. <u>Heidi Fink</u>	<u>9286 Brown Ct</u> <u>Mimocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3-1-11</u>
3. <u>Michael W. Fink</u>	<u>9286 Brown Ct</u> <u>Mimocqua WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOODRUFF</u>	<u>3-1-11</u>
4. <u>Brian He</u>	<u>9286 Brown Ct</u> <u>Mimocqua WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3-1-11</u>
5. <u>Eric C. Applegate</u>	<u>4880 Illinois Rd</u> <u>Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u>	<u>3-3-11</u>
6. <u>MaryAnn Kervick</u>	<u>7140 Poplar Rd</u> <u>Lake Tomahawk WI 54539</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Tomahawk</u>	<u>3-3-11</u>
7. <u>John A.</u>	<u>1868 Woodland</u> <u>Woodruff</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3-3-11</u>
8. <u>John A.</u>	<u>1868 Woodland</u> <u>Woodruff WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3-3-11</u>
9. <u>John A.</u>	<u>11458 Oma Creek Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3-3-11</u>
10. <u>John A.</u>	<u>11459 Spruce Road</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3-7-11</u>

Certification of Circulator

I, Heidi Fink, certify:
(name of circulator)
 I reside at 9286 Brown Ct, Mimocqua, WI 54548 WOODRUFF
(circulator's residence - include number, street, and municipality)

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

Heidi Fink

(signature of circulator)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Byron D. Wechter</i>	<i>9818 White Pine Lane WOODRUFF, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2-25-11</i>
2. <i>Mary A. Wechter</i>	<i>9818 White Pine Ln Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2-26-11</i>
3. <i>Joan Conroy</i>	<i>9811 White Pine Woodruff, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2-26-11</i>
4. <i>[Signature]</i>	<i>9811 WHITE PINE LN WOODRUFF, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2-26-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Byron D. WECHESTER*, certify:
(name of circulator)

I reside at *9818 WHITE PINE LANE, WOODRUFF WI 54568*.
(circulator's residence - include number, street, and municipality)

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

3-14-11
(date)

Byron D. Wechter
(signature of circulator)

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1. <i>George Zoch</i>	8665 Nicks Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	2/27/2011
2. <i>Dennis Luff</i>	1253 Old St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	2/27/11
3. <i>Willie Kent</i>	10890 Birchenshoe	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/1/11
4. <i>Pleffer</i>	10890 Birchenshoe RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/1/11
5. <i>[Signature]</i>	10890 N. Town Line	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/1/11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, George Zoch (name of circulator), certify:

I reside 8665 Nicks Dr. Woodruff (circulator's residence - include number, street, and municipality)

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

4/5/2011
(date)

George Zoch
(signature of circulator)

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1. <i>Lucille Anderson</i>	1850 Grandview Dr. Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	2/25/11
2. <i>Marie Wendell</i>	21641 County Rd N Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	2/25/11
3. <i>Glenn Wendell</i>	21641 County Rd N Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	2/25/11
4. <i>Robert Stamm</i>	2499 Flea Rd Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead	2/25/11
5. <i>Matt Pea</i>	5092 County rd C Fence, WI 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fence	2/25/11
6. <i>Jaime Salgado</i>	2895 Church Rd Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	2/25/11
7. <i>Bob Dahl</i>	805 Skyline dr. Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	2/25/11
8. <i>Neil Adams</i>	1330 City Rd Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	2/25/11
9. <i>Oz Jones</i>	1330 City Rd Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	2-25-11
10. <i>Tim Fayette</i>	503 AGNES ST NIAGARA WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City AURORA	2-25-11

Certification of Circulator

I, Vernon 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) Vernon Anderson (signature of circulator)

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1. <i>Melissa Steckbauer</i>	<i>633 1/2 Lincoln St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
2. <i>Yvonne M. Peschke</i>	<i>1141 6th Ave Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
3. <i>Michelle Ann</i>	<i>520 Watson St Antigo, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
4. <i>Rebecca Pugh</i>	<i>530 Wabon St Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
5. <i>Heather Boyd</i>	<i>1141 6th Ave Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
6. <i>Donald A. Sulay</i>	<i>1031 Lincoln St. Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>04-13-11</i>
7. <i>Paul W.</i>	<i>1031 Lincoln St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
8. <i>Joni Kaiser</i>	<i>704 Graham Ave Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
9. <i>Jeremy Jones</i>	<i>218 S Hudson Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
10. <i>Chad Birchfield</i>	<i>1235 Lincoln St. #8 Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13</i>

I, Mark Vigil ^{n.v.} **Certification of Circulator**, certify:
(name of circulator)
 I reside 4620 W Cedar Ave Denver Colorado 80219
(circulator's residence - include number, street, and municipality)

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

4-13-11 (date) *Mark Vigil* (signature of circulator)

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1. <i>Berry Star</i>	<i>P4380 Spaulman Dr</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phover</i>	<i>4/13/11</i>
2. <i>Amy Kusch</i>	<i>N11490 Hiltslaker Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-13-11</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	

I, *Mark Vigil*, certify:
(name of circulator)

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

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4-13-11 (date) *Mark Vigil* (signature of circulator)

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1. <i>Sandra Roasch</i>	<i>946 Langlade Rd Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
2. <i>Adeline Vogler</i>	<i>525 Flight Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
3. <i>Mary Zemanek</i>	<i>525 Flight Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
4. <i>Brendie Boyd</i>	<i>119 5th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
5. <i>Josh Hobbs</i>	<i>716 Watson St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
6. <i>Dean Neumann</i>	<i>1007 Lincoln St APT # 2</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
7. <i>Greg Bruss</i>	<i>514 Watson St Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
8. <i>Angie Cramer</i>	<i>514 Watson St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
9. <i>Edith Almeda</i>	<i>Antigo WI 111 Aurora St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
10. <i>Marlin Stuebing</i>	<i>133 Aurora St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO WIS</i>	<i>4/12/11</i>

Certification of Circulator

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

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

4-12-11 (date) *Mark Vigil* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

STATEMENT OF REASON FOR RECALL

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

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 R. ...</i>	416 Washington St Ridge River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Ridge River	2/28/11
2. Dawn Bowman	7953 Prairie Rd Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sugar Camp 54521	2/28/11
3. <i>Richard ...</i>	8684 Pinewood St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	3/1/11
4. ERIC HELGESON	3635 TOWNLINE RD EAGLE RIVER, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WASHINGTON	3/1/11
5. <i>Eric Helgeson</i>	3635 TOWNLINE RD. EAGLE RIVER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	3-1-11
6. <i>Janet ...</i>	5030 WILSON RD. CONOVER, WIS.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-1-11
7. <i>Troy ...</i>	3893 Chicago CONOVER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3/1/11
8. George W. Catherine	7510 Lone Pine Rd. Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/1/11
9. <i>Richard W. Zumdara</i>	870 Belmont Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-1-11
10. <i>T.J. ...</i>	4925 R. FLOWAGE CONOVER WI 545	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-1-11

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

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

3-1-2011 (date) Loyd G. Black (signature of circulator)

RECALL PETITION

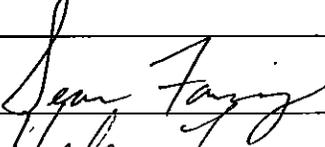
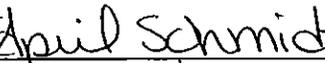
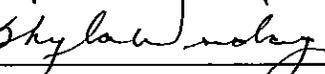
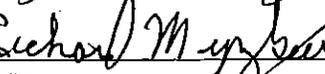
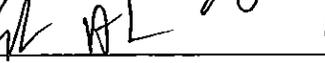
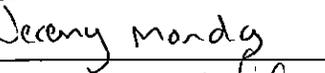
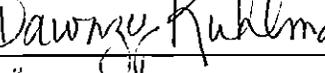
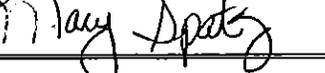
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. 	512 Onida St Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <u>Minocqua/Onida</u> <input type="checkbox"/> Village <input type="checkbox"/> City	3-27-11
2. 	548 E Chicago Ave Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <u>Minocqua</u> <input type="checkbox"/> Village <input type="checkbox"/> City	3-27-11
3. 	3600 [unclear] Berne Lane	<input checked="" type="checkbox"/> Town <u>Hazel Hubsch</u> <input type="checkbox"/> Village <input type="checkbox"/> City	3-27-11
4. 	1060 Peach Lane Minocqua, WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Minocqua</u>	3-27-11
5. 	11797 Hall Ct. Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <u>Arbor Vitae</u> <input type="checkbox"/> Village <input type="checkbox"/> City	3-27-11
6. 	11380 Hill-N-Kale Dr. Minocqua WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	3-27-11
7. 	1312 Lake content Dr St. Germain WI 54548	<input checked="" type="checkbox"/> Town <u>St. Germain</u> <input type="checkbox"/> Village <input type="checkbox"/> City	3-27-11
8. 	8839 French Lane Woodruff 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Woodruff</u> <input type="checkbox"/> City	3-27-11
9. 	11831 Bay Ct. St Woodruff, WI 54568	<input checked="" type="checkbox"/> Town <u>Woodruff</u> <input type="checkbox"/> Village <input type="checkbox"/> City	3-27-11
10. 	7478 Pine St Minocqua WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>minocqua</u>	3-27-11

Certification of Circulator

I, Deane 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.

3-28-11

(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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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>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>Nelen Anderson</i>	<i>9887 Morgan Oaks Unit 8A Minocqua WI</i>	<input checked="" type="checkbox"/> Town 54548 <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3-27-11</i>
2. <i>Carol Herman</i>	<i>1720 Matthe Rd Arbor Vitae</i>	<input checked="" type="checkbox"/> Town 54565 <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>3-27-11</i>
3. <i>Kathy Clegg</i>	<i>14159 Longs Point Ln Lac du Flambeau, WI</i>	<input checked="" type="checkbox"/> Town 54538 <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lac du Flambeau</i>	<i>3-27-11</i>
4. <i>Tim Hawley</i>	<i>14203 RD AVE Apt 2 Woodruff WI 54568</i>	<input checked="" type="checkbox"/> Town Woodruff <input type="checkbox"/> Village <input type="checkbox"/> City 54568	<i>3-27-11</i>
5. <i>Linda Herrick</i>	<i>12980 City Rd D LDF, WI 54538</i>	<input checked="" type="checkbox"/> Town 54538 <input type="checkbox"/> Village <input type="checkbox"/> City LDF	<i>3-27-11</i>
6. <i>Jane Abma</i>	<i>7999 Lie sure Ln St Germain 54538</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St Germain</i>	<i>3-27-11</i>
7. <i>Heather Natchinski</i>	<i>10609 Marmalade Ln Boulder WI 54512</i>	<input checked="" type="checkbox"/> Town 54512 <input type="checkbox"/> Village <input type="checkbox"/> City St Germain <i>Boulder</i>	<i>3/27/11</i>
8. <i>Thomas L. McNeill</i>	<i>9825 Old Hwy 70 Minocqua WI 54548</i>	<input checked="" type="checkbox"/> Town MINOCQUA <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-27-11</i>
9. <i>Dan W. Wagoner</i>	<i>8809 Woodridge Woodruff WI 54568</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>3-27-11</i>
10. <i>Matt Johnson</i>	<i>5106 Grosman Ave Rhinelander WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-27-11</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.

3-28-11
(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.)

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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>Dianne Russell</i>	<i>6948 Northwood</i> <i>Lake Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>3-27-11</i>
2. <i>Paul Per</i>	<i>9894 Woods Lane</i> <i>Minoqua, WI #1 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minoqua</i>	<i>3-27-11</i>
3. <i>Mary McFerrin</i>	<i>811 Cedar Street</i> <i>Minoqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minoqua</i>	<i>3-27-11</i>
4. <i>Nancy Anderson</i>	<i>6035 Cedar Fork Rd</i> <i>Raymond WI 54551</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minoqua</i>	<i>3-27-11</i>
5. <i>Laura DeLo</i>	<i>1131 S Cagle Rd</i> <i>WOODRUFF WI 54562</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOODRUFF</i>	<i>3-27-11</i>
6. <i>Janice Schmitz</i>	<i>7026 Hwy 47</i> <i>Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>3-27-11</i>
7. <i>Betty Draven</i>	<i>217 Benish Circle</i> <i>La Crosse, WI 54598</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>La Crosse</i>	<i>3-27-11</i>
8. <i>Andrew Huff</i>	<i>8842 French Ln.</i> <i>Woodruff WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>3-27-11</i>
9. <i>Archie</i>	<i>11219 Scott Rd</i> <i>Arbor Vitae WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>3-27-11</i>
10. <i>John</i>	<i>10344 Good Life Ln</i> <i>Boulder Jet WI 54572</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jet</i>	<i>3-27-11</i>

Certification of Circulator

I, *Deane Schumacher*, certify:

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.

3-28-11
(date)

Deane Schumacher
(signature of circulator)

(10)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Connie Omtt</i>	<i>8004 N. Alva Rd. Harsham, WI 54529</i>	<input checked="" type="checkbox"/> Town <i>Cassian</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-27-11</i>
2. <i>Heidi J. Schmit</i>	<i>11191 Tonya Drive Arbor Vitae, WI 54568</i>	<input checked="" type="checkbox"/> Town <i>Arbor Vitae</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/27/11</i>
3. <i>Dorel Bergman</i>	<i>2332 Benjamin Rd. Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <i>Rhinelander</i> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/27/11</i>
4. <i>Arlene Kueck</i>	<i>10515 BIG ARBOR VITAE ARBOR VITAE 54568</i>	<input checked="" type="checkbox"/> Town <i>ARBOR VITAE</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/27/11</i>
5. <i>Jayne Stenstrom</i>	<i>8518 Camp Piemeer Rd Minocqua WI</i>	<input type="checkbox"/> Town <i>Minocqua</i> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>3-27-11</i>
6. <i>Beth Ann Ranyer</i>	<i>917 3rd Ave Apt 115 Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <i>Woodruff, WI</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-27-11</i>
7. <i>Myrtle</i>	<i>6359 Grosbeck Rd Lake Tomahawk, WI</i>	<input type="checkbox"/> Town <i>Lake Tomahawk</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-27-11</i>
8. <i>Joe Perry</i>	<i>9675 Ross Lake Road Arbor Vitae 54568</i>	<input checked="" type="checkbox"/> Town <i>Arbor Vitae</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-27-11</i>
9. <i>Barb Jennings</i>	<i>7248 Hagg Minocqua WI: 54568</i>	<input checked="" type="checkbox"/> Town <i>Woodruff 54568</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-27-11</i>
10. <i>Dan Burtz</i>	<i>7643 Birchwood ST. GERMAIN 54558</i>	<input checked="" type="checkbox"/> Town <i>St Germain</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-27-11</i>

Certification of Circulator

I, *Dorel 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.

3-28-11
(date)

Dorel Schumacher
(signature of circulator)

10

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Robert Becker</i>	<i>324A Point O Pine Manitowish Waters</i>	<input checked="" type="checkbox"/> Town Manitowish Waters <input type="checkbox"/> Village <input type="checkbox"/> City	<i>02-28-11</i>
2. <i>Patricia M. Becker</i>	<i>324A Point O Pine Manitowish Waters</i>	<input checked="" type="checkbox"/> Town Manitowish Waters <input type="checkbox"/> Village <input type="checkbox"/> City	<i>02-28-11</i>
3. <i>Jan Misicki</i>	<i>14291 Harris Creek Ln Winchester WI 54557</i>	<input checked="" type="checkbox"/> Town WINCHESTER <input type="checkbox"/> Village <input type="checkbox"/> City	<i>02-28-11</i>
4. <i>Dail Misicki</i>	<i>14291 Harris Creek Ln Winchester WI 54557</i>	<input checked="" type="checkbox"/> Town Winchester <input type="checkbox"/> Village <input type="checkbox"/> City	<i>02/28/11</i>
5. <i>Joel Haberman</i>	<i>13994 N. Laurel Ln. Winchester, WI 54557</i>	<input checked="" type="checkbox"/> Town Winchester <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
6. <i>Ed Bomboni</i>	<i>9023 N. Star Rd Winchester, WI 54557</i>	<input checked="" type="checkbox"/> Town Winchester <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
7. <i>Sandra Bomboni</i>	<i>9023 N. STAR Winchester, WI</i>	<input checked="" type="checkbox"/> Town Winchester <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
8. <i>Sandra Bomboni</i>	<i>P.O. Box 54557 Manitowish Waters</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
9. <i>John Misicki</i>	<i>1673 ALDER LN MANITOWISH WATERS</i>	<input checked="" type="checkbox"/> Town Manitowish Waters <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/1/11</i>
10. <i>Joe Birwin</i>	<i>12 Park Park Rd Manitowish Waters, WI 54545</i>	<input checked="" type="checkbox"/> Town Manitowish Waters <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/1/11</i>

Certification of Circulator

I, Joe Birwin, certify:

I reside at 12 Park Park Road Manitowish Waters WI 54545
(circulator's residence - include number, street, and municipality)

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

3/1/11 (date) Joe Birwin (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>Kathryn Fredricksen</i>	<i>5325 Lakewood Blvd Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town Pelican <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
2. <i>Barbara Washburn</i>	<i>1855 W. Lincoln St Rhinelander, WI</i>	<input checked="" type="checkbox"/> Town Diehl <input type="checkbox"/> Village Rhinelander <input type="checkbox"/> City	<i>3/30/11</i>
3. <i>Paulee Eades</i>	<i>1402 City C Rhinelander</i>	<input checked="" type="checkbox"/> Town stella <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
4. <i>Betty McKenzie</i>	<i>4735 Gledys St Rhinelander WI</i>	<input checked="" type="checkbox"/> Town Pelican <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
5. <i>Priscilla Muñoz</i>	<i>5360 Wensaul Ln Grandon WI</i>	<input checked="" type="checkbox"/> Town Grandon <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
6. <i>Murul Hedstrom</i>	<i>434 Xenox St Rhinelander WI</i>	<input checked="" type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
7. <i>Shirley Smith</i>	<i>307 W Kemp St Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input checked="" type="checkbox"/> City	<i>3/30/11</i>
8. <i>Allen</i>	<i>223 W Lake Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input checked="" type="checkbox"/> City	<i>3/30/11</i>
9. <i>E. Stant</i>	<i>4368 Valley Ct Rhinelander</i>	<input checked="" type="checkbox"/> Town NEW BOLD <input type="checkbox"/> Village Rhinelander <input type="checkbox"/> City	<i>3/30/11</i>
10. <i>Kathy Kilauer</i>	<i>7581 Clear Lake Rd Rhinelander</i>	<input checked="" type="checkbox"/> Town Passion. <input type="checkbox"/> Village Rhinelander <input checked="" type="checkbox"/> City	<i>3/30/11</i>

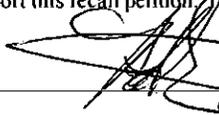
Certification of Circulator

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

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

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

3-30-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Sandra Nelson</i>	<i>4182 FOREST Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/31/11</i>
2. <i>Conetta Wagner</i>	<i>1010 N. STEVENS ST Rhineland WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
3. <i>Lynne Moad</i>	<i>577A Evergreen Ct</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-31-11</i>
4. <i>Parlene Nystrand</i>	<i>4595 Old Rd Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3-31-11</i>
5. <i>Byron Myer</i>	<i>803 W DAVENPORT ST Rhineland, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-31-11</i>
6. <i>[Signature]</i>	<i>5094 Evergreen Ct Rhineland, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3-31-11</i>
7. <i>Carrie Schell</i>	<i>5090 Grossman Ave Rhineland, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Pelican</i>	<i>3-31-11</i>
8. <i>Lina Lonkaski</i>	<i>1322 Curran St</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3-31-11</i>
9. <i>Al Pratt</i>	<i>5939 Hwy 47 N</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold Rhineland</i>	<i>3/31/11</i>
10. <i>Jim Vigor</i>	<i>714 Randall Ave Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>

Certification of Circulator

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

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

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

3-31-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

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

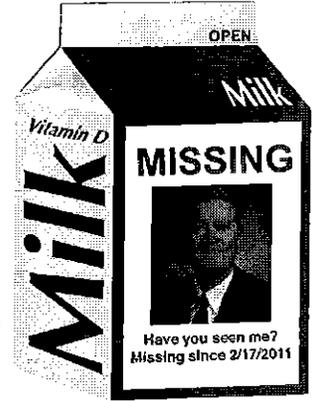
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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1. <i>[Signature]</i>	361 HIGHVIEW PARKWAY RHINELANDER, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	3/25/11
2. <i>[Signature]</i>	6324 Lost Lk. Rd. Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3/25/11
3. <i>[Signature]</i>	7971 TOWNLINE RD ARGONNE WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARGONNE	3/25/11
4. <i>[Signature]</i>	3276 BOYCE DR RHINELANDER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT	3-25-11
5. <i>[Signature]</i>	350 Hillendale Ave Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-25-11
6. <i>[Signature]</i>	5801 Hat Rapids Rd Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3-25-11
7. <i>[Signature]</i>	4242 Island View Rd Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-25-11
8. <i>[Signature]</i>	4242 Island View Rd Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/25/11
9. <i>[Signature]</i>	201 MAPLE ST Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-26-11
10. <i>[Signature]</i>	754 W. DAVENPORT ST RHINELANDER, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	3/26/11

Certification of Circulator

I, PETER BUILO, certify:

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

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

MARCH 26, 2011 (date) *[Signature]* (signature of circulator)

Please mail this form to: **Recall Jim**

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Maryjo Whitford</i>	1646 W. DAVENPORT ST. 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-2-11
2. <i>Whitney Rigney</i>	4431 Harmony Hill Ln. 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Boston Rhinelander	4/2/11
3. <i>Jan Danner</i>	4367 RIDGEBL RD 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PEHICAN	4/2/11
4. <i>Sony Jaworski</i>	6212 Bark Ln. Rd Rhinelander WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Munroton	4/2/11
5. <i>[Signature]</i>	425 STURGEON LN Rhinelander WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	4/2/11
6. <i>Jain Meyer</i>	139A Eastwood Dr Manitowish Waters	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Manitowish waters	4/2/11
7. <i>Jill Bloom</i>	8250 Bloomville Lane Lake Umbagog, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	4/2/11
8. <i>[Signature]</i>	3725 Rustic Rd Booker Inlet WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Booker Inlet	4/2/11
9. <i>Elaine Leorn</i>	7400 Halfway Ct Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/2/11
10. <i>Amy [Signature]</i>	9435 County Rd J Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA	4/2/11

Certification of Circulator

I, ROBERT V. ARNST ROSE, certify:

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

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

4-4-11
(date)

[Signature]
(signature of circulator)

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1. <i>Yonnie Hutchinson</i>	8887 Maplewood Ct Spencer, WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SAYNER	4-13-11
2. <i>Don Bresik</i>	4414 APPLE DR RHINECLANDER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RHINECLANDER	4/13/11
3. <i>Glenn Kucher</i>	4032 RIVER RD Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	4/13-11
4. <i>Robert Kilmier</i>	Hwy I Woodruff, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	4-13-11
5. <i>Kyle [unclear]</i>	5722 [unclear] The Lake Pine River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE RIVER	4-13-11
6. <i>John [unclear]</i>	6881 Gypsy Lake Road Lake Tomahawk WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK Onondaga	4-13-11
7. <i>James Johnson</i>	507 E. Hawley St. Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	4-13-11
8. <i>[unclear]</i>	222 Illinois St Eagle River 54621	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	4-13-11
9. <i>Gar [unclear]</i>	234 Spruce St. Rhinelander 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-13-11
10. <i>Auber Beavel</i>	180 W. Hill Rd Apt 3	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RHINECLANDER	4-13-11

Certification of Circulator

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

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

EF 4/13/11 _____ *Sherri Ferrell*
(date) (signature of circulator)

97) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. provided by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984. E-mail: gab@wi.gov

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1. <i>Car Byer</i>	<i>1837 N. Farming Road AA BOX UTM-C</i>	<input checked="" type="checkbox"/> Town <i>ARBOR VITAS</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>Delaware County</i>	<i>4/13/11</i>
2. <i>Patricia Lusk</i>	<i>7500 Nose Lake Road Abler WI</i>	<input checked="" type="checkbox"/> Town <i>Woodford</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/13/11</i>
3. <i>Dore Schults</i>	<i>210 Conservation St. Tomahawk, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/13/11</i>
4. <i>Joseph W. [unclear]</i>	<i>3057 Woodwindaway</i>	<input checked="" type="checkbox"/> Town <i>Rhineland</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/13/11</i>
5. <i>Joseph [unclear]</i>	<i>4062 River [unclear]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
6. <i>Carroll Bolden</i>	<i>4184 Bass [unclear]</i>	<input checked="" type="checkbox"/> Town <i>Newbold</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-13-11</i>
7. <i>[unclear]</i>	<i>7500 Shoreland DR Lake Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>4-13-11</i>
8. <i>Dorothy Baugh</i>	<i>2438 LK NOKOMIS Tomahawk, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4-13-11</i>
9. <i>Harry Turner</i>	<i>2438 Lk. NOKOMIS Rd Tomahawk, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4-13-11</i>
10. <i>Janice Baugh</i>	<i>2438 Lake NOKOMIS Rd Tomahawk WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4-13-11</i>

Certification of Circulator

I, SHERIE 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.

4/13/11 (date) Sherrie E. Ferrell (signature of circulator)

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1. Westley Brownell	315 Dahl St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/13/11
2. John Fetter	5443 Manor Rd Apt A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland WI	4/13/11
3. Paul P. Westerman	6610 West Emma 4610 W Emma	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/13/11
4. Anthony	7497 ECHO RIDGE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SUGAR CAMP	4/13/11
5. [Signature]	1546 White Pine DR Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4/13/11
6. [Signature]	690 Hwy 17 S Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	4/13/11
7. [Signature]	690 Hwy 5 Eagle River	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lincoln	4/13/11
8. William Long	8668 Honey Rock Three Falls WI 5456	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Three Falls	4/13/11
9. [Signature]	2112 4th Ave Woodruff WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4/13/11
10. [Signature]	625 Moen St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland, WI	4/13/11

Certification of Circulator

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

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4/13/11
(date)

Sherrie Ferrell
(signature of circulator)

RECALL PETITION

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

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Sally Duffield</i>	<i>N11543 Squank Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhodes</i>	<i>3-27-11</i>
2. <i>Randy Remann</i>	<i>7694 Kuehne Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
3. <i>Steve Henner</i>	<i>7894 Kuehne RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
4. <i>Raymond H Kozmank</i>	<i>7270 Birchwood Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST. GERMAIN</i>	<i>4-5-11</i>
5. <i>B. J. Repenshek</i>	<i>2466 Leonard Ln. Sage</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4/5/11</i>
6. <i>GLENN STEINER</i>	<i>2131 Northwood Dr St Germain</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST. GERMAIN</i>	<i>4/5/11</i>
7. <i>HELEN JONES</i>	<i>8140 Northwood Dr St. GERMAIN</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST. GERMAIN</i>	<i>4/5/11</i>
8. <i>Thomas R. Kuenberg</i>	<i>1462A WEBER Rd. St. Germain WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST. GERMAIN</i>	<i>4/5/11</i>
9. <i>Telli Willemssen</i>	<i>8241 Blue Bell Dr. St. Germain</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST. GERMAIN</i>	<i>4/5/11</i>
10. <i>Paul W McKenna</i>	<i>1619 Pine Tree Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST GERMAIN</i>	<i>4/5/11</i>

Certification of Circulator

I, PETER BILO, certify:

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

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

4/5/11
(date)

Peter Biolo
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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>Alycia Linke</i>	<i>410 N Ellms St. Wittenberg WI 54499</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/17/11</i>
2. <i>Breanne Stouffer</i>	<i>N9731 Hwy 45 Barnum WI 53414</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Arwa</i>	<i>4/17/11</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, ROBERT V. ARMSTRONG, certify:

(name of circulator)

I reside 2511 So. 59th Ave, Tulsa OK 74109

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

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

4-17-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1.	1622 Kaphaen rd Tomahawk W.I.S 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk.	4/12/11
2.	1138 E. S. 17th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CLAUSSAW	4/12/11
3.	1002 E. 7th ST Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/12/11
4.	100 S. Pine St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-12-11
5.	2200 E Main St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-12-11
6.	4791 Grass Ln Glenora, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Russell	4-12-11
7.	22644 Orchard Rd Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-12-11
8.	N9662 Lake Rd Bowler WI 54416	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Almon	4-12-11
9.	N1760 Hwy 45E Antigo WIS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	4-12-11
10.	1028 Lincoln St Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-12-11

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

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

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

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

4-15-11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Katherine Pelletier</i>	<i>530 Wisconsin Ave Rhinelander, Wis</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>2-26-11</i>
2. <i>Raymond Pelletier</i>	<i>530 Wisconsin Ave Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>2-26-11</i>
3. <i>Nancy Johnson</i>	<i>6845 Bridge Rd. 8064, McNaughton Wisc</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2-27-11</i>
4. <i>Robert W. Buehler</i>	<i>6336 Pine Lake Rd Rhinelander, Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/27/11</i>
5. <i>Progen Quinn</i>	<i>3071 S. RIFE RD Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>crescent</i>	<i>2/28/11</i>
6. <i>Lyle Gsell</i>	<i>N10756 Hwy. 17 S. Gleason WI, 54435</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lipester</i>	<i>2/28/11</i>
7. <i>Yvonne DeFare</i>	<i>413 WISCONSIN RHINELANDER, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Oneida RL</i>	<i>3-8-11</i>
8. <i>Nicole Keepers</i>	<i>4065 Og C Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Oneida RL</i>	<i>3-8-11</i>
9. <i>Guendon Walleswed</i>	<i>N1124 KAUFMAN RD TOMAHAWK 54487</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3/15/11</i>
10. <i>Donna Walleswed</i>	<i>N11241 KAUFMAN RD TOMAHAWK 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3/15/11</i>

Certification of Circulator

I, V. Sandra Bethke, certify:

I reside 6907 Lake Mildred Rd. Rhinelander, WI
Town of 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.

3-15-11

(date)

V. Sandra Bethke

(signature of circulator)

RECALL PETITION

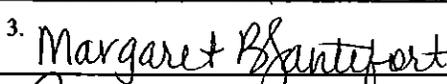
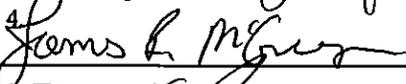
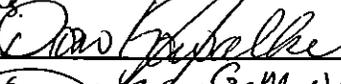
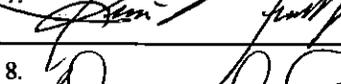
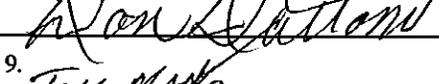
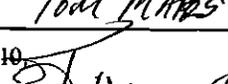
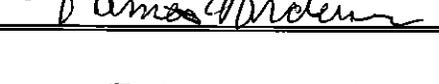
TO: Wisconsin Government Accountability Board

(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. 	Box 245 8424 BURNT BRIDGE TRAIL,	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN	3/1/11
2. 	8040 BIRCHWOOD DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN	3-1-11
3. 	PO Box 422	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/1/11
4. 	P.O. Box 9 8962 McGregor LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN WI	3/1/11
5. 	ARBOR VITAE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3-1-11
6. 	8553 WY 70 W ST. GERMAIN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST GERMAIN WI	3-1-11
7. 	P.O. Box 184	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN WISC.	3-01-11
8. 	2731 ARMYRIFE LN. SQUASH WI 54560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St Germain	3-1-11
9. 	1669 WINDSIE TR ST. GERMAIN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN	3-1-11
10. 	PO Box 100 ST Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST Germain	3-1-011

Certification of Circulator

I, BARRY W. BENEDEK, certify:

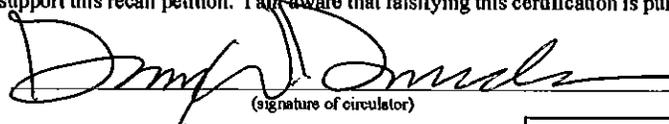
(name of circulator)

I reside 8424 BURNT BRIDGE TRAIL, ST. GERMAIN, WI 54558-0245

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

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

MARCH 1, 2011
(date)


(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>Opma Ann Allen</i>	<i>P.O. Box 513 Chicago St</i>	<input checked="" type="checkbox"/> Town <i>Lac du Flambeau</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-8-11</i>
2. <i>Ed Gunde</i>	<i>810 Schumann Ave Steven Point</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Steven Point</i>	<i>4-9-11</i>
3. <i>Darita Roloff</i>	<i>10353 North Rd T</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4-9-11</i>
4. <i>Ellen Yesler</i>	<i>N11964 Deer Lake Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4-9-11</i>
5. <i>Jane E. Schwanz</i>	<i>7055 Crab Lake Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Presque Isle</i>	<i>4-9-11</i>
6. <i>Catherine Prasil</i>	<i>W4462 Nelson Erma, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bischoff</i>	<i>4-9-11</i>
7. <i>Mike</i>	<i>2084 Nancy Dr Tomahawk WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4/9/11</i>
8. <i>Doug Lohk</i>	<i>4564 Cran Lake Rd Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>4/9/11</i>
9. <i>Michael P. Fry</i>	<i>7264 Bearhawk</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Presque Isle</i>	<i>4-9-11</i>
10. <i>Charles Shule</i>	<i>A N. 3rd St Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4-9-11</i>

I, *Yacquelina Morales*, **Certification of Circulator**, certify:
(name of circulator)
 I reside *7271 NW 174th Ave Hialeah Fl. 33015*
(circulator's residence - include number, street, and municipality)

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

4-9-11
(date)

J. Morales
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Bonnie Greenman</i>	<i>8877 County H Eagle River WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>3/4/11</i>
2. <i>Cecilia Bitterbender</i>	<i>1075 English Ln Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3/5/11</i>
3. <i>Gary Johnson</i>	<i>954 Olson Rd Eagle River WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3-5-11</i>
4. <i>Roy Ann Salmon</i>	<i>5952 Hwy 70 West E.R. WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Clowland</i>	<i>3/5/11</i>
5. <i>Linda Helms</i>	<i>Springview 4161 Eagle River</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>3/5/11</i>
6. <i>ED GLOMEN</i>	<i>4937 STATE HWY 70 W EAGLE RIVER, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>3/7/11</i>
7. <i>Thomas J. Luthi</i>	<i>543 N. Bond St. Eagle River, WI 54521</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i>	<i>3/7/11</i>
8. <i>Nehal Maass</i>	<i>14942 SNEEBURN RD EAGLE RIVER WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>3/8/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Darwin D Benda*, certify:
(name of circulator)
I reside at *1210 Birch Lake Rd (Town of Lincoln) Eagle River, WI 54521*
(circulator's residence - include number, street, and municipality)

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

3-23-11
(date)

Darwin D Benda
(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>Henry C Zorn</i>	336 Doty St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arling	4/5/11
2. <i>Lydia Hunt</i>	4574 Lakeview Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Newbold	4-5-11
3. <i>Suzanne Va Klauer</i>	3967 Harbor Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-5-11
4. <i>Alice Redmond</i>	2221 Wolf Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	4/5/11
5. <i>Susanne Nyland</i>	4861 Old 8 Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/6/11
6. <i>Kristine Heise</i>	4431 Harmony Hill Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/6/11
7. <i>Cassidy Kaufman</i>	109 W Monica	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/6/11
8. <i>Randall L. Vanatta</i>	6325 Bernie Lou Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	4-6-11
9. <i>Charles A. Mahans</i>	12870 Cty D	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	4-6-11
10. <i>Pat Zyzel</i>	9801-2 GROUSE RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA	4-6-11

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

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

4-6-11
(date)

J Morales
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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 Thomas</i>	<i>N 4253 Polar Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Polar</i> <input type="checkbox"/> City	<i>4/5/11</i>
2. <i>Sarah Gardner</i>	<i>403 Putnam St. Tomahawk, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Tomahawk, WI</i> <input checked="" type="checkbox"/> City	<i>4/5/11</i>
3. <i>Dayette Bullard</i>	<i>64 Edgewater Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	<i>4/5/11</i>
4. <i>Bob Bushor</i>	<i>109 W Monroe</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	<i>4/5/11</i>
5. <i>Ben Francis</i>	<i>676 Danemport</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	<i>4/5/11</i>
6. <i>Bob Fisher</i>	<i>9538 Snowshoe</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Boulder Jet</i> <input type="checkbox"/> City	<i>4/6/11</i>
7. <i>Vivian Luo</i>	<i>9287 TIMBERLINE DR</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>MINOCQUA</i> <input type="checkbox"/> City	<i>4/6/11</i>
8. <i>Robert D</i>	<i>9287 Timberline Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Minocqua</i> <input type="checkbox"/> City	<i>4/6/11</i>
9. <i>Audrey Bant</i>	<i>914 Prentice Pine St AB</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Prentice</i> <input type="checkbox"/> City	<i>4/6/11</i>
10. <i>Alton</i>	<i>8619 Murphy Lake Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Presque Isle</i> <input type="checkbox"/> City	<i>4/6/11</i>

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

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

4-6-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sharon Cault</i>	<i>1002 Harris Lk Rd Winchester WI 54557</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>Jack J. Carlson</i>	<i>1002 HARRIS LK. RD. 54557</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WINCHESTER</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, *Sharon Cault*, certify:
(name of circulator)

I reside *1002 Harris Lk Rd Winchester, WI 54557*.
(circulator's residence - include number, street, and municipality)

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

3-30-11

(date)

Sharon Cault

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ann M. Colapere</i>	<i>634 Randall Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
2. <i>Brittany Parks</i>	<i>9930 Rangline Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	<i>3/31/11</i>
3. <i>A. K. L.</i>	<i>2558 Prairie Lake Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Nokomis</i>	<i>3/31/11</i>
4. <i>Tonia Koelle</i>	<i>703 Pelican St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
5. <i>Jacqueline Murray</i>	<i>11 Edgewater Home</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
6. <i>Mark S. Moore</i>	<i>1207 Mason St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
7. <i>Brittany Buettnie</i>	<i>714 Keenan St Rhineland</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-31-11</i>
8. <i>Kathleen Swan</i>	<i>2360 Old Hwy 26 S - Monico WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Monico</i>	<i>3/31/11</i>
9. <i>Van Pappas</i>	<i>9965 Range Line Argonne</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>3-31-11</i>
10. <i>Richard Linn</i>	<i>401 North Summit Crandon, Wis</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandon</i>	<i>3-31-11</i>

Certification of Circulator

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

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

3-31-11

(date)

J Morales

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>[Signature]</i>	6246 HWY 51 HAZELHURST	<input checked="" type="checkbox"/> Town Hazelhurst <input type="checkbox"/> Village 54531 <input type="checkbox"/> City	4/18/11
2. <i>Vicky Stromgen</i>	9081 W. Co. Rd. B Boulder Junction WISC	<input checked="" type="checkbox"/> Town Boulder <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
3. <i>[Signature]</i>	6729 CAROLAN DR PRESQUE ILL	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
4. <i>Tony Dunt</i>	5245 OSWEGO FISH TRAIL LAKE RD BOULDER JUNCTION	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4-18-11
5. <i>Stephan Lew</i>	1170+High Fox trap rd Boulder Junction WIS 54512	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4.18.11
6. <i>[Signature]</i>	5551 N. 1st St Boulder Junction	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4-18-11
7. <i>[Signature]</i>	1633 LILAC DR ST. GERMAIN, WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
8. <i>[Signature]</i>	5887 High Lake Rd Boulder Junction	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
9. <i>[Signature]</i>	6010 Bear Lake Rd Boulder Junction	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
10. <i>[Signature]</i>	421 Wagon Lac Du Flambeau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11

I, LARRY W. SCHUMACHER, certify:
(name of circulator)
 I reside 4621 S. 72nd E Pl, Tulsa OK
(circulator's residence - include number, street, and municipality)

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

4-20-11 (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.

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1.	10513 BUCKHORN CIR ARBOR VINE 5815	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VINE	4/18/2011
2.	PO BOX 644 5815 Boulder Jct Fish Hawk	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct	4/18/11
3.	5954 AVUES PL Boulder Jct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct	4/18/11
4.	9369 SPONGE LN P. Boulder Junction	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct	4-18-11
5.	Boulder Junction 10477 MAIN ST. BOULDER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Junction	4-18-11
6.	5951 Hwy 70 W Eagle River	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4-18-11
7.	8147 Hart Rd Lake Torch Lake WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Torch Lake	4/18/11
8.	305 MAKEA TRAIL Lac du Flambeau WI 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	4-18-11
9.	1246 OAK LA Lac du Flambeau 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	4-18-11
10.	13290 DAVID LAKE LN MINOCQUAWI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAC DU FLAMBEAU	4-18-11

I, Larry W. Schumacher, certify:
(name of circulator)
 I reside 4621 S. 72nd E. Pl, Tulsa, OK
(circulator's residence - include number, street, and municipality)

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

4-20-11 (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)

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1.	4916 Lower Kaulbach Rd Hazelhurst, WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	4/18/11
2.	129 Woodland Hill Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/18/11
3. Daniel Krapinski	7524 Inwood Dr. Minocqua Wis.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/18/11
4.	948 Jackson Heights Harshaw WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassian	4/18/11
5.	11244 Hwy K West Boulder Jet WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Junction	4/18/11
6. Cindy Johnson	5437 Park St Boulder Jet WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Junction	4/18/11
7.	9800 Fisher Lakes Boulder Jet WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Junction	4/18/11
8.	6717 Cornice Dr. Plymouth WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	4/18/11
9.	5471 Hermitage Dr Boulder Junction WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Junction	4-18-11
10. J. Appelgren	13290 David Lake Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	4/18/11

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

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

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4-20-11 (date) (signature of circulator)

RECALL PETITION

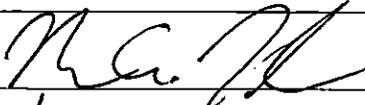
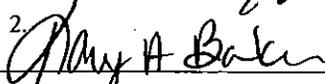
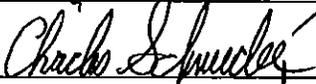
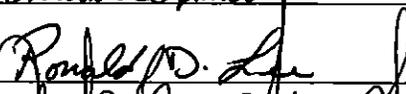
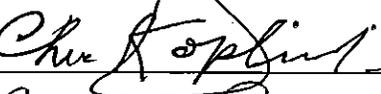
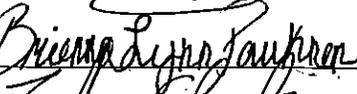
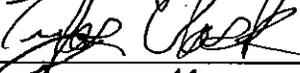
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(official with whom nomination papers or declaration of candidacy for the office is filed)

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	6957 Rapids Rd Lake Tomahawk WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	4/18/11
2. 	4853 Hwy 51 Hazelhurst WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	4/18/11
3. 	4853 Hwy 51 Hazelhurst	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	4-18-11
4. 	8967 Park Shore Dr Minocqua WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/18/11
5. 	9683 Lee Rd. Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4-18-11
6. 	7537 trailwood dr Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4-18-11
7. 	3160 Lakewood Rd LAKE TOMAHAWK	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK	4-18-11
8. 	6617 U.S. Hwy 51 S Hazelhurst WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	4-18-11
9. 	5611 Hwy 51 S Hazelhurst WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	4-18-11
10. 	856 Elm St #17 Woodville, WI 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodville	4-18-11

Certification of Circulator

I, LARRY W. SCHUMACHER, certify:

(name of circulator)

I reside 4621 S. 72nd E Pl, Tulsa, OK

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

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

4-20-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1.	8997 Mobile Dr Woodruff	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	4/18/11
2.	11145 Hill Top Rd Presque Isle	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	4/18/11
3.	1020 Boulder Junction MAIN ST.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City B.J.	4/18/11
4.	6997 Hill Top Presque Isle	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	4/18/11
5.	5843 Osage Fish Camp Lk Rd Boulder Junction	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct	4/18/11
6.	5748 Airport Rd. Boulder Jct, WI 54514	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct	4/18/11
7.	P.O. Box 187 Boulder Jct WI 54512	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder	4/18/11
8.	5427 Stileski Boulder Jct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder	4-18-11
9.	8521 Hower Rd Minocqua, Wis.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4-18-11
10.	1246 Oak Ln LDF, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac Du Flambeau LDF	4-18-11

Certification of Circulator

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

I reside 4621 S. 72nd E. Pky 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)

(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. Georgia Hennicks <i>Georgia A. Hennicks</i>	6640 GARRETT'S TRAIL Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-3-11
2. John Hennicks JR <i>John E. Hennicks JR</i>	6640 GARRETT'S TRAIL Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-3-11
3. Daniel Schultz <i>Daniel Schultz</i>	Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-3-11
4. Tommy Brooks <i>Tommy Brooks</i>	730 BALSAM ST Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-3-11
5. Thomas Gwondt III <i>Thomas Gwondt III</i>	3171 Boyce dr Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-3-11
6. Kyle Szmania <i>Kyle Szmania</i>	3926 Indians Lake Rd Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-3-11
7. Richard Vobst <i>Richard Vobst</i>	427N Brown St. Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-3-11
8. Kathleen Richter <i>Kathleen Richter</i>	205 1st St. Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	03/03/11
9. Dorothy Schwab <i>Dorothy Schwab</i>	634-5 Hwy 17 N Rhinelander WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3/03/11
10. Jamie Clarke <i>Jamie L. Clarke</i>	1265 Covey Ln Apt A Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/3/11

Certification of Circulator

I, Franklin A Hill BR TW SUGAR CAMP, certify:
(name of circulator)

I reside at 7230 Ashland Rd Eagle River WI
(circulator's residence - include number, street, and municipality)

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

3-3-11
(date)

Fil Hill
(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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1. <u>Karen Croker</u>	<u>4539 Tanglewood Dr</u> <u>Eagle River Wis</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2/25/2011</u>
2. <u>Robert Croker Jr</u>	<u>2397 Deer Lane</u> <u>EAGLE RIVER WIS</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASHINGTON</u>	<u>2-26/2011</u>
3. <u>Bob Luk</u>	<u>220 PO 2311 Eagle</u> <u>River W/P 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>3/3/11</u>
4. <u>[Signature]</u>	<u>1229 Birchwood</u> <u>Saint Germain WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Saint Germain</u>	<u>3-3-11</u>
5. <u>Ray Bly</u>	<u>413 Minnesota St</u> <u>Eagle River</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>3-3-11</u>
6. <u>Steph [Signature]</u>	<u>1423 Pollack Lake rd</u> <u>Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>3/3/11</u>
7. <u>Trini [Signature]</u>	<u>5020 ALBERTS TRAIL</u> <u>EAGLE RIVER WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>3/3/11</u>
8. <u>Joseph M Katz</u>	<u>5102 ALBERTS TR</u> <u>Eagle River WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>3/3/11</u>
9. <u>Courtesy [Signature]</u>	<u>5303 HWY 6</u> <u>Eagle River WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>3/3/11</u>
10. <u>Scott [Signature]</u>	<u>2237 CROKER RD</u> <u>EAGLE RIVER</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>3/3/11</u>

Certification of Circulator

I, ROBERT L. CROKER JR, certify:

(name of circulator)

I reside at 2397 Deer View Ln - Eagle River WI - Washington

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

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

3-28-2011

(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, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>David J. Sabrowsky</u>	<u>N10486 Clear Lake Rd. Elcho, Wis. 54428</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elcho</u>	<u>3/2/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, David J. Sabrowsky **Certification of Circulator**, certify:
(name of circulator)

I reside N10486 Clear Lake Rd Elcho, Wis. 54428
(circulator's residence - include number, street, and municipality)

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3/7/2011 (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)

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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>Manin Wiesneth</i>	<i>W4865 Right of Way Porterfield WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake</i>	<i>3-14-11</i>
2. <i>Janis Wiesneth</i>	<i>W4865 Right of Way PORTERFIELD, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAKE</i>	<i>3-14-11</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, JANIS WIESNETH, certify:
(name of circulator)
 I reside W4865 RIGHT OF WAY RD PORTERFIELD, WI 54159 (TOWN OF 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.

3-14-11

(date)

Janis Wiesneth

(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>Larry & Bintz</i>	<u>7772 PRAIRIE ROAD</u> <u>EAGLE RIVER, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SUGAN CAMP</u>	<u>3/2/2011</u>
2. <i>Linda M. Bintz</i>	<u>7772 PRAIRIE ROAD</u> <u>EAGLE RIVER, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SUGAN CAMP</u>	<u>3/2/2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

I reside 7772 PRAIRIE ROAD, EAGLE RIVER, WI 54521
(circulator's residence - include number, street, and municipality) SUGAN CAMP

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

Larry W. Bintz
(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>Joan Herman</i>	No Box 163409 Mill GOODMAN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GOODMAN	4/2/11
2. <i>Theresa</i>	Antigo 1219 del. glis. st deleglise st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/2/11
3. <i>Steve Smitala</i>	4707 Hazen Rd S 4130	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elter	4/2/11
4. <i>Hazel Shilts</i>	W2288 Old Pentigo Rd Marinette WI 54143	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Marinette	4/2/11
5. <i>Ronald N. [unclear]</i>	N693 POPLAR RD. MERRILL, WIS 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE RIVER	4-2-11
6. <i>Kathy [unclear]</i>	1109 MAISON RHANOLAND WI 53984	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHANOLAND	4-2-11
7. <i>John [unclear]</i>	32112 Tillman	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	4-2-11
8. <i>Paula Vlasak</i>	10888 River Run Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winneconne	4-2-11
9. <i>David Lambert</i>	633 School St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City White Lake	4/2/11
10. <i>Devin [unclear]</i>	709 Spruce Street Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill, WI	4/2/11

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

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

4-2-11 (date) [Signature] (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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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. 	1514 N. LILY LAKE LANE, PICKEROC, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NASHVILLE	3/1/11
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, Robert C Hank, certify:

(name of circulator)

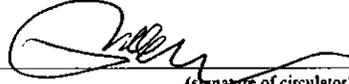
I reside 1514 N. Lily Lake Lane, Pickeroc, WI Town Nashville.

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

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

3-31-2011

(date)



(signature of circulator)

RECALL PETITION

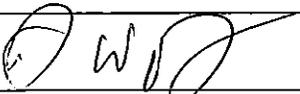
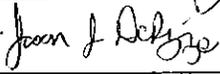
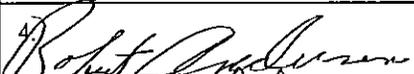
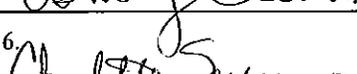
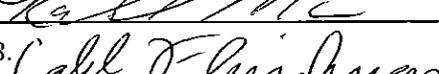
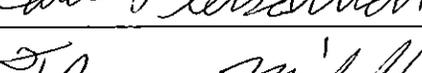
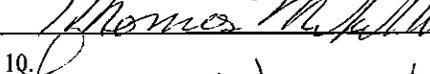
TO: Wisconsin Government Accountability Board

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

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

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1. 	111 Myfair Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-1-11
2. 	1011 ELM ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McLRIN	4-1-11
3. 	24640 Merrill Town Hall Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/1/11
4. 	9763 White Lk. Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Bagley	4-1-11
5. 	5046 W Silver Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	4-1-11
6. 	631 North Ave #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-1-11
7. 	2766 Cty Rd C	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WABENO	4-1-11
8. 	W9574 Cty Rd B	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Bryant	4-1-11
9. 	3825 South SS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cranden	4/1/11
10. 	4036 S. Spring Lk Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	4-1-11

Certification of Circulator

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

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

4-1-11
(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)

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1. <i>Cody Bonett</i>	<i>N10240 Baymill Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
2. <i>Shane Ksobiech</i>	<i>128 Nth 4th St 128 N. 4th St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
3. <i>Matthew Orban</i>	<i>126 S 2nd St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4-13-11</i>
4. <i>Dylan Schwengel</i>	<i>W4988 County Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
5. <i>Aurby Hryn</i>	<i>N9222 County Rd. S 1</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
6. <i>JH Bond</i>	<i>N 8755 Cty Rd E</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
7. <i>Kim ZAPPAN</i>	<i>N 8755 Cty Rd E</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
8. <i>Brook Hopyd</i>	<i>N10185 Pine Shale</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4/14/11</i>
9. <i>Wyzal</i>	<i>310 W. Leather Ave Leather Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4-14-11</i>
10. <i>Thomas Gondak</i>	<i>N11189 Hwy C</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4-14-11</i>

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

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

4-14-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

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1. Roseanne Morales	310 W Leather Ave Leather Ave	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
2. Brenda Anderson	N11187 Hwy CC	<input checked="" type="checkbox"/> Town Wilson <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
3. Sharon Jones	2127 Merrill Rd	<input checked="" type="checkbox"/> Town Norcross <input type="checkbox"/> Village <input type="checkbox"/> City	4/14/11
4. Kaitlan F. Mead	N8304 Hwy 107	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
5. Mandi Hartz	P.O. Box 3335 Mead Rhinelander, WI	<input checked="" type="checkbox"/> Town Pelican <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
6. Jane Romanowski	W 6383 Camp Rice Pt. Rd	<input type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
7. Ted Ho	1516 Spruce Ave	<input type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/14/11
8. Jan Sejor	N8710 Loxley Rd	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4/14/11
9. E. Marganti	2070 Hidden Water	<input checked="" type="checkbox"/> Town Nokomis <input type="checkbox"/> Village <input type="checkbox"/> City	4/14/11
10. Paul Saech JV	W6866 Hwy 0	<input checked="" type="checkbox"/> Town Brady <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/14/11

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

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4-14-11 (date) Jaqueline Morales (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>June A. Wisniewski</i>	<i>N11876 Robinson Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4-14-11</i>
2. <i>Sammy Jaacks</i>	<i>W10300 Hwy O</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>4/14/11</i>
3. <i>Paul P. Brunner</i> <i>Daruk Brunner</i>	<i>N8446 SKANAWAU LK RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>IRMA</i>	<i>4/14/11</i>
4. <i>Benny C. Boetzel</i>	<i>2144 Pine Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/14/11</i>
5. <i>Tahira Wad</i>	<i>N3129 County Rd D</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Brantwood</i>	<i>4/14/11</i>
6. <i>Jack E. Swanson</i>	<i>2096 Arrowhead Dr</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/14/11</i>
7. <i>Allison Johnson</i>	<i>N8797 Flynn Rd</i> <i>Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4/14/11</i>
8. <i>Cynthia Fitzgerald</i>	<i>W7732 Hwy CC</i> <i>Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wilson</i>	<i>4-14-11</i>
9. <i>Judith Squires</i>	<i>w6423 West Kraft Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>4-14-11</i>
10. <i>Janet Hoff</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Jacqueline Morales*, **Certification of Circulator**, certify:
(name of circulator)
 I reside *7271 n.w. 174th*.
(circulator's residence - include number, street, and municipality)

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

4-14-11 (date) *J. Morales* (signature of circulator)

RECALL PETITION

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1. <i>Gene Bly</i>	PO N10444 HARVEST RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King	4-14-11
2. <i>Wohrwith</i>	11327 CC 11327 CC	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln Lansburg	4-14-11
3. <i>Misty Schoone</i>	N-10351 Tannery Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	4-14-11
4. <i>Alycia Kridina</i>	1010 Southgate Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-14-11
5. <i>Jordis Hockschied</i>	1223 Vesta St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-14-11
6. <i>Rita Helgendorf</i>	W5203 Bruno Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-14-11
7. <i>Paula Johnson</i>	429 Esther Heights	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-14-11
8. <i>Shari Reich</i>	N11010 Terry Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King	4-14-11
9. <i>Margaret King</i>	N11225 Clear Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bradley	4-14-11
10. <i>Kristi Redtko</i>	9434 Rocky Run Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassion	4-14-11

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

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

4-14-11
(date)

J. Morales
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. Ernest Zriach	535 3rd ave Ap 224 Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/14/11
2. Pat Murphy	1017 8th Ave Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-14-11
3. William Dose	24021 Hwy 3 Bryant	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polaris	4-14-11
4. Tyler	N5750 County Line Rd Caledonia WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	4-14-11
5.	54435	<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, LARRY W. SCHUMACHER, certify:
(name of circulator)

I reside 4621 S Grand 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.

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

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1. <i>Jan Jacoby</i>	<i>2409 Charlotte Ct #5 Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
2. <i>Cammi J. Sandberg</i>	<i>W 14724 Hwy C Gleason Gleason Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Gleason 54435</i>	<i>4-14-11</i>
3. <i>Linda Fusch</i>	<i>535 3rd ave, apt 224 W 9834 County Rd D Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
4. <i>Ray Wegman</i>	<i>819 1st Ave Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
5. <i>[Signature]</i>	<i>115 - 5th Ave Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
6. <i>[Signature]</i>	<i>1742 Heinemann Rd Gleason WI 54475</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Schley</i>	<i>4-14-11</i>
7. <i>Wendy Marshall</i>	<i>1742 Heinemann Rd Gleason</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>4-14-11</i>
8. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Larry W. Schumacher*, certify:

I reside *4621 S. Land 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.

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

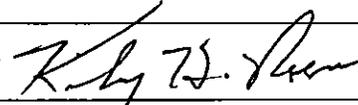
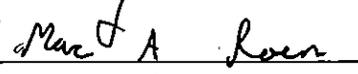
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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. 	5424 MANOR RD RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE	3/20/11
2. 	5424 Manor Rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/20/11
3. 	5424 Manor Rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/20/11
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	

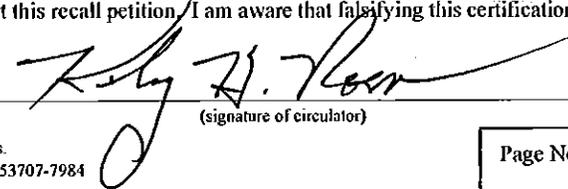
Certification of Circulator

I, KIRBY H. ROEN, certify:

I reside 5424 MANOR RD. 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.

3/20/11
(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. <i>Jim Grubke</i>	1167 Old 51 Woodruff WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	3-4-11
2. <i>John Schwartz</i>	10978 Bow Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	3-15-11
3. <i>Betsy Schwartz</i>	10978 Bow Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	3-15-11
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	

RICHARD B. JENSEN

Certification of Circulator

, certify:

reside at 10991 Colequamagon DR #11375 Hillendale, MINOCQUA, WI 54648
OLD ADDRESS (circulator's residence - include number, street, and municipality)

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

3-21-11

(date)

Richard B Jensen
(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>Charles Luce</i>	<i>4991 Griss Ln. Gleason, WI 53045</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>4-16-11</i>
2. <i>[Signature]</i>	<i>414 Sunset Dr Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-16-11</i>
3. <i>Cristin Strong</i>	<i>N2711 McFee Rd White Lake, WI 54491</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Evergreen White Lake</i>	<i>4/16/11</i>
4. <i>[Signature]</i>	<i>W17464 Hill Rd Biramwood, WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Biramwood</i>	<i>4/16/11</i>
5. <i>[Signature]</i>	<i>N3769 Clover Rd Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4/16/11</i>
<i>Jose Ramos</i>	<i>P.O. box 81 W 7252 Hwy 47 Phlox Wisconsin</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Norwood</i>	<i>4/16/11</i>
7. <i>[Signature]</i>	<i>1620 1st Ave Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/16/11</i>
8. <i>[Signature]</i>	<i>N2594 Bryant WI 54414</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Bryant</i>	<i>4/16/11</i>
9. <i>Bonnie Stent</i>	<i>P 11151 Hwy 47 Elcho WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Village of Elcho</i>	<i>4-16-11</i>
10. <i>Anna [Signature]</i>	<i>N1151 Hwy 47 Elcho Wisconsin</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho WI</i>	<i>4/16/11</i>

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

I reside 4641 S. 72nd E. Pl., Tulsa, OK
(circulator's residence - include number, street, and municipality)

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

4-17-11 (date) Larry W. Schiemacher (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.	613 N. State Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	4-16-11
2.	715 1/2 S th Ave Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	4-16-11
3.	N2711 Mcghee Rd White Lake WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Evergreen</u>	4/16/11
4.	W3087 City G Merrill WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	4/16/11
5.	W5730 Alcks Rd Bryant WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bryant</u>	4/16/11
6.	4231 Milton St APT 17	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	4/16/11
7.	394 Hwy 2 Pelican Lake WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican Lake</u>	4/16/11
8. 	1507 S. [unclear]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	
9.	4312 [unclear] Schmidtville WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elcho WI</u>	4/16/11
10.	N11386 Fred Rd Elcho WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Elcho</u>	4/16/11

Certification of Circulator

I, Larry W. Schumacher, certify:

I reside 4621 S. 7th St. Pl. Tulsa, OK

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

4-17-11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Jerry Merrill</i>	<i>1008 Johnson 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>Andrea Kout</i>	<i>11219 Scott Road Arbor Vitae, 54558</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Arbor Vitae</i>	<i>3/4/11</i>
3. <i>John Zabel</i>	<i>6870 Hwy 51 Hazelhurst WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>3/4/11</i>
4. <i>Jan Howard</i>	<i>11076 Bellwood Ln Minocqua,</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>3/4/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Carol Cady*, certify:
(name of circulator)

I reside at *1885 Broken Bow Tr. Arbor Vitae, WI 54564*.
(circulator's residence - include number, street, and municipality)

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

Carol Cady
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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.	28 South 8th St. Tomahawk, WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/15/11
2.	323 E Wisconsin Ave Tomahawk WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/15/11
3.	121 1/2 W. Spriet Ave Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/15/11
4.	9893 Morgan Oaks Dr Mirocga WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mirocga	4/15/11
5.	N9228 Cloudbt Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4/15/11
6.	325 E Wisconsin Ave Tomahawk WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/15/11
7.	1012 Miller St Tomahawk WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-15-11
8.	9 1/2 S. 7th Tomahawk WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/15/11
9.	1109 Charles Ave Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/15/11
10.	Tomahawk WI 1828A Kapham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/15/11

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

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

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

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jean Ostrowski</u>	<u>W2488 Ruby Rd</u> <u>Porterfield WI 54159</u>	<input checked="" type="checkbox"/> Town <u>WAGNER</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/25/11</u>
2. <u>Esther Rumpel</u>	<u>N8694 Twin Island</u> <u>Porterfield, WI 54159</u>	<input checked="" type="checkbox"/> Town <u>WAGNER</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/25/11</u>
3. <u>Kurt Rumpel</u>	<u>N8694 Twin Island Rd</u> <u>Porterfield, WI 54159</u>	<input checked="" type="checkbox"/> Town <u>WAGNER</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/25/11</u>
4. <u>David M. Cottrich</u>	<u>W2488 Ruby Rd</u> <u>Porterfield Wis 54159</u>	<input checked="" type="checkbox"/> Town <u>Wagner</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/26/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jean Ostrowski, certify:
(name of circulator)
 I reside at W2488 Ruby Rd Porterfield Wis 54159
(circulator's residence - include number, street, and municipality) WAGNER

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

3/26/11 Jean Ostrowski
(date) (signature of circulator)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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>Susan Von</i>	<i>W10085 Pike Plains Dunbar WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-1-11</i>
2. <i>Tom Salay</i>	<i>W10085 Pike Plains Rd Dunbar, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-1-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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, *Birchie Chartene Ollila*, certify:
(name of circulator)

I reside at *N17703 Twin Lakes Rd, Dunbar*
(circulator's residence - include number, street, and municipality)
W10085 Pike Plains, Dunbar, WI

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

Birchie C Ollila
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1. <i>Nathaniel Champlin</i>	<i>W10085 Pike Plains Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>4/1/11</i>
2. <i>Roy J. Wetherell</i>	<i>W9328 Holme Junction Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>4/1/11</i>
3. <i>Susan Wetherell</i>	<i>W9328 Holmes Junction Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>4/1/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Randy E. Aliba* **Certification of Circulator**, certify:

I reside at *W10085 Pike Plains Rd Dunbar WI 54119*
(circulator's residence - include number, street, and municipality)

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

4/1/11
(date)

Randy E. Aliba
(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>Christina Bowers</i>	<i>N14896 Cliff Lane Pembine WI 54154</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Beecher</i>	<i>4/1/11</i>
2. <i>Terrie Hohel</i>	<i>N18455 Dixon Ln Pembine, WI 54154</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pembine</i>	<i>4/1/11</i>
3. <i>Asita Kresge</i>	<i>N17604 Barnes Lake Rd. Dunbar, Wisconsin 54119</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>4/1/11</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, *(Charles Ollila) Birchie Charlene Ollila*, certify:
(name of circulator)

I reside at *N17703 TwinLakes Rd, Dunbar 54119*

Mailing Address *W10085 Pike Plains Rd, Dunbar 54119*
(circulator's residence - include number, street, and municipality)

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

4/1/11

(date)

Birchie Charlene Ollila

(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. 	W10085 PIKE PLAINS Rd. Dunbar WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/26/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

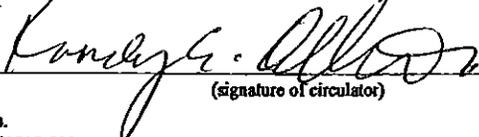
Certification of Circulator

I, Randa E. Ollita, certify:

I reside at W10085 Pike Plains Rd Dunbar WI 54119
(circulator's residence - include number, street, and municipality)

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

3/26/11
(date)


(signature of circulator)

RECALL PETITION

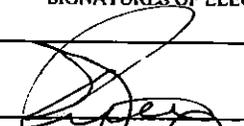
TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	10601 N. CREEK RD BOULDER Jct 54517	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
2. 	10601 N. CREEK RD BOULDER Jct. 54517	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	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

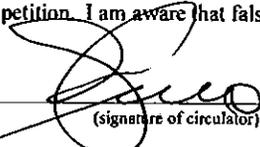
Certification of Circulator

I,  NED D. PIELECKI, certify:

I reside 10601 N. CREEK RD / BOULDER Jct WI 54517
(circulator's residence - include number, street, and municipality)

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

4/2/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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>Ken Battz</u>	<u>1170 Overlook Dr Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Eagle River</u>	<u>3/3/11</u>
2. <u>Paul Johnson</u>	<u>1192 Scott Rd Woodruff, WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3/3/11</u>
3. <u>Kevin Pillefant</u>	<u>8000 Lost Lake Dr N St. Germain</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>3/3/11</u>
4. <u>Sam Pillefant</u>	<u>8000 Lost Lk. Dr N. ST GERMAIN WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>ST. GERMAIN</u>	<u>3/3/11</u>
5. <u>Lu Korz</u>	<u>8937 THEIS ROAD WOODRUFF WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOODRUFF</u>	<u>3/3/11</u>
6. <u>Harold J. Sauer</u>	<u>6950 Hi-Def-Act Ln Lake Tomahawk</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Tomahawk</u>	<u>3/3/11</u>
7. <u>Walt Zimber</u>	<u>8965 Mobile Dr Woodruff, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3/3/11</u>
8. <u>Bruce A. Bristol</u> <u>Bruce A. Bristol</u>	<u>11349 Lemna Creek Rd Arbor Vitae WI. 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3/3/11</u>
9. <u>Lois Obier</u>	<u>7800 MEADOW LN. MINOCQUA, WI 54549</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA.</u>	<u>3/3/11</u>
10. <u>Anthony Patten</u>	<u>7100 Hiawatha Arbor Vitae</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3/3/11</u>

I, Kevin Pillefant, **Certification of Circulator**, certify:

I reside 8000 Lost Lake Dr N St. Germain
(circulator's residence - include number, street, and municipality)

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

3/3/11
(date)

Kevin Pillefant
(signature of circulator)

over →

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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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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>Gardner J. Jangle</i>	11424 Hill-N-Dale MINOCQUA WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11
2. <i>John Nolan</i>	11424 Hill-N-Dale Dr. MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11
3. <i>Louis Holland</i>	9778, Lakeland View Est. Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-1-11
4. <i>Johanne C. Levy</i>	9895 Morgan Park Rd. Minocqua, wis.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-1-11
5. <i>Muriel Walker</i>	P.O. Box 124 Rue de Flambeau WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3-1-11
6. <i>Jim Russell</i>	PO Box 1745 Woodville WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodville	3-1-11
7. <i>John Egel</i>	7801-2 GROUSE RD MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-1-11
8. <i>Rebecca VanNatt</i>	7633 Hwy 51 Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3-1-11
9. <i>Richard Skrali</i>	7488 RIVER RD LAKE TOMAHAWK, WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK	3-1-11
10. <i>Janeth Y. Shumhi</i>	7488 River Rd. Lake Tomahawk WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3-1-11

Certification of Circulator

I, Carol Cady, certify:

I reside at 1885 Broken Bow Tr Arbor Vitae Wisconsin 54548.
(circulator's residence - include number, street, and municipality)

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

2-12-11
(date)

Carol J Cady
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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>Mandy Petrowski</i>	7871 Cameron Dr Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/2/11
2. <i>Charles Winkler</i>	7653 Agawak Rd. Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/2/11
3. <i>Tom R.A.</i>	9561 Country Club Rd Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/2/11
4. <i>Bruce D. D. D.</i>	63875 CHASE HILL DR IRMA, WI 54141	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BIRCH	3/2/11
5. <i>Larry Harrison</i>	2188 Bee Lake Rd Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodboro	3/2/11
6. <i>Marion Krumel</i>	8773 Sallet Dr Minocqua WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/2/11
7. <i>Larry W. Bart</i>	6937 Hwy 51 Hazelhurst WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	3/2/11
8. <i>Bonnie Winger</i>	6357 County Hwy Y Hazelhurst, WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	3/2/11
9. <i>Judy Miller</i>	1475 MARSH LN Arbor Vitae	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/2/11
10. <i>Kenny Johnson</i>	2370 EAGLE RIVER LN. Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EAGLE RIVER WASHINGTON	2 MAR 11

Certification of Circulator

I, Carol Cady (name of circulator), certify:

I reside at 1885 Broken Bow Trail Arbor Vitae WI 54569
(circulator's residence - include number, street, and municipality)

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

3-2-11
(date)

Carol Cady
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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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>James T. Williams</u>	<u>N10967 Maple Rd Birnamwood 54414</u>	<input checked="" type="checkbox"/> Town <u>Hutchins</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
2. <u>William P. Mittenberger Jr.</u>	<u>N10999 Maple Rd Birnamwood WI 54414</u>	<input type="checkbox"/> Town <u>Hutchins</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
3. <u>Karen R. Mittenberger</u>	<u>N10999 Maple Rd Birnamwood, WI. 54414</u>	<input checked="" type="checkbox"/> Town <u>Hutchins</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
4. <u>Arden Doering</u>	<u>N10957 Maple Rd</u>	<input checked="" type="checkbox"/> Town <u>Hutchins</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/30/11</u>
5. _____	<u>BIRNAMWOOD WI 54414</u>	<input checked="" type="checkbox"/> Town <u>HUTCHINS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/30/11</u>
6. <u>Jeanne Doering</u>	<u>N10957 Maple Rd Birnamwood WI 54414</u>	<input checked="" type="checkbox"/> Town <u>Hutchins</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/30/11</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, William P. Mittenberger Jr., certify:

I reside N10999 Maple Rd Birnamwood WI 54414
(circulator's residence - include number, street, and municipality)

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

3/31/11
(date)

William P. Mittenberger Jr.
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Angela Cummings</u>	<u>N 4352 Galkin Rd GLEASON WI 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Schley</u>	<u>03/20/2011</u>
2. <u>Eugene Cuz</u>	<u>N 4352 GALKIN RD GLEASON WI 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Schley</u>	<u>03/20/11</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. <u>William Brown</u>	<u>1400 E 8TH ST MERRILL, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/26/2011</u>
6. <u>Marilyn Brown</u>	<u>1400 E. 8th St MERRILL, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/26/2011</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Angela Cummings, certify:
(name of circulator)
 I reside at N 4352 Galkin Rd, Gleason, WI 54435
(circulator's residence - include number, street, and municipality)

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

03-20-2011 Angela Cummings
(date) (signature of circulator)

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

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

RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

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

(jurisdiction or district of officeholder)

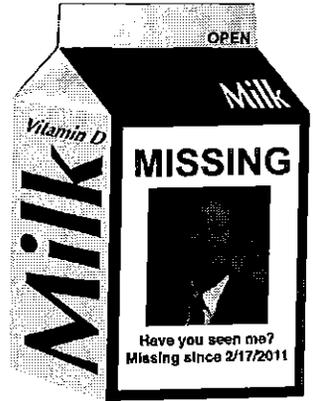
petition for the recall of Jim Holperin Wisconsin's 12th State Senate District

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9,10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Deborah Elst</i>	<i>627 North Ave Apt 5 Antigo, Wis</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-18-11</i>
2. <i>Thomas Elst</i>	<i>N3053 Gardner Dam Rd White Lake, Wis.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>3-18-11</i>
3. <i>Patrick J. Balun</i>	<i>1016 7th Ave. Antigo Wis 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-18-11</i>
4. <i>William P. Stora</i>	<i>325 School St. P.O. 11 White Lake WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>3-18-11</i>
5. <i>Gene Brunk</i>	<i>1118 Lincoln St Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-19-11</i>
6. <i>DEB LIEDTKE</i>	<i>625 NORTH AVE ANTIGO WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>3-19-11</i>
7. <i>[Signature]</i>	<i>1401 10TH AVE. ANTIGO, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>3.19.11</i>
8. <i>David Slater</i>	<i>N2539 Co Hwy AA ANTIGO WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ANTIGO</i>	<i>3-19-11</i>
9. <i>Brian J. [Signature]</i>	<i>16017A AVE. B10 ANTIGO, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>3-19-11</i>
10. <i>Steve Holperin</i>	<i>822 1st AVE ANTIGO WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>3-19-11</i>

Certification of Circulator

I, David S. BARKNECHT, certify:

(name of circulator)

I reside at W 9914 Hwy B, Deerpark, WI 54424 NEVA

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

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

3/19/11
(date)

David S. Barknecht
(signature of circulator)

Please mail this form to:

Recall Jim

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Bob Christopherson</i>	512 Lincoln St Antigo WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO	3-18-11
2. <i>Jim Kupper</i>	W9872 County Rd U Elcho WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELCHO	3/18/11
3. <i>Susan Whalen</i>	W9672 County Rd U Elcho WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELCHO	3/18/11
4. <i>Randy Schuff</i>	W10350 Deer Trail Lane Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA	3/18/11
5. <i>Don Schuff</i>	W10350 Deer Trail Ln. Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA	3/18/11
6. <i>Russell Davis</i>	W9471 City Rd "U" Elcho WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELCHO	3/20/11
7. <i>Suzanne Davis</i>	W9471 City Rd U Elcho WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELCHO	3/20/11
8. <i>Jennifer Zin</i>	11648 W Davenport St #11 Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	3/20/11
9. <i>Angela</i>	W9674 City Rd U Elcho WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELCHO	3/20/11
10. <i>William Stuyvesant</i>	W9674 City Rd U Elcho WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELCHO	3-20-11

I, Geoff Kupper, certify:
(name of circulator)
 I reside at W9872 county Rd. U. Elcho WI 54428
(circulator's residence - include number, street, and municipality)

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

3-21-11
(date)
[Signature]
(signature of circulator)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Shirley J. Giere</i>	<i>9899 Morgan Oaks Dr Apt 12</i>	<input checked="" type="checkbox"/> Town <i>Minocqua</i> <input type="checkbox"/> Village <i>(Oneida City)</i> <input type="checkbox"/> City	<i>2/27/11</i>
2. <i>Tris Cascard</i>	<i>1606 Wilderness Trl Eagle River WI</i>	<input type="checkbox"/> Town <i>Eagle River</i> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>WI 54521</i>	<i>2/27/11</i>
3. <i>Taura Brunson</i>	<i>9555 Wild Bk. Waplesburg</i>	<input type="checkbox"/> Town <i>Hopewell</i> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Oneida</i>	<i>2/27/11</i>
4. <i>Margaret Lynke</i>	<i>917 D 3rd Ave Apt 117</i>	<input checked="" type="checkbox"/> Town <i>Oneida</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff WI</i>	<i>2/27/11</i>
5. <i>Christine Kekesh</i>	<i>10051 Hart 90 W Menomonie WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Minocqua</i> <input type="checkbox"/> City	<i>3/4/11</i>
6. <i>Grayce Klauer</i>	<i>1755 Blosser Rd Aubur Village, WI</i>	<input checked="" type="checkbox"/> Town <i>Aubur Village</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>Velas City</i>	<i>3/4/11</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, *Shirley J. Giere*, certify:
SHIRLEY J. GIERS (name of circulator)
 I reside at *9899 Morgan Oaks Dr. Apt 12 Town of Minocqua, Oneida*
(circulator's residence - include number, street, and municipality)

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

[Signature] *3/27/11* *Shirley J. Giere*
(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>Michelle Langheim</i>	10875 Madison Rd. Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
2. <i>Stacey Melko</i>	11720 Su. Mach Lk Rd Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
3. <i>Joe Kowalke</i>	2694 WITOTES LK Rd. ARBOR VITAE WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4-5-11
4. <i>Mark E. Fetz</i>	2820 NARROW WAY ARBOR VITAE WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4-5-11
5. <i>Ruth J. Latsch</i>	2830 Narrow Way Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4-5-11
6. <i>Kevin ...</i>	1147 Johnson City	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4-5-11
7. <i>Carol B Delawata</i>	1655 Buckhorn Rd Arb	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
8. <i>Wesley ...</i>	11335 SCOT RD ARBOR VITAE WI. 1566 N Farming	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. <i>Carol Cleveland</i>	Arbor Vitae	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae, WI	4/5/11
10. <i>Janel R. Hutz</i>	11829 Quarty Lane Arbor Vitae, Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11

Certification of Circulator

I, Carol Cady, (name of circulator) certify:

I reside at 1885 Broken Bow Tr. 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 district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Stanley W. Holt</i>	3905 PEDERSEN TRAIL	<input checked="" type="checkbox"/> Town PHELPS <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
2. <i>Mary Lou Hoel</i>	3905 PEDERSEN TRAIL	<input checked="" type="checkbox"/> Town PHELPS <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
3. <i>Betty A. Hansen</i>	3430 Hwy 17	<input checked="" type="checkbox"/> Town PHELPS <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
4. <i>David B. Hansen</i>	3430 Hwy 17	<input checked="" type="checkbox"/> Town PHELPS <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
5. <i>Mary S. Hutchinson</i>	3332 Hansen Ln	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
6. <i>Milon J. Hutchinson</i>	3332 Hansen Ln	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
7. <i>Janet McEvoy</i>	3226 Hansen Ln	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
8. <i>Henry McEvoy</i>	3326 Hansen	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
9. <i>Julie Hoel</i>	3841 Pedersen Trail	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
10. <i>Renee Rudawski</i>	4515 Church Rd	<input checked="" type="checkbox"/> Town Conover <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11

Certification of Circulator

I, STANLEY W. HOLT, certify:

(name of circulator)

I reside 3905 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)

Stanley W. Holt

(signature of circulator)

RECALL PETITION

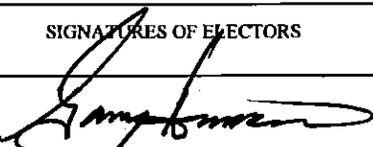
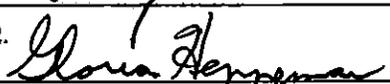
TO: Wisconsin Government Accountability Board

(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.)

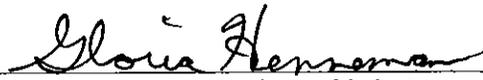
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	596 Co. Rd. F HAMBURG, WI. 54411	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAMBURG	3/31/11
2. 	596 Co Rd F Hamburg WI 54411	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hamburg	3/31/11
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, Gloria Henneman, certify:
(name of circulator)
 I reside 596 County Rd F Hamburg WI 54411 Town of Hamburg.
(circulator's residence - include number, street, and municipality)

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

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

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

STATEMENT OF REASON FOR RECALL

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

FAILURE TO REPRESENT CITIZENS OF 12th SENATE DISTRICT IN THE WISCONSIN ASSEMBLY

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>Jeremiah H. Higgins</u>	<u>2871 GREEN BLOSS RD RAINELANDER WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CRESCENT</u>	<u>3/30/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

I, JEREMIAH H. HIGGINS, **Certification of Circulator**, certify:
(name of circulator)
 I reside 2871 GREEN BLOSS RD, RAINELANDER WI 54501
(circulator's residence - include number, street, and municipality) CRESCENT

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

3-30-2011
(date)

Jeremiah H. Higgins
(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>Lois J. Haase</i>	<i>W 12945 Valary Ln. Athelstane, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>4/1/11</i>
2. <i>David M. Haase</i>	<i>W 12945 Valary Ln. Athelstane, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>4/1/11</i>
3. <i>Roger A. Kubicki</i>	<i>11609 S. LOST LAKE TR. ATHELSTANE, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ATHELSTANE</i>	<i>4/1/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Lois J. Haase*, certify:
(name of circulator)

I reside *W 12945 Valary Lane Athelstane, WI 54104-9232*.
(circulator's residence - include number, street, and municipality)

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

Lois J. Haase

(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>Gary A. Ruesch</i>	<i>7026 RAINBOW LAKE RD LAKE TOMAHAWK WI 54539</i>	<input checked="" type="checkbox"/> Town <i>NEWBOLD</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>02-27-11</i>
2. <i>Deanne - Ruesch</i>	<i>7026 Rainbow Lk Rd Lake Tomahawk WI 54539</i>	<input checked="" type="checkbox"/> Town <i>newbold</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2-27-11</i>
3. <i>Don Scholten</i>	<i>6011 Spider Lake Rd Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2-27-11</i>
4. <i>Bill Scholten</i>	<i>6011 Spider Lake Rd Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2-27-11</i>
5. <i>Dale E. Davidson</i>	<i>PO Box 37 Hartshorn WI 54529</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Cassian</i>	<i>2-27-11</i>
6. <i>Don M. Davidson</i>	<i>PO Box 37 Hartshorn WI 54529</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Cassian</i>	<i>2-27-11</i>
7. <i>Judie Mueller</i>	<i>9766 Norway Woodruff WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>2-28-11</i>
8. <i>Sally Reich</i>	<i>9711 Sylvan Shore Dr Hazelhurst WI 54531</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>2-28-11</i>
9. <i>Collis J. Reich</i>	<i>9711 Sylvan Shore Hazelhurst WI 54531</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>2/28/11</i>
10. <i>Bill Mueller</i>	<i>9766 Norway Woodruff 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>2/28/11</i>

Certification of Circulator

I, *TED CUSHING*, certify:

I reside at *6835 SOUTH SHORE DR, HAZELHURST, WI 54531*
(circulator's residence - include number, street, and municipality)

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

2/28/11
(date)

Ted Cushing
(signature of circulator)

RECALL PETITION

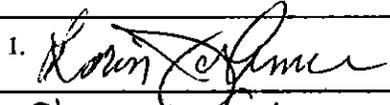
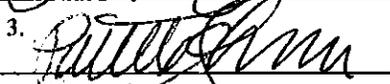
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. 	2266 STRONG RD PHELPS WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	3-14-11
2. 	2266 Strong Rd Phelps WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	3-14-11
3. 	2266 Strong Rd Phelps, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	3-15-11
4. 	2266 Strong Rd. Phelps WI, 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3-15-11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, LORIN JOHNSON, certify:

I reside 2266 STRONG ROAD PHELPS WI 54554
(circulator's residence - include number, street, and municipality)

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

3-15-11

(date)


(signature of circulator)

RECALL PETITION

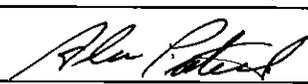
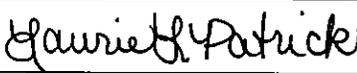
TO: Wisconsin Government Accountability Board

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

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

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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. 	N20938 Stillwater Dr Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/17/11
2. 	N20938 Stillwater Dr Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/17/11
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, Alan Patrick, certify:

(name of circulator)

I reside N20938 Stillwater Dr, Niagara, WI 54151

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

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

3/17/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Tom Houscher</i>	<i>W6852 Edward Dr.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3/2/11</i>
2. <i>Olivia Houscher</i>	<i>W6852 Edward Dr.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3/2/11</i>
3. <i>Kathleen Frost</i>	<i>W3533 Hillview Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/2/11</i>
4. <i>Sharon Burrow</i>	<i>311 7-Benevolence St Merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill Lincoln</i>	<i>3/2/11</i>
5. <i>Sara Grube</i>	<i>1280 Quarter Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>3/2/11</i>
6. <i>Randy Ful</i>	<i>W8533 Hillview Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/18/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Randy Ful*, certify:
(name of circulator)
 I reside at *W3533 Hillview Rd Merrill WI Lincoln County*
(circulator's residence - include number, street, and municipality)

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

3/18/11
(date)

Randy Ful
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Richard Gaulke</i>	8739 W. BAKELY CIR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/17/11
2. <i>Richard Gaulke</i>	8739 W. BAKELY CIR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/17/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, RICHARD GAULKE, certify:
(name of circulator)
 I reside at 8739 W BAKELY CIR 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.

3/17/11
(date)
Richard Gaulke
(signature of circulator)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Scott Campbell</i>	<i>6005 FOREST LN RHINELANDER, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i>	<i>3/5/11</i>
2. <i>Linda Campbell</i>	<i>6005 Forest Lane Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/5/11</i>
3. <i>Amy Kneez</i>	<i>5177 Willman Lake Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/5/11</i>
4. <i>Robert Carver</i>	<i>315 Hemlock St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/5/11</i>
5. <i>Mike Bush</i>	<i>4440 City Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineline Lake</i>	<i>3/5/11</i>
6. <i>Donald Schaeffer</i>	<i>3125 N Pelican Lk Rd Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/5/11</i>
<i>Donna Winston</i>	<i>3125 N Pelican Lk Rd Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/5/11</i>
8. <i>Sean Lindberg</i>	<i>3003 Hausman Rd. Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>3/5/11</i>
9. <i>Shirley Fechter</i>	<i>8412 Dombrowski Hanshaw 54127</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodboro</i>	<i>3/5/11</i>
10. <i>RANDY FECHTER</i>	<i>8412 Dombrowski RD HANSHAW WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodboro</i>	<i>3-5-11</i>

Certification of Circulator

I, *Scott Campbell*, 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>Barbara L Grunell</i>	<i>505 Bissett St PO Box 146 54491</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>White Lake</i> <input type="checkbox"/> City	<i>4/11/11</i>
2. <i>Paul J Grunell</i>	<i>505 Bissett St, POB 146 White Lake 54491</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>White Lake</i> <input type="checkbox"/> City	<i>4/11/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Barbara L Grunell*, certify:

I reside *505 Bissett St, POB 146, White Lake, WI 54491-0146*
(circulator's residence - include number, street, and municipality)

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

April 11, 2011
(date)

Barbara L Grunell
(signature of circulator)

RECALL PETITION

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

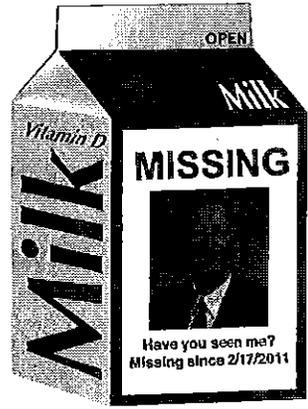
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Nancy H. Smart</i>	<i>7711 Wheeler Island Rd. Three Lakes, WI 54562</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/2/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Nancy H. Smart* **Certification of Circulator**, certify:
(name of circulator)
 I reside at *7711 Wheeler Island Rd., Three Lakes, WI 54562*
(circulator's residence - include number, street, and municipality)

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

April 11, 2011 *Nancy H. Smart*
(date) (signature of circulator)

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

GAB-370 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wi.gov> email: gab@wi.gov

RECALL PETITION

Government Accountability Board

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

I, _____, a duly qualified elector of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant

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

STATEMENT OF REASON FOR RECALL

The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>	N 3959 Mossy Rd Gleason, WI 54435	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Shelby	4/4/11
2. <i>Maisha J. Olson</i>	N 2039 Hwy. 17 Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/4/11
3. <i>Lori Podgorski</i>	N 1398 Deer Run Merrill	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pine River	4/4/11
4. <i>Christine Bay</i>	N 5621 Peterson Rd Gleason	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Gleason	4-4-11
5. <i>Paul Wigman</i>	N 948 Rangeline Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	4-4-11
6. <i>Phil Drew</i>	N 2261 Prairie River Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-4-11
7. <i>Aimee Mahiola</i>	SUNSET Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4/4/11
8. <i>Melissa V. Lee</i>	902 E. 1st St Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/4/11
9. <i>Roma Wolf</i>	N 1778 Maple Rd Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/4/11
10. <i>Jess Palewetz</i>	Hwy G 2856 Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shelby	4/4/11

Certification of Circulator

I, SHERRI FERRELL, certify:

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

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

4/4/11
(date)

[Signature: Sherri 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 12th Senate District

(jurisdiction or district of officeholder)

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

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Michelle J. Jorgensen</i>	2011 Charlotte Street Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-17-11
2. <i>Bill Jorgensen</i>	2011 Charlotte St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-17-11
3. <i>M. S. J. Jorgensen</i>	N9873 Meadow Road Binamwood, WI. 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hutchins	3-17-11
4. <i>Sammy Aldahoushi</i>	N9873 Meadow Rd Binamwood WI 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hutchins	3-17-11
5. <i>T. Rusel</i>	W11120 Maywood Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3-18-11
6. <i>J. J. Jorgensen</i>	626 2nd Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
7. <i>Thomas R. Jorgensen</i>	626 2nd Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
8. <i>John Jorgensen</i>	N6739 Hwy 4V Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neva	3-18-11
9. <i>John Jorgensen</i>	975 Union Ave. Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
10. <i>John Jorgensen</i>	315 H. Hildale Ave Rhineclanden WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineclanden	3-18-11

Certification of Circulator

I, Nate J. Eklundson Dale L. Eklundson, certify:
(name of circulator)

I reside at 247 Sr Virginia ST Antigo WI 54409
(circulator's residence - include number, street, and municipality)

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

18 Mar 2011
(date)

Nate J. Eklundson
(signature of circulator)

Please mail this form to:

Recall Jim

RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

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

(jurisdiction or district of officeholder)

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

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>J. T. Cagle</u>	<u>4294 LK Shore Dr. P.O. Box 244</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u>	<u>3-26-11</u>
2. <u>Barbara J. Unmuth</u>	<u>311 BOYCE DR Rhineland WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u>	<u>3/26/11</u>
3. <u>Matthew R. Talbot</u>	<u>311 Boyce DR Rhineland WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u>	<u>3-26-11</u>
4. <u>Joanne M. Kuyli</u>	<u>324 E. Frederick St Rhineland, WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3/26/11</u>
5. <u>Steve Berndt</u>	<u>P.O. Box 174 Rhineland</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PINE LAKE</u>	<u>3/26/11</u>
6. <u>Onita Lakte</u>	<u>4158 Englethorne Rd. W.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3/26/11</u>
7. <u>Alice Simmons</u>	<u>237 W. Hill Rd Rhineland, WI apt 102</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3/26/11</u>
8. <u>Roscoe W. Jus</u>	<u>312 Pleasure Point Dr Rhineland, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u>	<u>3/26/11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, MARK SIVRM, certify:

(name of circulator)

I reside at 4355 MEADOW VALLEY RD. RHINELAND 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.

3/26/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

Page No. 3091

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>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>Nancy M Shelley</u>	<u>329 Aurora St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3-20-11</u>
2. <u>Donna Inyalls</u>	<u>335 Morse St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3-20-11</u>
3. <u>Douglas Shelley</u>	<u>W10294 Koepenick Rd. Deerbrook, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Upham</u>	<u>3-21-11</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, DANIELLE A. SHELLEY, certify:
(name of circulator)

I reside at 402 5TH AVE 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)

Danielle A. Shelley
(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. 3092

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dinah L. Daoust</u> <u>Dinah L. Daoust</u>	<u>W9283 Bear Creek Rd</u> <u>Wausauke, WI 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>4-11-11</u>
2. <u>David J. Monin</u>	<u>N13908 Hury 741</u> <u>Amberg WI</u> <u>Crivitz WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Amberg</u>	<u>4/11/11</u>
3. <u>Badon Van Buren</u>	<u>54114 Parkway</u> <u>N12919 CLARK LN</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crivitz</u>	<u>4/11/11</u>
4. <u>Steve Astor</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>GOODMAN</u>	<u>4/11/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, 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.

4-11-11
(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.)

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Patricia Boylan</i>	<i>12992 GROH LANE MOUNTAIN WIS 54914</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mountain</i>	<i>4-12-11</i>
2. <i>Jeanine Arndt</i>	<i>14526 Old 32 Mountain, WI 54149</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Mountain</i>	<i>4-12-11</i>
3. <i>Hennis Arnold</i>	<i>14526 Old 32 Mountain WI 54149</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Mountain</i>	<i>4-12-11</i>
4. <i>Karen Earle</i>	<i>112051 Stevenson Wausauke</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>WAUSAUKEE</i>	<i>4-12-11</i>
5. <i>Karin C. Wark</i>	<i>2 N9751 Wildwood L. Crivity WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>4/12/11</i>
6.	<i>Wisc. 54114</i>	<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.

4-12-11
(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>K.A. Hornum</i>	<i>6336 Littleton Road Land O' Lakes WI 54540</i>	<input checked="" type="checkbox"/> Town Land O Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/1/11</i>
2. <i>Nancy LeBeau</i>	<i>5548 Broman Ln Phelps, WI 54554</i>	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/1/11</i>
3. <i>Benny Junquist</i>	<i>4419 Hwy B PO Box 291</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O' LAKES	<i>3/1/11</i>
4. <i>Janet R. Puffer</i>	<i>4466 Cty Hwy B P.O. Box 205 LOL WI 54540</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O' Lakes	<i>3/2/11</i>
5. <i>void</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6. <i>Franklin W Puffer</i>	<i>4466 Hwy B PO BOX 205 LOL, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O' LAKES	<i>3/2/11</i>
7. <i>Kathleen Brand</i>	<i>PO Box 81, 4103 City Rd B Land O' Lakes, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O' Lakes	<i>3/2/11</i>
8. <i>Ruth Hirtse</i>	<i>1029 Pinos St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	<i>3/2/11</i>
9. <i>Jill Johnson</i>	<i>4463 Hwy B.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O' LAKES	<i>3/2/11</i>
10. <i>Harold Nekring</i>	<i>4184 Hwy B</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O' LAKES	<i>3/2/11</i>

Certification of Circulator

I, Allen J. Bybee, certify:

(name of circulator)

I reside 4429 HW-B Land O Lakes WI 54550

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

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

3-2-2011

(date)

Allen J. Bybee

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>William Mauzer</i>	5993 COUNTY RD. B	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O LAKES	3-2-11
2. <i>Marilyn K. Mauzer</i>	5993 COUNTY RD. B	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O LAKES	3-2-11
3. <i>Nolan Mauzer</i>	6990 Ridge LA 6	<input checked="" type="checkbox"/> Town LAW LAKES <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
4. <i>Michelle M Sparks</i>	4366 County Rd B	<input checked="" type="checkbox"/> Town LAND O LAKES <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
5. <i>Jerry Sparks</i>	4366 HWY B	<input checked="" type="checkbox"/> Town LAND O LAKES <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
6. <i>Chry J. Stopynski</i>	6253 Carlson Rd PO Box 53	<input checked="" type="checkbox"/> Town Land O Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
7. <i>Michael Stopynski SA</i>	6468 N BLACK OAK RD P.O. Box 204	<input checked="" type="checkbox"/> Town LAND O LAKES <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
8. <i>Justine M Stopynski</i>	6468 N. BLACK OAK RD PO Box 204	<input checked="" type="checkbox"/> Town LAND O LAKES <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
9. <i>Mark Arthur</i>	6253 Carlson Rd P.O. Box 53	<input checked="" type="checkbox"/> Town Land O Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
10. <i>Flossie Knott</i>	7146 Helen Creek Rd	<input checked="" type="checkbox"/> Town Land O Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11

Certification of Circulator

I, Allan J. Bybee, certify:

I reside 4429 Hwy B Land O Lakes WI 54540
(circulator's residence - include number, street, and municipality)

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

March 3-2011
(date)

Allan J. Bybee
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ronnie Crosby</u>	<u>1128A Wisconsin Over Rd Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-18-11</u>
2. <u>Debra Rasmussen</u>	<u>116235 Forest Dr Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-18-11</u>
3. <u>Nathan Aft</u>	<u>116630 Paw Paw Ave. 54442</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Irma</u> <input type="checkbox"/> City	<u>3-18-11</u>
4. <u>John Brandenburg</u>	<u>9940N 64th Ave Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <u>Ship-Maine</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/18/11</u>
5. <u>Mary Doyle</u>	<u>108885 Hwy 64 Merrill WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Corning</u> <input type="checkbox"/> City	<u>3-18-11</u>
6. <u>Mike Blomquist</u>	<u>115136 Town Hall Rd Blomon WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u>	<u>3-18-11</u>
7. <u>Kathy Blomquist</u>	<u>115136 Town Hall Rd Blomon WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u>	<u>3-18-11</u>
8. <u>Miriam Gustafson</u>	<u>3409 Thunderbird lane Wausau, WI 54401</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>3-18-11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

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

3/21/11 (date) Mollie Marie McBride (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>James Breitman</i>	<i>N 9201 Trails End Lane Crivitz WI</i>	<input checked="" type="checkbox"/> Town <i>54114</i> <input type="checkbox"/> Village <i>Crivitz</i> <input type="checkbox"/> City	<i>4-11-11</i>
2. <i>Judith Breitman</i>	<i>" " "</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>4-11-11</i>
3. <i>Richard W. Voge</i>	<i>N 7745 ENOCKSON LN CRIVITZ WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>4-11-11</i>
4. <i>Prop V3 V3 J</i>	<i>12472 Senk Lane 926 Munst #19 54177</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Crivitz</i>	<i>4-11-11</i>
5. <i>James Van</i>	<i>926 Munst #19 54177</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wausaukee</i>	<i>4-11-11</i>
6. <i>Brandon Kunka</i>	<i>N 6661 Wetzel Ln Crivitz WI</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Crivitz</i>	<i>4-11-11</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, *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.

4-11-11
(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>Brian Pitlik</i> <i>Brian Pitlik</i>	<i>4949 CR-0</i> <i>EAGLE RIVER, WI. 54521</i>	<input checked="" type="checkbox"/> Town <i>SUGAR CAMP</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/24/11</i>
2. <i>Frank Hill</i> <i>Frank Hill</i>	<i>2230</i> <i>Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <i>SUGAR CAMP</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/24/11</i>
3. <i>Bryan Frankenberg</i> <i>Bryan Frankenberg</i>	<i>7566 Lone Pine Rd</i> <i>Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>SUGAR CAMP</i> <input type="checkbox"/> City	<i>2/24/11</i>
4. <i>Lefoy Cross</i> <i>Lefoy Cross</i>	<i>2843 Evergreen Rd</i> <i>Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Linn</i> <input type="checkbox"/> City	<i>2-24-11</i>
5. <i>JEFF ANDERSON</i> <i>Jeff Anderson</i>	<i>8034 BOARDWALK DR</i> <i>EAGLE RIVER, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>2/25/11</i>
6. <i>Brad Pitlik</i> / <i>Brad Pitlik</i>	<i>7710 MARQUARD DR</i> <i>EAGLE RIVER, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>3/3/11</i>
7. <i>Kristin Pitlik</i> / <i>Kristin Pitlik</i>	<i>7710 Marquard Dr.</i> <i>Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>3/3/11</i>
8. <i>Jennifer Darton</i> <i>Jennifer Darton</i>	<i>7631 PRAIRIE ROAD</i> <i>Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>3/6/11</i>
9. <i>Gloria Darton</i> <i>Gloria Darton</i>	<i>6978 Pickeral LK Rd</i> <i>St Germain WI 54558</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>New Bold</i>	<i>3/7/11</i>
10. <i>Jeffrey Darton</i> <i>Jeffrey Darton</i>	<i>6978 Pickeral LK Rd</i> <i>St Germain WI 54558</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/7/11</i>

Certification of Circulator

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

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

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

3/10/11
(date)

George Lurvey
(signature of circulator)

RECALL PETITION

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

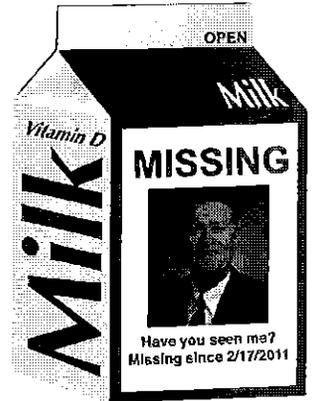
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Yvonne Kivcaid</i>	<i>7971 Townline Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hiles</i>	<i>3/25/11</i>
2. <i>Anna M. Gory</i>	<i>754 W. Davenport Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/26/11</i>
3. <i>David R. Luebke</i>	<i>16 Eggovation Drive Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/26/11</i>
4. <i>Georgie Smith #</i>	<i>3339 Fairway St. Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3-26-11</i>
5. <i>Laurie Williams</i>	<i>4625 Sheep Ranch Rd Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CASSIAN</i>	<i>3-26-11</i>
6. <i>Randy Suckow</i>	<i>210911 Old 63 LEASON, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>FRANKLIN</i>	<i>3-26-11</i>
7. <i>James Honzel</i>	<i>10972 Circle Pine LA ARBOR VITAE WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBOR VITAE</i>	<i>3-26-11</i>
8. <i>Jim M. Hebbel</i>	<i>7201 Lakeland⁵⁴⁵⁶⁸ DRIVE LAKE LAKE 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEW BOLD</i>	<i>3-26-11</i>
9. <i>Robert Klima</i>	<i>108 Woodland Hill Cir Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-26-11</i>
10. <i>Ann Norton</i>	<i>5428 N. Blome Helen Florence WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>3-26-11</i>

I, Andrew Paduina Jr., certify:
(name of circulator)
 I reside at 5505 Mohawk 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.

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

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

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