RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	2520 Spring Drive Rhinelander, WI. 54501	☑ Town ☐ Village ☐ City Stella	3/30/11
2. Julia A. Shields Berry	3409 Mount View #3 Weston, WI 54476	☐ Town ☑ Village ☐ City	3-30-11
3. Robert J Kesselhon	1410 EAGLE STREET RHINELANDER 54501	☐ Town ☐ Village ☑ City RHINELANDER	3-30-11
4. Joan Schluter	4150 Englert Ln. Rhinelander, 54501	☒ Town ☐ Village ☐ City Newbold	3.30.11
5. Robert Collins	6305 BERNIE-LOU DR HAZELHURST 54531	☒ Town ☐ Village ☐ City HAZELHURST	3-30-11
6. [illegible]	1614 LOWEN RD P.O. BOX 352	☒ Town ☐ Village ☐ City THREE LAKES	3-30-11
7. [illegible]	2954 Germond Rd. Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pelican	3-30-11
8. Linda Dombeck	4711 Saratoga Lane Rhinelander	☒ Town ☐ Village ☐ City Pine Lake	3-30-11
9. Timothy M. Newman	N10572 Cty Rd. H Gleason, WI 54435	☒ Town ☐ Village ☐ City Venrish	3.30-11
10. Karen M. Tober	Rhinelander, 54435	☐ Town ☐ Village ☐ City Oneida	3-30-11

Certification of Circulator

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

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

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

3/30/11
(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

Page No. 3101

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Vergenia Taylor	W8003 KAIKO WAUSAUKEE 54177	☒ Town ☐ Village ☐ City WAUSAUKEE	4/13/11
2. June Anderson	W6366 County Rd. K Amberg, WI 54102	☒ Town ☐ Village ☐ City Amberg	4/13/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Kenneth Jones (name of circulator), certify:

I reside W6270 Barker Rd., Amberg (circulator's residence - include number, street, and municipality).

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

4/8/2011 (date)

Kenneth D. Jones (signature of circulator)

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

Page No. 302

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kathleen M Mueller	14715 Section 4 La Mountain WI 54149	☒ Town MOUNTAIN ☐ Village ☐ City	4/1/11
2. Jerry Mueller	14715 Section 4 La Mountain Wi 54149	☒ Town Mountain ☐ Village ☐ City	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jerry Mueller (name of circulator), certify:

I reside 14715 Section 4 La Mountain, Wi 54145 (circulator's residence - include number, street, and municipality).

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

Jerry Mueller
(signature of circulator)

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Susan Cleereman	9993 Gunpowder Rd	☑ Town ☐ Village ☐ City Ross	3/27/11
2. Harry J. Tremmel	Newald Wi 5449 Hazel St	☑ Town ☐ Village ☐ City Ross	3/27/11
3. Carol Bilding	Newald Wi 10205 Hwy 139	☑ Town ☐ Village ☐ City ROSS	3/28/11
4. Joe Bilding	10205 Hwy 139 Newald	☑ Town ☐ Village ☐ City ROSS	3/28/11
5. [illegible]	4573 Hwy 8 Argonne Wi 54511	☑ Town ☐ Village ☐ City Caswell	3/29/11
6. Raileen Werth	5325 Broadway St. Newald, Wis 54511	☑ Town ☐ Village ☐ City Ross	3/30/11
7. [illegible] Larry Wetenkamp	10119 Cypress St Newald Wi 54511	☑ Town ☐ Village ☐ City Ross	3/30/11
8. John Cleereman	9993 GUNPOWDER RD NEWALD WI	☑ Town ☐ Village ☐ City ROSS	4/1/11
9. Bonnie Lewis	P.O. Box 31 3562 Long Lake Wi 54541	☑ Town ☐ Village ☐ City LONG LAKE	4/1/11
10. Francis Cleereman	60076 Freedom Corners Rd Wabeno, WI 54566	☑ Town ☐ Village ☐ City Wabeno	4/1/11

Certification of Circulator

I, Harry J. Tremmel, certify:
(name of circulator)

I reside 5449 Hazel St. Newald Wisconsin ROSS.
(circulator's residence - include number, street, and municipality)

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

April 1 2011
(date)

Harry J. Tremmel
(signature of circulator)

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

Page No. 3104

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary Ann Checkal	W7097 Hwy 47 Phlox WI 54464	☒ Town ☐ Village ☐ City Norwood	4/1/11
2. Bernard Checkal	W7697 HWY 47 Phlox, Wi. 54464	☒ Town ☐ Village ☐ City Norwood	4/1/11
3. Edward J Drab	N9438 Rollwood Ontigo, Wis 54409	☐ Town ☐ Village ☐ City Norwood	4/4/11
4. Rose M. Drab	N9438 Rollwood Ontigo Wis 54409	☐ Town ☐ Village ☐ City Norwood. WI	4/4/11
5. Joe Marks	W7097 HWY 47 PHlox, Wi. 54464	☒ Town ☐ Village ☐ City Norwood	4/4/11
6. Joli Bos	W7097 HWY 47 PHlox, Wi. 54464	☒ Town ☐ Village ☐ City Norwood	4/4/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Bernard Checkal (name of circulator) Norwood, certify:

I reside W7097 Highway 47 (circulator's residence - include number, street, and municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 5, 2011 (date)

Bernard Checkal (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joe P Sanks	56 Park Rd 54545 Manitowish Waters, WI	☑ Town ☐ Village Manitowish Waters ☐ City	4/1/11
2. Leanne M Sanks	56 Park Rd 54545 Manitowish Waters, WI	☑ Town ☐ Village Manitowish Waters ☐ City	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JOE P SANKS (name of circulator), certify:

I reside 56 PARK Rd MANITOWISH WATERS, WI 54545 (circulator's residence - include number, street, and municipality).

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

4-1-11 (date)

J P Sanks (signature of circulator)

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

Page No. 3106

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Christopher Weber	N2189 HWY 141 Niagara WI 54151	☑ Town ☐ Village ☐ City Niagara	3/30/11
2. John Stepien	W7889 CEMETARY RD PEMBINE, WIS. 54156	☒ Town ☐ Village ☐ City Pembine	3/30/11
3. Lorraine Stepien	W7889 CEMETARY RD PEMBINE, WIS. 54156	☒ Town ☐ Village ☐ City Pembine	3/30/11
4. Sheri Stepien	W7837 Cemetery Rd. Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3/31/11
5. Todd Stepien	W7837 CEMETERY Rd PEMBINE WI 54156	☒ Town ☐ Village ☐ City PEMBINE	3/31/11
6. Audrey Kelly	W8089 Minnie St Pembine Wi 54156	☑ Town ☐ Village ☐ City Pembine	3/31/11
7. Sandra Sandale	N17191 Sand Rd Pembine Wisc 54156	☐ Town ☐ Village ☐ City Beecher	3/31/11
8. Cheryl Anderson	825 Beech Ave Goodman	☒ Town ☐ Village ☐ City Goodman	4/1/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside W7889 Cemetery Rd Pembine, WI 54156.
(circulator's residence - include number, street, and municipality)

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

4-1-2011
(date)

John Stepien
(signature of circulator)

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

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1	[illegible]	8925 Greenleaf Trail Woodruff, WI 54568	X Town Village City Woodruff	3-4-2011
2	[illegible]	9032 Woodruff Rd Woodruff, WI 54568	X Town Village City Woodruff	3-5-11 ~~3-March-2011~~ eva
3	[illegible]	8925 Greenleaf Trail Woodruff WI 54568	X Town Village City Woodruff	3-5-2011
4	Tony Schmidt	1194 Arrowhead Drive Arbor Vitae, WI. 54568	X Town Village City Arbor Vitae	3-8-2011
5	Pat Doyle	5317 Forest Ln Rhinelander, WI 54501	X Town Village City Pine Lake	3-10-2011
6			Town Village City	
7			Town Village City	
8			Town Village City	
9			Town Village City	
10			Town Village City	

CERTIFICATION OF CIRCULATOR

I, CHARLES ZARTER, certify that I reside at 1200 ARROW HEAD DR ARBOR VITAE

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

3/16/11 (Date) — (Signature of Circulator)

3/16/11

Page: 3108

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joan Gutknecht	N1317 Wi. River Rd.	☒ Town ☐ Village ☐ City Pine River	3/11/11
2. [illegible]	1310 E 6th st	☐ Town ☐ Village ☒ City Merrill	3/11/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Kim Simac
(name of circulator), certify:

reside at 3860 Kite Vista Dr Eagle River, Wi. Lincoln 54521
(circulator's residence - include number, street, and municipality)

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

3-13-11
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	10496 9th Ln Athens WI 54411	☒ Town ☐ Village ☐ City Hamburg	3-3-11
2. [illegible]	10496 9th Ln Athens WI 54411	☒ Town ☐ Village ☐ City Hamburg	3-3-11
3. [illegible]	1007 Genesee St	☐ Town ☐ Village ☒ City Merrill wi.	3-3-11
4. [illegible]	1007 Genesee St	☐ Town ☐ Village ☒ City Merrill	3-3-11
5. [illegible]	N7357 Vista Dr	☐ Town ☐ Village ☐ City Merrill	3-5-11
6. [illegible]	311 Pine St	☐ Town ☐ Village ☒ City Merrill.	3-5-11
7. Christopher Stamm	205 N. Thomas St Merrill WI 54452	☐ Town ☐ Village ☐ City Merrill	3/5/11
8. Brandi Seliger	~~[illegible] WI~~ 1701 E 1st Street Merrill	☐ Town ☐ Village ☒ City Merrill	3/5/11
9. Ricky L. Griebel	410 Cottage St.	☐ Town ☐ Village ☒ City Merrill	3/5/11
10. Kenneth Taylor Sr.	600 N. State St.	☐ Town ☐ Village ☒ City Merrill	3/5/11

Certification of Circulator

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

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

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

3-5-11
(date)

Julie Stevenson
(signature of circulator)

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

Page No. 3110

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N1988 Cory Lane Norrigx, WI	☐ Town ☑ Village ☐ City Norwood	3-5-11
2. Bernadette Zastrow	N4259 S. Poplar Rd Irma, WI. 54442	☐ Town ☐ Village ☑ City Merrill	3-5-11
3. [illegible]	506 East 2nd St Merrill, Wi. 54452	☐ Town ☐ Village ☑ City Merrill	3-5-11
4. Johnny Kilcate	N2583 Hwy 101 Merrill WI 54452	☑ Town ☐ Village ☐ City Merrill	3-5-11
5. [illegible]	[illegible] Richardson Rd [illegible] WI 54452	☑ Town ☑ Village ☐ City [illegible]	[illegible]
6. DAN MUELLER	802 W. 16th St	☐ Town ☐ Village ☐ City Merrill WI	3-5-11
7. Lawrence Bubolz	1007 N Genesee St Merrill, WI 54452	☐ Town ☐ Village ☑ City Merrill Wi	3-5-11
8. Sarah Bubolz	1007 N Genesee St Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill, WI	3-5-11
9. [illegible]	712354 Vista Dr Merrill WI	☐ Town ☐ Village ☐ City Merrill WI	3-5-11
10. Billy Trupa	1000 N State St Merrill Wis	☐ Town ☐ Village ☑ City Merrill, WI	3/5/11

Certification of Circulator

Julie Stevenson
(name of circulator), certify:

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

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

3-5-11
(date)

Julie Stevenson
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE (Rural address must also include box or fire no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Heidi Kelley	5531 Hixon Lk. Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Crescent	3/24/11
2. [illegible]	4269 Gaiza Rd Rhin WI 54501	☐ Town ☐ Village ☒ City RHINELANDER	3-24
3. Jean Berger	1995 Washatka Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Crescent	3/24/11
4. Melissa Cath	717 Davenport St APT A Rhinelander WI	☒ Town ☐ Village ☐ City Rhinelander	3/24/11
5. Doris Bukaye	6634 Hwy 8 W Rhinelander	☒ Town ☐ Village ☐ City Crescent	3-24-11
6. [illegible]	1121 N. Stevens St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-24-11
7. [illegible]	15 Fishermans Paradise Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-24-11
8. [illegible]	233 E FREDERICK ST RHINELANDER, WI	☐ Town ☐ Village ☒ City RHINELANDER	3-24-11
9. [illegible]	604 Thayer St Apt B Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-24-11
10. Shelly Bradasni	501 Pelican Rhinelander	☐ Town ☐ Village ☒ City Rhl'dr	3-24-11

Certification of Circulator

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

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

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

3-25-2011 (date) Larry W. Schumacher (signature of circulator)

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

Page No. 3112

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mitzi L. Johnson	4295 County P Rhinelander, WI 54501	☐ Town ☒ Village ☐ City Pelican	3-24-11
2. Lori Lewis Lori Lewis	1015 Blue Island Rd Arbor Vitae 54539	☒ Town ☐ Village ☐ City Arbor Vitae	3-24-11
3. Brian Bradstead	28 N. Brown Apt 401, Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
4. [illegible]	316 Woodland Heights Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
5. Jay Braeger	417 Lincoln St Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
6. [illegible]	526 N Stevens St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
7. [illegible]	814 River St Rhinelander WI	☐ Town ☐ Village ☒ City Oneida	3/24/11
8. [illegible]	[illegible] Rhinelander	☐ Town ☐ Village ☒ City Oneida	3/24/11
9. Adam Baker	~~[illegible]~~ 335 W. Phillips St. Rhinelander WI	☒ Town ☐ Village ☐ City Rhinelander	3/24/11
10. Sandy Burt	4808 Cardiff Lane Rhinelander, WI	☒ Town ☐ Village ☐ City Rhinelander	3/24/11

Certification of Circulator

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

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

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 3113

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael J Miller	8910 HARTMAN ROAD	☒ Town ☐ Village ☐ City MINOCQUA	4/1/11
2. Sharon J Miller	8910 HARTMAN ROAD	☒ Town ☐ Village ☐ City MINOCQUA	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Michael Miller, certify:
(name of circulator)

I reside 8910 HARTMAN ROAD, MINOCQUA, WI.
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Michael J Miller
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	11023N Fisher Road Wausaukee, WI	☒ Town ☐ Village ☐ City Wausaukee	3/10/11
2. [illegible]	W7684 Trellis RD Crivitz, WI	☒ Town ☐ Village ☐ City Middle Inlet	3/12/11
3. Bridgette Bound	W7684 Trellis RD Crivitz, WI	☒ Town ☐ Village ☐ City Middle Inlet	3/12/11
4. Lowell C. McKee	1201 GROVE AVE WAUSAUKEE, WI	☐ Town ☒ Village ☐ City Wausaukee	3/12/11
5. Mary E. McKim	1201 GROVE AVE. Wausaukee, WI.	☐ Town ☒ Village ☐ City Wausaukee	3/12/11
6. Lorie A. Nee	N10341 Forest Rd Wausaukee, WI	☒ Town ☐ Village ☐ City Middle Inlet	3/12/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, John C. Zore, certify:
(name of circulator)

I reside N10533 Forest Road, Wausaukee, 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.

14 Mar 11
(date)

John C. Zore
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sandra Zitek	~~PO Box 465~~ McNaughton	☐ Town ☐ Village ☐ City 7071 Riverview ~~NEWBOLD~~	3/29/11
2. Marilyn Steiner	3800N Lumberjack Rd.	☒ Town ☐ Village ☐ City Pinelake	3/29/11
3. [illegible]	3800 N. Lumberjack Rd	☒ Town ☐ Village ☐ City PINELAKE	3/29/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

NEWBOLD

Certification of Circulator

I, Marilyn J. Steiner, certify:
(name of circulator)

I reside 3800N Lumberjack Rd. Pinelake.
(circulator's residence - include number, street, and municipality)

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

3-29-2011
(date)

Marilyn J. Steiner
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard F. Johnson	W 5958 Military Road Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	2-28-11
2. Marylin F Johnson	W5958 MILITARY ROAD TOMAHAWK, WI 54487	☒ Town ☐ Village ☐ City BRADLEY	2-28-11
3. Fred H. Timm	N 8253 COUNTY Rd V IRMA, WI 54442	☒ Town ☐ Village ☐ City SKANAWAN	2-28-11
4. William F Burcalow	N12090 Sunset Dr Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3-01-11
5. Edward D. Cofort	N11445 Cnty. Rd. A4 Tomahawk WI. 54487	☒ Town ☐ Village ☐ City Bradley	03-01-11
6. Arthur C Moyt	W4733 Thunderhay Dr Tomahawk, WI 54487	☒ Town ☐ Village ☐ City King	03-01-11
7. Susan King	N11145 Clearlk Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Bradley	3-1-11
8. Lorraine Timm	N8253 Cty. Rd. V Irma, Wis. 54442	☒ Town ☐ Village ☐ City Skanawan	3-2-11
9. Virginia Timm	300 Hillcrest Tomahawk Wi	☐ Town ☐ Village ☒ City Tomahawk	3-2-11
10. G-Lenn Timm POA	300 Hillcrest Tomahawk Wi	☐ Town ☐ Village ☒ City Tomahawk	3-2-11

Certification of Circulator

I, FRED G. TIMM, certify:
(name of circulator)

I reside N 8253 COUNTY Rd V IRMA, WI 54442.
(circulator's residence - include number, street, and municipality)

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

Fred G. Timm
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. JON GOSDA	4405 WHITE PINE LOOP EAGLE RIVER, WI.	☒ Town ☐ Village ☐ City LINCOLN	2/24/11
2. Melissa Gosda GOSDA	4405 White Pine loop Eagle River WI	☒ Town ☐ Village ☐ City LINCOLN	2/24/11
3. Scott L. Holewinski	7729 Channel Rd Eagle River Wisc 54521	☒ Town ☐ Village ☐ City Sugar Camp	2/24/11
4. Walter A. Garcia	6171 Wild Lily Ln. Eagle River, Wi.	☒ Town ☐ Village ☐ City Cloverland	2/24/11
5. Esther Nowak	Box 876 Eagle River, WI	☒ Town ☐ Village ☐ City Lincoln	2-24/11
6. Jim V. Hittel	5017 Sundstrom Road Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	02/26/11
7. Richard Endaler	1413 Lincoln Dr. Eagle River, Wi	☒ Town ☐ Village ☐ City LINCOLN	02/26/11
8. Dan Dewright	5050 Hwy 70 Eagle River, Wi	☒ Town ☐ Village ☐ City LINCOLN	2-26-11
9. Gail Gagel 169 S. Hwy 45	Eagle River, Wi Gail Gagel	☒ Town ☐ Village ☐ City Lincoln	2-26-11
10. Ronald Van Dusen	5250 Hwy 70 W Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	2-26-11

Certification of Circulator

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

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

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

2-/26/2011 (date)

Paula Visser (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Dereliction of Duty

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John W Krueger	4200 Birch Lane Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pelican	3/31/11
2. Phyllis Krueger	4200 Birch Lane Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pelican	3/31/11
3. [illegible]	4197 Birch Ln Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pelican	4/1/11
4. Gert Rossi	4197 Birch Ln Rhinelander, WI	☒ Town ☐ Village ☐ City Pelican	4/1/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, John W Krueger, certify:
(name of circulator)

I reside 4200 Birch Lane Rhinelander WI Town of Pelican.
(circulator's residence - include number, street, and municipality)

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

4/2/11 (date)

John W Krueger (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Victor Sampson	9931 St Hwy 32	☑ Town Hiles ☐ Village ☐ City	3/30/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Victor Sampson, certify:
(name of circulator)

I reside 9931 St Hwy 32 Hiles, WI 54511-9001.
(circulator's residence - include number, street, and municipality)

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

30 March 2011
(date)

Victor Sampson
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
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RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gary Schulz	19 N. 3rd St Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4/9/11
2. Earl Hanson	63 E. Birchwood Ave	☐ Town ☐ Village ☒ City Tomahawk	4-9-11
3. [illegible]	~~Tomahawk WI 54487~~ W7830 Hwy O	☒ Town ☐ Village ☐ City Tomahawk	4-9-11
4. [illegible]		☐ Town ☐ Village ☐ City	
5. [illegible]	100 E. Prospect Ave Tom 20 E. Prospect	☐ Town ☐ Village ☒ City Tomahawk	4-9-11
6. [illegible]	3881 Tyler Ln	☒ Town ☐ Village ☒ City Rhinelander	4-9-11
7. [illegible]	W4980 Osero Ln	☒ Town ☐ Village ☐ City Bradley	4/9/11
8. [illegible]	1204 E. King Rd	☐ Town ☐ Village ☒ City Tomahawk	4/9/11
9. [illegible]	109 S. Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4/9/11
10. [illegible]	N9648 Cross Rd ~~Tomahawk~~	☐ Town ☐ Village ☒ City Tomahawk	4/9/11

Certification of Circulator

I, Jacqueline Morales (name of circulator), certify:

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.

4-9-11
(date)

J Morales
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	N8145 Cottell Ln Irma WI	☒ Town ☐ Village ☐ City Bradley	4/9/11
2.	2895 Lee Rd Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4/9/11
3.	W6375 Camp Rice Tomahawk WI	☒ Town ☐ Village ☐ City Bradley	4-9-11
4.	W2095 Hwy A Tomahawk WI	☐ Town ☒ Village ☐ City Harrison	4-9-11
5.	W7980 Otto Ln Tomahawk WI	☒ Town ☐ Village ☐ City Bradley	4-9-11
6.	N9882N. Twin Lake Rd Tomahawk WI	☒ Town ☐ Village ☐ City King	4-9-11
7.	N9648 Cross Rd. Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	04/09/2011
8.	5201 E. Lakeview Crandon, WI 54520	☐ Town ☐ Village ☒ City Crandon	4-9-11
9.	W5413 Rolling Ridge Tomahawk	☒ Town ☐ Village ☐ City Bradley	4/9/11
10.	W7739 Como Dam Tomahawk	☒ Town ☐ Village ☐ City Como	4-9-11

Certification of Circulator

I, Jacqueline Morales, certify:
(name of circulator)

I reside 7279 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.

4-9-11
(date)

J Morales
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Didn't stay in State to fulfill elected duties

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marion L. Gasper	10203 High Fish TRAP LK. LN. Apt. G	☑ Town ☐ Village ☐ City Boulder Junction	3/29/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, MARION GASPER (name of circulator), certify:

I reside 10203 High Fish TRAP LK. LN. Apt. G Boulder Junction, WI 54512 (circulator's residence - include number, street, and municipality)

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

March 29, 2011 (date)

Marion Gasper (signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Paula Botwinski	7863 Hacker Drive Minocqua, WI	☒ Town ☐ Village ☐ City Minocqua	03-15-2011
2. Hildegarde M. Gabb	7856 Hacker Dr. Minocqua, Wi	☒ Town ☐ Village ☐ City Minocqua	3-15-2011
3. Chester A Botwinski	7863 Hacker Drive Minocqua, wi 54548	☒ Town ☐ Village ☐ City Minocqua	3-17-2011
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, PAULA BOTWINSKI, certify:
(name of circulator)

I reside at 7863 HACKER DR., MINOCQUA, WI 54548.
(circulator's residence - include number, street, and municipality)

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

March 17, 2011 (date) Paula Botwinski (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. 3/24

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tony Gasicki	8941 E. Minch Rd	☑ Town ☐ Village ☐ City Minocqua	3/31/11
2. Joanne Gasicki	8941 E. Minch Rd	☑ Town ☐ Village ☐ City Minocqua	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Tony Gasicki (name of circulator), certify:

I reside 8941 E. Minch Rd. Minocqua (circulator's residence - include number, street, and municipality).

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

3/31/11 (date)

Tony Gasicki (signature of circulator)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Matthew Viegut	8618 Lambert Rd Minocqua	☒ Town ☐ Village ☐ City Minocqua	3/3/11
2. Tammi Viegut	8618 Lambert	☒ Town ☐ Village ☐ City Minocqua	3-5-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Matthew Viegut, certify:
(name of circulator)

I reside 8618 Lambert Rd Minocqua
(circulator's residence - include number, street, and municipality)

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

March 13, 2011
(date)

Matthew Viegut
(signature of circulator)

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

Page No. 3126

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dennis T. Kruger	236 SUNSET DRIVE	☐ Town ☐ Village ☒ City ANTIGO	3/29/11
2. Joyce L. Matthews	721 Cedar St	☐ Town ☐ Village ☒ City Antigo	3/28/11
3. Roxanne Spencer	1404 1st Ave Antigo	☐ Town ☐ Village ☒ City Antigo	3/30/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, DENNIS T. KRUGER, certify:
(name of circulator)

I reside 236 SUNSET DRIVE ANTIGO, WISCONSIN 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.

03-30-2011
(date)

Dennis T. Kruger
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	W10132 Twin Lakes Rd	☒ Town ☐ Village ☐ City Dunbar	03/06/11
2. Christopher Riffel	N18801 Milwaukee St Pembine, WI 54156	☒ Town ☐ Village ☐ City Pembine	3/6/11
3. [illegible]	W10085 Pike Plains Rd. Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/6/11
4. Douglas Bloodine	N17221 Lily Lake Rd Dunbar, WI	☒ Town ☐ Village ☐ City Dunbar	3/6/11
5. Sarah Brown	Box 155 N14 W10085 Pike Plains Rd. Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/6/11
6. Dieter Seaherd	N17653 Twin Lake Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/6/11
7. Corinne Scott	W8034 Cemetery Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3.6.11
8. Amanda L. Miller	W7862 Culp Ln. Pembine, WI 54156	☒ Town ☐ Village ☐ City Pembine	3/6/11
9. [illegible]	W10085 Pike Plain Rd. Dunbar, WI	☒ Town ☐ Village ☐ City Dunbar	3/6/11
10. [illegible]	W8024 Cemetery Rd. Pembine, WI 54156	☒ Town ☐ Village ☐ City Pembine	3/6/11

Certification of Circulator

I, Clifford Teachout, certify:
(name of circulator)

I reside at N15570 U.S. Hwy 141 Amberg WI 54102.
(circulator's residence - include number, street, and municipality)

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

3/08/2011
(date)

Clifford Teachout
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Philip Wilken	975 Schallock RD CRANDON WI 54520	☐ Town ☐ Village ☒ City CRANDON WI	3-1-11
2. Joy Anderson	1108 Tracy Rd CRANDON WI 54520	☐ Town ☐ Village ☒ City CRANDON, WI	3-1-11
3. Neil Schallock	11548 SCHALLOCK LN. CRANDON, WI. 54520	☒ Town ☐ Village ☐ City NASHVILLE	3/2/11
4. Jean Schallock	11548 Schallock Ln Crandon, WI 54520	☒ Town ☐ Village ☐ City Nashville	3/2/11
5. Florence Pitts	11438 Co. Rd M Crandon, wi 54520	☒ Town ☐ Village ☐ City nashville	3/2/11
6. Richard Pitts	11438 Co. Rd M Crandon, wi 54520	☒ Town ☐ Village ☐ City nashville	3/2/11
7. Susan M Carlson	3848 A+Z Lane Crandon - wi	☒ Town ☐ Village ☐ City Lincoln	3/2/11
8. Paula L Ruotsala	701 N. Prospect Ave. Crandon, Wis. 54520	☐ Town ☐ Village ☒ City Crandon, Wi	3/4/11
9. Susie Styl	703 N Prospect Crandon WI 54520	☐ Town ☐ Village ☒ City Crandon WI	3/4/11
10. Martha Nickel	402 S Hazelhill Ave Crandon WI 54520	☐ Town ☐ Village ☒ City Crandon WI	3/7/11

Certification of Circulator

I, CAROLYN SCHALLOCK, certify:
(name of circulator)

I reside 1041 SCHALLOCK RD CRANDON WI. 54520
(circulator's residence - include number, street, and municipality)

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

3-7-11
(date)

Carolyn Schallock
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Scott Howard	1650 N. Farming Rd Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	4-13-11
2. Wesley S Johnson	9360 SPRUCE LN BOULDER JUNCTION 54512	☐ Town ☒ Village ☐ City	4-13-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JEFF KIRSCHMANN, certify:
(name of circulator)

I reside at 3000 KENNUK LANDING RD. TWN 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.

4/13/2011
(date)

Jeff Kirschmann
(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. 3130

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Nancy Bruno	402 Birch St. Woodruff, WI.	☒ Town ☐ Village ☐ City Woodruff	3/30/11
2. John Bruno	402 BIRCH ST WOODRUFF, WI	☒ Town ☐ Village ☐ City WOODRUFF	4/4/11
3. Marian Zu	14615 CRAWLING STONE Lac du Flambeau	☒ Town ☐ Village ☐ City Lac du Flambeau	4/4/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Patricia K Heuser (name of circulator), certify:

I reside 13385 Camp Wipigoki Lane Lac du Flambeau, WI 54538.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 4, 2011 (date)

Patricia K Heuser (signature of circulator)

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

Page No. 3131

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Harold Brooks	8467 N. Oneida Lake Dr. Harshaw, WI 54529	☐ Town ☒ Village ☐ City	4/6/11
2. Jane Brooks	8467 N. Oneida Lake Dr. Harshaw, WI 54529	☐ Town ☒ Village ☐ City	4/6/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Harold W. Brooks, certify:
(name of circulator)

I reside 8467 N. Oneida Lake Dr. Harshaw, WI 54529.
(circulator's residence - include number, street, and municipality)

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

Harold W Brooks
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary A. Anderson	7988 Landing Rd Eland WI 54427	☑ Town ☐ Village ☐ City Elderon	4/06/11
2. [illegible]	7988 Landing Rd SAME Eland WI 54427	☑ Town ☐ Village ☐ City Elderon	4/6/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, John + Anderson (name of circulator), certify:

I reside 7988 Landing Rd Eland WI (circulator's residence - include number, street, and municipality).

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

4-6-2011 (date) [illegible] (signature of circulator)

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

Page No. 3133

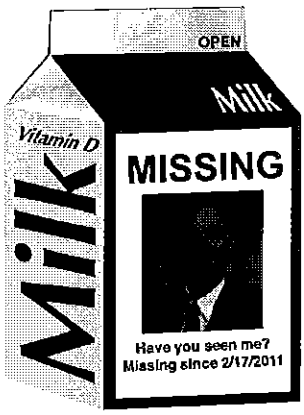
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. ~~Angela Schanke~~	~~795 Winding Waters~~ ~~Depere WI 54115~~	☐ Town ☐ Village ☐ City	
2. Michele Krzewski	W10640 Cty Rd W Crivitz, WI 54114	☒ Town ☐ Village ☐ City Stephenson	4/2/11
3. Mike Manincor	N7392 St Paul Rd Crivitz, WI 54114	☒ Town ☐ Village ☐ City Stephenson	4/2/11
4. Scott Wilson	12909 Noragon Rd Wausaukee WI 54177	☒ Town ☐ Village ☐ City Wausaukee	4/2/11
5. Harry D. Dunlap	W 8526 Co. Rd H Crivitz	☒ Town ☐ Village ☐ City Stephenson	4/2/11
6. SHIRLEY BACHAR	1218 ROCA CRIVITZ	☒ Town ☐ Village ☐ City STEPHENSON	4/2/11
7. Chad Jaquet	9866 TADISCH LN ATHELSTANE WI	☒ Town ☐ Village ☐ City STEPHENSON	4/2/11
8. Michael A. Black	W8643 WHITE BIRCH CRIVITZ WI 54114	☒ Town ☐ Village ☐ City STEPHENSON	4/2/11
9. Robert Zorn	Crivitz N8785 St. Paul Rd	☒ Town ☐ Village ☐ City Stephenson	4/02/11
10. Keith Dallaye	N8133 Smith Creek Rd Crivitz	☒ Town ☐ Village ☐ City Stephenson	4-2-11

Certification of Circulator

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

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

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

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

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

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael Nienow	11498 Cogle Rd	☒ Town ☐ Village ☐ City Arbor Vitae	3/9/11
2. Norman J Reed	7571 Tile Line Mt. Tomahawk	☒ Town ☐ Village ☐ City Mt. Tomahawk.	3/10/11
3. Charlotte Wilson	1800 Gills Lk Rd Laurda Flambeau	☒ Town ☐ Village ☐ City Flambeau	3/10/11
4. Dorothy Reynolds	8856 MOSSY OAK	☒ Town ☐ Village ☐ City WOODRUFF	3-10-11
5. Clay Ferry	612 3rd ave	☒ Town ☐ Village ☐ City Woodruff	3-10-11
6. Margot Nerger	304 oneida ST APT 8 Minocqua WI	☒ Town ☐ Village ☐ City Minocqua	3-10-11
7. Rod Krammeister	4801 Blue Lk Rd Minocqua	☒ Town ☐ Village ☐ City Minocqua	3-10-11
8. D K Pulu	1119 Cross Rd A/Vitae	☒ Town ☐ Village ☐ City ARBOR VITAE	3-10-11
9. Jackie Jerik	1478 Marsha Lane arbor Vitae	☒ Town ☐ Village ☐ City arbor Vitae	3-10-11
10. Tamara A. Dwyer	8256 Clawson DR. Minocqua, Wi.	☒ Town minocqua ☐ Village ☐ City	3/10/11

Certification of Circulator

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

I reside 1765 Walch Rd. Arbor Vitae WI. 54568.
(circulator's residence - include number, street, and municipality)

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

3/10/11
(date)

John Sapinski
(signature of circulator)

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

Page No. 3135

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patricia M Yager	N18248 Monson Lk Rd Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3/4/11
2. Timothy Chodan	W10085 Pike Plains Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/4/11
3. Mike Glanzer	115 Cardin Street Niagara WI 54119	☒ Town ☐ Village ☐ City Niagara	3/4/11
4. Loretta Carpenter	W9898 Pike Plains Rd. Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/4/11
5. Linda Lewis	N17809 Escape Lane Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3/4/11
6. Caleb Fox	Pembine WI 54119 8057 Minnie St P.O. 283	☒ Town ☐ Village ☐ City Pembine	3/4/11
7. Sarah Green	W10085 Pike Plains Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/4/11
8. Brandon Wung	W10085 Pike Plains Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/4/11
9. Deborah Shook	W10085 Pike Plains Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/4/11
10. Wynne Kimbrough	99 Washington Ave. Niagara, WI 54151	☐ Town ☐ Village ☒ City Niagara	3/4/11

Certification of Circulator

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

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

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

3/23/2011 (date)

David Smail (signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David Lee	W12003 Hy 64 Antigo Wi 54409	☒ Town ☐ Village ☐ City Antigo	3-16-11
2. Anthony	N9653 CRYSTAL LAKE RD PICKEREL, WI 54465	☒ Town ☐ Village ☐ City PICKEREL	3/16/11
3. John D. Zupan	N5539 Hetto Rd. Deerbrook, WI 54424	☒ Town ☐ Village ☐ City Deer	3-16-11
4. Paul J Pesu	334 Delaware St Antigo, WIS	☒ Town ☐ Village ☐ City Antigo	3-16-11
5. Gary [illegible]	1000 2nd Antigo, WI	☐ Town ☐ Village ☒ City Antigo	3-16-11
6. Bob Brown	N883 Hy W 455 Antigo, WI	☐ Town ☐ Village ☒ City Antigo	3-16-11
7. Gerald Mantor	626 N Park St. Antigo Wi. 54409	☐ Town ☐ Village ☒ City Antigo	3-16-11
8. Neil G Smith	916 No Virginia St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-16-11
9. BEN J. HOERMAN	Antigo, Wis 54409 1029 - 2nd Ave	☐ Town ☐ Village ☒ City Antigo	3-16-11
10. Barbara L. Hoerman	1029 - 2nd Ave Antigo, Wis	☐ Town ☐ Village ☒ City Antigo	3-16-11

Certification of Circulator

I, Tommie J Stuckert, certify:
(name of circulator)

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

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

3-16-11 (date) Tommie J Stuckert (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. 3137

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dennis D. Wnukowski	1597 Royal Carriage Rd Arbor Vitae, Wis. 54568	☒ Town ☐ Village ☐ City	4/1/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Dennis D. Wnukowski, certify:
(name of circulator)

I reside 1597 Royal Carriage Rd.
(circulator's residence - include number, street, and municipality)

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

4/1/11
(date)

Dennis D. Wnukowski
(signature of circulator)

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

Page No. 3138

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Darold E. Wegner DAROLD-E- Wegner	13733 Bluebird Lane LAC-DU-FLAMBEAU WI 54538	☒ Town ☐ Village LAC-DU-FLAMBEAU ☐ City	4/2/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Darold E. Wegner, certify:
(name of circulator)

I reside 13733 Bluebird Lane, Lac Du Flambeau, WI 54538.
(circulator's residence - include number, street, and municipality)

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

4/2/2011
(date)

Darold E. Wegner
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Phillip R. Ziesemer	1200 E 7TH ST MERRILL WI 54452	☐ Town ☐ Village ☒ City Merrill	3/30/11
2. Mary D. Ziesemer	1200 E 7th St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, PHILLIP R. ZIESEMER, certify:
(name of circulator)

I reside @ 1200 E 7TH ST MERRILL, WISCONSIN, 54452-1215.
(circulator's residence - include number, street, and municipality)

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

Phillip R. Ziesemer
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	9978 BLUE LAKE DR	☐ Town ☐ Village MINOCQUA ☐ City	3/29/11
2. Renate' H. Zillmer	P.O. Box 130 10977 State Hwy 70 E #23	☒ Town ☐ Village Woodruff ☐ City	3/29/11
3. Ben Winsteed	PO Box 136 10977 State Hwy 70 E #23	☒ Town ☐ Village Woodruff ☐ City	3/29/11
4. Jackie Kamps	PO Box 2028 10977 Hwy 70 lot 18	☒ Town ☐ Village Woodruff ☐ City	3/29/11
5. [illegible]	P.O. Box 2028 Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	3/29/11
6. [illegible]	10977-19 Hwy 70 E Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3/29/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Renate' H. Zillmer, certify:
(name of circulator)

I reside 10977 State Hwy 70 E #23/P.O Box 130, AV-Woodruff, WI. 54568-0130.
(circulator's residence - include number, street, and municipality)

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

03-29-2011
(date)

Renate' H. Zillmer
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Wendy Zastrow	10516 State Hwy 107 Athens WI 54411	☒ Town ☐ Village ☐ City Hamburg	3/29/11
2. [illegible]	10470 Hwy S Hamburg WI 54411	☒ Town ☐ Village ☐ City Hamburg	3/29/11
3. Ellsworth Zastrow	988 Washington Dr Hamburg WI 54411	☒ Town ☐ Village ☐ City Hamburg	3/29/11
4. [illegible]	988 Washington Dr. Hamburg, WI 54411	☒ Town ☐ Village ☐ City Hamburg	3/29/11
5. [illegible]	10470 City Rd S Athens, WI 54411	☒ Town ☐ Village ☐ City Hamburg	3/30/11
6. [illegible]	1150 Lincoln Dr Athens Wisc.	☒ Town ☐ Village ☐ City Hamburg	3/30/11
7. Alvina Henrich	9975 9th LANE Athens WI 54411	☒ Town ☐ Village ☐ City Hamburg	3/30/11
8. Karen Henrich	9975 9th LANE Athens, WI 54411	☒ Town ☐ Village ☐ City HAMBURG	3/30/11
9. Senora Hamann	10395 City Rd S Athens WI	☒ Town ☐ Village ☐ City Hamburg	3/30/11
10. Harold Hamann	10395 City Rd S Athens WI	☒ Town ☐ Village ☐ City Hamburg	3/30/11

Certification of Circulator

I, Ellsworth Zastrow (name of circulator), certify:

I reside 988 Washington Dr Hamburg Wis 54411 (circulator's residence - include number, street, and municipality).

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

March 30, 2011 (date)

Ellsworth Zastrow (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Alfred Tewel	W10071 TROUT HAVEN RD DUNBAR, WIS 54119	☒ Town ☐ Village ☐ City	3/30/11
2. Ethelyn Tewel	W10071 Trout Haven Rd. Dunbar, Wi. 54119	☒ Town ☐ Village ☐ City	3/30/11
3. James Reed	N17953 Holmes Tat W. Pembine 54156	☒ Town ☐ Village ☐ City	3/30/11
4. Frances Reed	N17953 Holmes Tat Pl Pembine, WI 54156	☒ Town ☐ Village ☐ City	3/30/11
5. Roger Cudnohufsky	N18988 2nd ST Dunbar, Wi. 54119	☒ Town ☐ Village ☐ City	3/30/11
6. Barbara Bigelow	7580 Minnie ST Pembine Wi	☒ Town ☐ Village ☐ City	3/30/11
7. Craig Jewell	N19259 BELGIAN LK PEMBINE WIS	☒ Town ☐ Village ☐ City	3/30/11
8. Randy Bachhaus	W7911 McTrusty LANE Amberg Wi	☒ Town ☐ Village ☐ City	3/30/11
9. Christine Bachhaus	W7911 McTrusty Lane Amberg Wi	☒ Town ☐ Village ☐ City	3/30/11
10. Sharon Jewell	N19294 Belgian Lk Rd Pembine, WI 54156	☒ Town ☐ Village ☐ City	3/30/11

Certification of Circulator

I, Alfred Tewel (name of circulator), certify:

I reside at W10071 TROUT HAVEN RD, DUNBAR, WIS 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.

March 30, 2011 (date)

Alfred Tewel (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Anthony L. Stolz Jr	4449 Harmony Pt Ln Boulder Junction, WI 54512	☒ Town ☐ Village ☐ City	Apr 2/11
2. Julie M. Stolz	4449 Harmony Pt. Ln Boulder Jct., WI 54512	☒ Town ☐ Village ☐ City	04/02/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Anthony L. Stolz Jr, certify:
(name of circulator)

I reside 4449 Harmony Pt Ln Boulder Junction, WI 54512.
(circulator's residence - include number, street, and municipality)

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

(signature of circulator)

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

Page No. 3/44

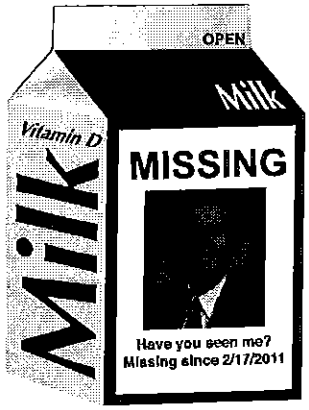
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Leroy W Depies	9399 Brinkland Ct. Minocqua Wi. 54548	☒ Town ☐ Village ☐ City	3-17-11
2. June Depies	9399 Brinkland Court Minocqua, Wi. 54548	☒ Town ☐ Village ☐ City	3-17-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Leroy W. Depies, certify:
(name of circulator)

I reside at 9399 Brinkland Ct. 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)

Leroy W Depies
(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
(jurisdiction or district of officeholder),

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dennis P. McLaughlin	3740 W. Hembach LN. Eagle River, WI	☒ Town ☐ Village ☐ City Washington	3-1-11
2. Robert R. [illegible]	337 N Second St	☐ Town ☐ Village ☒ City Eagle River	3-1-11
3. [illegible] Bellman	4389 E. Wall St EAGLE RIVER	☒ Town ☐ Village ☐ City Lincoln	3-1-11
4. R. Zimmerman	1305 DUCK BLIND PT RD	☒ Town ☐ Village ☐ City Phelps	3/1/11
5. Alan D. Elverson	2122 STRONG PHELPS RD. Phelps, WI. 54554	☒ Town ☐ Village ☐ City PHELPS	3/3/11
6. John [illegible]	3865 Schroeder Rd PHELPS WI 54554	☒ Town ☐ Village ☐ City PHELPS	3-13/11
7. [illegible] Dostatt	3895 Pazonbach Rd Sayner WI 54560	☒ Town ☐ Village ☐ City Sayner	3-4-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, DAVID McMASTER (name of circulator), certify:

I reside at 328 S. 5TH ST, EAGLE RIVER, WI 54521 (circulator's residence - include number, street, and municipality).

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

3-12-11 (date)

D. McMaster (signature of circulator)

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

Page No. 3146

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jean Skarlupka	812 MEKINAK POINT PELICAN LAKE WI	☑ Town ENTERPRISE ~~☐ Village~~ PELICAN LAKE ☐ City	4/2/11
2. David Skarlupka	812 MEKINAK POINT PELICAN LAKE, WI 54463	☑ Town ENTERPRISE ~~☐ Village~~ ☐ City PELICAN LAKE	4/2/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 812 Mekinak Pt Rd Pelican Lk Wis 54463 ENTERPRISE.
(circulator's residence - include number, street, and municipality)

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	691 McFarland Drive Manitowish Waters, 54545	☒ Town ☐ Village ☐ City Town	3/25/11
2.	9971 Ridgewood Minocqua WI	☒ Town ☐ Village ☐ City Hazelhurst 54548	3/25/11
3.	9971 Ridgewood Minocqua Wi 54548	☒ Town ☐ Village ☐ City Hazelhurst 54548	3/25/11
4.	410 E. Park Ave #3 Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua 54548	3/25/11
5.	1757 Seven Oaks Ln Minocqua WI 54548	☒ Town ☐ Village ☐ City Lac Du Flambeau	3/25/11
6.	6884 Rapids Rd Lake Tomahawk Wi	☐ Town ☒ Village ☐ City Newbold	3-25-11
7.	10150 L. Kaubashine Hazelhurst, Wi 54531	☒ Town ☐ Village ☐ City Hazelhurst	3-25-11
8.	1085 Walleye Cir Minocqua WI 54548	☒ Town ☐ Village ☐ City Lac du Flambeau	3-25-11
9.	1085 Walleye Cir Minocqua WI 54548	☒ Town ☐ Village ☐ City Lac du Flambeau	3-25-11
10.	1911 Rollmann Rd. St. Germain Wi 54558	☒ Town ☐ Village ☐ City St. Germain	3/25/11

Certification of Circulator

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

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

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

3-28-11
(date)

(signature of circulator)

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

Page No. 3151

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.**)*

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. E. D. Schroeller	3743 DEEKWOOD DR ARBOR VITAE 54568	☑ Town ARBOR VITAE 54568 ☐ Village ☐ City	3-25-11
2. Joyce Long	7719 Hwy 51 S. Minocqua, WI 54548	☑ Town Minocqua - 54548 ☐ Village ☐ City	3/25/11
3. Michael Hale	821 B 1st Ave Woodruff, WI 54568	☑ Town Woodruff ☐ Village ☐ City	3/25/11
4. [illegible]	8822 Woodruff Rd Woodruff WI 54568	☑ Town Woodruff ☐ Village ☐ City	3/25/11
5. [illegible]	[illegible] ← 7027 E Rapids Rd. Lake Tomahawk 54539	☐ Town ☐ Village Lake Tomahawk ☐ City	3-25-11
6. Marilyn Pele	332 Second Ave Woodruff WI 54568	☑ Town Woodruff ☐ Village ☐ City	3-25-11
7. John R Gavinski JOHN GAVINSKI	300 BRANDY POINT DR #E40 ARBOR VITAE WI 54568	☐ Town ☑ Village ARBOR VITAE ☐ City	3-25-11
8. [illegible] JASON P DASSOW	1318 2nd Ave Woodruff WI 54568	☑ Town Woodruff ☐ Village ☐ City	3-25-11
9. [illegible]	1211 LAND DR Arbor Vitae 54568	☑ Town Arbor Vitae ☐ Village ☐ City	3-25-11
10. John Schul	1187 1st Ave Woodruff 54568	☑ Town Woodruff ☐ Village ☐ City	3-25-11

Certification of Circulator

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

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

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

3-28-11
(date)

Duane Schumacher
(signature of circulator)

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

Page No. 3152

(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.)

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	7871 Cameron Dr. Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-25-11
2. [illegible]	9696 Sylvan Shore Dr Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-25-11
3. [illegible]	9810 Sylvan Shore Dr Minocqua, WI 54548	☒ Town ☐ Village ☐ City ~~Minocqua~~ Hazelhurst	3-25-11
4. [illegible]	10021 Lower Kaubashine Hazelhurst WI 54531	☐ Town ☐ Village ☐ City Hazelhurst	3-25-11
5. [illegible]	10136 Lower Kaubashine Hazelhurst WI 54531	☒ Town ☐ Village ☐ City Hazelhurst	3/25/11
6. [illegible]	8826 Evensonpoint Rd Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/25/11
7. [illegible]	6348 Journey's End Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Rhinelander	3-25-11
8. [illegible]	6348 Journey's End Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Rhinelander	3-25-11
9. [illegible]	9064 Country Club Rd Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-25-11
10. [illegible]	8676 US Hwy 51 N Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-25-11

Certification of Circulator

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

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

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

3-28-11
(date)

[signature]
(signature of circulator)

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

Page No. 3153

(10)

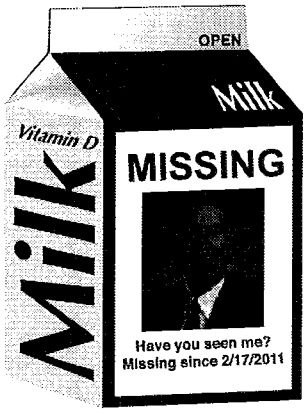
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
~~Ronda Fritsch~~	~~2923 Ridge Ct~~ ~~Greenleaf WI 54126~~	☐ Town ☐ Village ☐ City	
2. Cindy Prudhomme	W8299 Chickadee Ln Crivitz Wi 54114	☑ Town ☐ Village ☐ City Stevenson	4-3-11
3. Nikki Prudhomme	W8299 Chickadee LN Crivitz, WI 54114	☑ Town ☐ Village ☐ City Stevenson	4-2-11
4. John Van Schuyndel	N12210 LONG LAKE WAUSAUKEE, WIS	☑ Town ☐ Village ☐ City Wausaukee	4-2-11
5. Charles A Dile	N1501S NBC LN AMBERG, I	☒ Town ☐ Village ☐ City AMBERG	4-2-11
6. Basil K. Tiek	Amberg, WI N15015 NBC Lane	☒ Town ☐ Village ☐ City Amberg	4-2-11
7. David Callion	W7396 ST Paul Rd Crivitz WI 54114	☑ Town ☐ Village ☐ City STEVENSON	4/2/11
8. KEITH STUMBRIS	702 PARK AVE CRIVITZ WI 54114	☐ Town ☒ Village ☐ City ~~STEVENSON~~ CRIVITZ	4/2/11
9. JOHN D CHAMBERS	12070 STEVENSON RD WAUSAUKEE	☒ Town ☐ Village ☐ City WAUSAUKEE	4-2-11
10. Tim Mueller	W7518 BERGESON Ln AMBERG WI 54102	☒ Town ☐ Village ☐ City AMBERG	4-2-11

Certification of Circulator

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

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

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

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

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

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

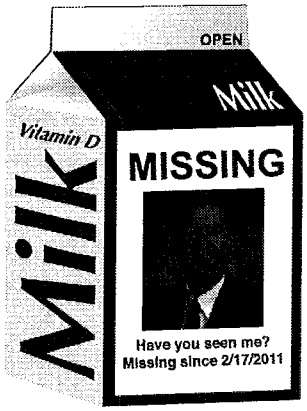
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John M Williams	N9034 Just Rd Wausaukee WI	☐ Town ☐ Village ☐ City Wausaukee	4-2-2011
2. George Aerts (Aerts)	W10367 Park Ln. Amberg WI. 54102	☒ Town ☐ Village ☐ City Amberg	4-2-11
3. Mary Jo Hendrick	15076 Grant St. Amberg, Wi.	☐ Town ☒ Village ☐ City Amberg	4-2-11
4. Celina Sandoval	N5052 Hwy 141 Crivitz WI 54114	☒ Town ☐ Village ☐ City Crivitz	4-2-11
5. Ken Jarchow	N9793 Central Av Wausaukee Wis	☒ Town ☐ Village ☐ City Wausaukee	4-2-11
6. Benjamin Dettmering	N7291 CTY GE Crivitz Wi 54114	☒ Town ☐ Village ☐ City Crivitz	4-2-11
7. Amanda Salusky (Salusky)	W3914 Hwy X Wausaukee WI 54177	☒ Town ☐ Village ☐ City Wagner	4-2-11
8. ~~Ryan Lindmark~~	~~438 N Ter Ct~~ ~~Green Bay 54303~~	☐ Town ~~☒ Village~~ ☐ City ~~Howard~~	~~4-2-11~~
9. Patti Jensen	N13769 Squaw Creek Rd Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Amberg	4-2-11
10. ~~Jim Ray~~	~~W1340 Hochheim Rd~~ ~~Mayville, Wi~~	☒ Town ☐ Village ☐ City ~~Theresa~~	

Certification of Circulator

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

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

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

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

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

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

Page No. 3155

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Garth Swanson	1401 Highland Dr Merrill, Wi 54452	☐ Town ☐ Village ☒ City Merrill	3-8-11
2. Sheridan Johnson	711 Martin St #16 Merrill	☐ Town ☐ Village ☒ City Merrill	3-8-11
3. Cheryl Johnson	711 Martin St #16 Merrill, WI	☐ Town ☐ Village ☒ City Merrill	3-8-11
4. Allen F Kopp	W7219 Rose-Lin CT. MERRILL WI 54452	☒ Town ☐ Village ☐ City Merrill	3-8-11
5. Bob Johnson	W4643 Spruce Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	3-8-11
6. Les Johnson	W4643 Spruce Rd Merrill, Wis.	☒ Town ☐ Village ☐ City Merrill	3-8-11
7. Donna Pergutka	W4608 Spruce Rd Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	3-9-11
8. Michael Pergutka	W4608 Spruce Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	3-9-11
9. Linda E. Holden	W7146A Village Rd Merrill, WIS 54452	☒ Town ☐ Village ☐ City Merrill	3-10-11
10. Linda J Halday	W7146A Village Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	3-10-11

Certification of Circulator

Garth Swanson
(name of circulator), certify:

reside at 1401 Highland Dr. Merrill, Wi. 54452
(circulator's residence - include number, street, and municipality)

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

3-21-11
(date)

Garth Swanson
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

For Not doing his job in Congress for the State of Wisconsin.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary Cerny	N1911 Cozy LN Antigo, WI	☒ Town ☐ Village ☐ City Norwood	4/4/11
2. Mike Cerny	N1911 Cozy Ln Antigo, WI	☒ Town ☐ Village ☐ City Norwood	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Mary Cerny (name of circulator), certify:

I reside N 1911 Cozy Lane Antigo, Wi Norwood (circulator's residence - include number, street, and municipality).

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

4/4/11 (date)

Mary Cerny (signature of circulator)

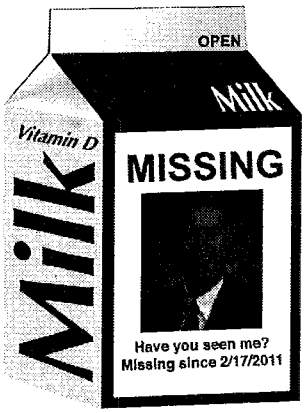
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Nick Roettiger	N8769 Boatlanding Rd. Wausaukee, WI	☒ Town ☐ Village ☐ City Wausaukee	Apr. 02
2. Steve Borzick	N6586 Netzel LN Crivitz, WI. 54114	☒ Town ☒ Village ☐ City Stephenson	Apr. 02
3. Nicole Dobson	N6586 Netzel LN Crivitz, WI 54114	☐ Town ☒ Village ☐ City Stephenson	Apr 02
4. Judith Kueber	1112 2nd Ave Crivitz - Wis 54114	☐ Town ☒ Village ☐ City Stephenson	4-2-11
5. John J Borowitz	ATHELSTANE W10548 Newton Ln	☐ Town ☐ Village ☐ City STEVENSON	4-2-11
6. Bonnie Borowitz	W10548 Newton Lane Athelstane	☐ Town ☐ Village ☐ City Stevenson	4-2-11
7. Jeff Stave	660 N Spring St Port Washington, 53074	☐ Town ☐ Village ☐ City	
8. Terence L. Mooney	402 CRAIG, ST. CRIVITZ, WI.	☒ Town ☐ Village ☐ City Stevenson	4-2-11
9. [illegible]	1427 Orchard Green Bay, 54313	☐ Town ☒ Village ☐ City	
10. Heather Goetz	W6741 Ruth St Wausaukee WI 54177	☒ Town ☐ Village ☐ City Wausaukee	4/2/11

Certification of Circulator

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

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

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

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

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

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Paul Rosenow	7739 NO FISH BAY ROAD	☑ Town ☐ Village ☐ City ST. GERMAIN	4/2/11
2. Ruth Rosenow	7739 No Fish Bay Rd	☑ Town ☐ Village ☐ City St Germain	4/2/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, PAUL ROSENOW, certify:
(name of circulator)

I reside 7739 NO FISH BAY ROAD ST. GERMAIN.
(circulator's residence - include number, street, and municipality)

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

4/2/11
(date)

Paul Rosenow
(signature of circulator)

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RECALL PETITION

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

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STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	6603 Fisher Drive Wabeno WI 54566	☒ Town ☐ Village ☐ City Freedom	4/3/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JAMES M. HAUSINGER, certify:
(name of circulator)

I reside 6603 FISHER DRIVE WABENO, WI 54566.
(circulator's residence - include number, street, and municipality)

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

4-3-11
(date)

[signature]
(signature of circulator)

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Page No. 3160

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 abandonment of the voters by Senator James Holperin should warrant recall.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Betty Hapka	4067 Pine LA Rhinelander WI 54501	☒ Town ☐ Village ☐ City PELICAN	4/4/11
2. John Hapka	4067 Pine LA Rhinelander WI 5450	☒ Town ☐ Village ☐ City PELICAN	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Betty Hapka (name of circulator), certify:

I reside 4067 Pine LA Rhinelander WI 54501 (circulator's residence - include number, street, and municipality).

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

4-4-11 (date)

Betty Hapka (signature of circulator)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dorothy Albrecht	8475 Shady Rest Rd Rhinelander	☒ Town ☐ Village ☐ City Woodboro	3/24/11
2. Nerida Lehman	3510 Fruit Lake Rd Rhinelander WI	☐ Town ☒ Village ☐ City Pelican	3/24/11
3. Joan Lippmann	4191 Pine Grove Dr. Rhinelander.	☒ Town ☐ Village ☐ City New Bold	3/24/11 3-24-11
4. Kent Kuetsch	4779 Hwy 17 Rhinelander	☒ Town ☐ Village ☐ City Pine Lake	3/24/11
5. Chris Sackett	213 Crescent St Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	3-24-11
6. Stephanie Schneider (Stephanie for)	6884 Hwy 17 N Rhinelander	☒ Town ☐ Village ☐ City Sugar Camp	3-24-11
7. Devin Mynard	4861 Old 8 Rd Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	03/24/11
8. Heather [illegible]	400 W Grant St Apt 8 Crandon, WI 54520	☒ Town ☐ Village ☐ City Crandon	3/24/11
9. [illegible]	803 Timber dr Rhinelander WI 54501	☒ Town ☐ Village ☐ City Rhinelander	3/24/11
10. Savannah J. Peterson	Rhinelander WI 54501 934 Woodland DR.	☐ Town ☐ Village ☒ City Rhinelander	3/24/11

Certification of Circulator

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

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

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Christopher Conrad	1054 E Timber Dr Rhinelander WI	☐ Town ☐ Village ☑ City Rhinelander	3/24/11
2. Joni L. Clark	8165 Covey Ln Apt A Eagle River WI 54521	☑ Town ☐ Village ☐ City Lincoln	3/24/11
3. [illegible]	28 N Brown Apt #301 Rhinelander	☑ Town ☐ Village ☑ City Rhinelander	3/24/11
4. Ray Ellner	4455 Highlander Rhinelander	☑ Town ☐ Village ~~☑ City~~ Pine Lake ~~Rhinelander~~	3/24/11
5. Mary Celka	4050 Shady Point Rhinelander	☑ Town ☐ Village ☐ City Pine Lake	3/24/11
6. [illegible]	4298 Saurano Lk Rd Rhinelander WI 54501	☑ Town ☐ Village ☐ City PINE LAKE	3/24/11
7. Sandy [illegible]	6629 Bluebird Nl Tom	☐ Town ☑ Village ☐ City Lake Tom	3/24/11
8. [illegible]	2941 Meisler Rd Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Town of Pelican	3/24/11
9. [illegible]	Rhinelander, WI 54501 634 Carr St	☐ Town ☐ Village ☑ City Rhinelander	3/24/11
10. [illegible]	N-11476 Hilts Lk Rd Rhinelander, WI 54501	☐ Town ☐ Village ☑ City Rhinelander	3/24/11

Certification of Circulator

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

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

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

FAILURE TO DO HIS JOB.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Matt Schumacher	3380 DEERSKIN RD EAGLE RIVER, WI 54521	☑ Town ☐ Village ☐ City WASHINGTON	3-12-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, X MATTHEW F. SCHUMACHER, certify:
(name of circulator)

I reside X 3380 DEERSKIN RD, 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.

X 4/2/11 (date)

X Matthew Schumacher (signature of circulator)

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Page No. 3164

477-2171

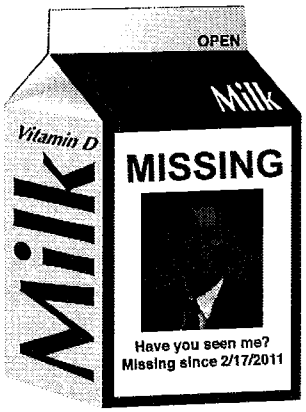
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Janet Senge	12315 Kobart Rd Minocqua, WI 54548	☒ Town ☐ Village ☒ City Minocqua	3/21/11
2. Jack Senge	12315 KOBART RD MINOCQUA, WIS 54548	☒ Town ☐ Village ☐ City MINOCQUA	3/21/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Janet Senge, certify:
(name of circulator)

I reside at 12315 Kobart Rd Minocqua, WI 54548.
(circulator's residence - include number, street, and municipality)

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

3-21-11
(date)

Janet Senge
(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. 3165

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

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1	6750 LK Mildred Rd Rhinelander WI 54501	X Town __Village __City Newbold	4/2/2011
2	6250 LK Mildred Rd Rhinelander WI 54501	X Town __Village __City Newbold	4/2/11
3		__Town __Village __City	
4		__Town __Village __City	
5		__Town __Village __City	
6		__Town __Village __City	
7		__Town __Village __City	
8		__Town __Village __City	
9		__Town __Village __City	
10		__Town __Village __City	

CERTIFICATION OF CIRCULATOR

I, RONALD THOMPSON, certify that I reside at 608 ELM ST. ATHENS 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 residence given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

5 April 2011 (date) Ronald Thompson (Signature of Circulator)

Page: 3166

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Valentine A Pronsti	1066 F J ST CRIVITZ, WI	☐ Town ☒ Village ☐ City CRIVITZ	3/15/11
2. Marveen Rickles	IV 3553 Cty Rd D Crivitz, WI	☐ Town ☐ Village ☐ City Stephenson	3/15/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, ALLIS SHARKEY, certify:
(name of circulator)

I reside N 7981 HWY 141 CRIVITZ WI 54114
(circulator's residence - include number, street, and municipality)

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

3-24-11
(date)

Allis Sharkey
(signature of circulator)

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Page No. 3167

RECALL PETITION

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N10789 Buck LN Athelstane WI 54104	☒ Town ☐ Village ☐ City Athelstane	03-10-11
2. [illegible]	W8515 county Road X CRIVITZ, WI 54114	☒ Town ☐ Village ☐ City MIDDLE INLET	3-17-11
3. [illegible]	N9685 CO RD X CRIVITZ, WI 54114	☒ Town ☐ Village ☐ City STEPHENSON	3-17-11
4. [illegible]	N9685 CO Rd. X CRIVITZ, WI 54114	☒ Town ☐ Village ☐ City STEPHENSON	3-17-11
5. [illegible]	W9319 County Rd X Crivitz WI 54114	☒ Town ☐ Village ☐ City Stephenson	3-18-11
6. Bernard Watermolen	W15349 Harvey Ln Silver Cliff, WI 54104	☐ Town ☐ Village ☐ City Silver Cliff ~~Stephenson~~	3-21-11
7. Margaret Watermolen	W 15349 Harvey Ln Silver Cliff, WI 54104	☒ Town ☐ Village ☐ City Silver Cliff	3-21-11
8. [illegible]	N5531 US Hwy 141 Crivitz, WI 54114	☒ Town ☐ Village ☐ City Stephenson	3-22-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, ARLIS SHARKEY, certify:
(name of circulator)

I reside N7981 HWY 141 / CRIVITZ WI 54114
(circulator's residence - include number, street, and municipality)

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

[illegible] Sharkey
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Fred Smeester	9N5323 Wagner Road Amberg Wis 54102	☒ Town ☐ Village ☐ City Amberg	2-24-11
2. Barb Koehler	W11496 Van Beek Rd Crivitz WI 54114	☒ Town ☐ Village ☐ City of Stephenson	2-24-11
3. Robert P. Krueger	N6854 North 3rd St. Crivitz WI 54114	☒ Town ☐ Village ☐ City STEPHENSON	2/25/2011
4. Andrew Holmes	N6962 North 3rd St Crivitz WI	☒ Town ☐ Village ☐ City Stephenson	2-25-10
5. Dan Pasicki	W7696 Noquebay Crivitz WI	☒ Town ☐ Village ☐ City Stephenson	2-25-11
6. Dawn Schuyler	N11662 N Lost Lake Trail Athelstane WI	☒ Town ☐ Village ☐ City Athelstane	3/17/11
7. [illegible]	[illegible] Crivitz WI 54114	☐ Town ☒ Village ☐ City Crivitz	3/17/11
8. Michelle Schlaiss	W7648 North St Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Wausaukee	3/17/11
9. Corey Hansen	W7648 North St Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Wausaukee	3/17/11
10. Jannette K Everson	N9865 Quail Lane Crivitz WI 54114	☒ Town ☐ Village ☐ City Stephenson	3/17/11

Certification of Circulator

I, Gerald F Koehler, certify:
(name of circulator)

I reside at W11496 Van Beek Rd Crivitz, WI 54114 Town of Stephenson.
(circulator's residence - include number, street, and municipality)

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

17 March 2011
(date)

(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	N4279 Wolf River Dr. White Lake, Wi. 54491	☐ Town ☐ Village ☐ City	APR/3/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Patrick L. Jaskolski, certify:
(name of circulator)

I reside N4279 Wolf River Dr., White Lake, Wi. 54491.
(circulator's residence - include number, street, and municipality)

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

[signature]
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kathryn A. Smith	9885 Baker Lake Road	☑ Town ☐ Village ☐ City Minocqua, WI	4/2/11
2. Martin R. Smith	9885 Baker Lake Rd	☑ Town ☐ Village ☐ City Minocqua, WI	4/2/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Martin R. Smith, certify:
(name of circulator)

I reside 9885 Baker Lake Rd, Minocqua, WI 54548.
(circulator's residence - include number, street, and municipality)

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

Apr 2, 11
(date)

Martin R. Smith
(signature of circulator)

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

Page No. 3171

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 13
(jurisdiction or district of officeholder),

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carmen Tiontek	5736 St. Hwy 52 Wabeno, WI 54566	☒ Town ☐ Village ☐ City Freedom	3-6-11
2. Carmen Tiontek	5736 St. Hwy 52 Wabeno, WI 54566	☒ Town ☐ Village ☐ City Freedom	3-6-11
3. Mary Verich	5105 E. Silver Lake Laona WI 54541	☒ Town ☐ Village ☐ City LAONA	03/12-11
4. Dorothy A Verich	5105 E. Silver Lake Laona, WI 54541	☐ Town ☐ Village ☐ City LAONA	03/12-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Vicki Koch
(name of circulator), certify:

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

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

3/26/11
(date)

Vicki Koch
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Peter Albrecht	5425 Sugar Maple Rd Phelps, Wi 54554	☑ Town ☐ Village ☐ City	3/31/11
2. Jessica Seals	5425 Sugar Maple RD Phelps, WI 54554	☑ Town ☐ Village ☐ City	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Peter Albrecht (name of circulator), certify:

I reside 5425 Sugar Maple Rd. 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.

3/31/11 (date)

(signature of circulator)

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

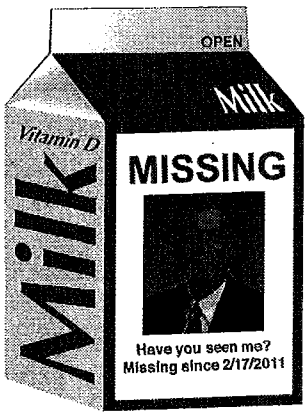
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lee E. Arndt	101 Knapp Road Three Lakes	☒ Town Three Lakes ☐ Village ☐ City	3-30-11
2. Dean M. Arndt	134 Knapp Road Three Lakes	☒ Town Three Lakes ☐ Village ☐ City	3-30-11
3. Donna M. Arndt	101 Knapp Road Three Lakes	☒ Town Three Lakes ☐ Village ☐ City	3-30-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Lee E Arndt, certify:
(name of circulator)

I reside at 101 Knapp Road Three Lakes, WI 54562.
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

Lee E. Arndt
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Alec A Albee	3758 TOWER ROAD	☒ Town ☐ Village ☐ City SUGAR CAMP	3/28/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, ALEC ALBEE, certify:
(name of circulator)

I reside at 3758 TOWER ROAD, RHINELANDER, WI 54501 SUGAR CAMP.
(circulator's residence - include number, street, and municipality)

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

3/28/11 (date)

Alec A. Albee (signature of circulator)

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

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	3800 Lake Aiden Rd	☒ Town ☐ Village ☐ City Sugar Camp	2/25/11
2. Paula Jenks	2944 Hwy 70 E	☒ Town ☐ Village ☐ City Washington (Eagle River)	2/25/11
3. [illegible]	1634 O'Neil Rd	☐ Town ☐ Village ☐ City Eagle River Eagle Waterville	2-25-11
4. [illegible]	6507 MAYWOOD LA	☒ Town ☐ Village ☐ City 3 LAKES	2-25-11
5. Lou A Dedij	5487 Cloverland Drive	☒ Town ☐ Village ☐ City E.R. Cloverland	2-25-11
6. Sandra L Glenlin	3919 Cloverland Dr	☒ Town ☐ Village ☐ City Sugar Camp	2/25/11
7. Mark H Glenlin	3919 Cloverland Dr	☒ Town ☐ Village ☐ City SUGAR CAMP	2/25/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Kim Simm (name of circulator), certify:

I reside 3860 Lake Aiden Dr Eagle River (circulator's residence - include number, street, and municipality).

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

3-1-11 (date) [illegible] (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Judy Langhoff	1711 Forest Rd Eagle River, WI	☒ Town ☐ Village ☐ City Washington	3/01/11
2. Jack W. Langhoff	1710 Forest Lane Eagle River WI	☒ Town ☐ Village ☐ City Washington	3/01/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Kim Simac, certify:
(name of circulator)

I reside 3860 Tula Vista Dr. Eagle River Lincoln WI. 54521.
(circulator's residence - include number, street, and municipality)

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

3-01-11
(date)

(signature of circulator)

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

Page No. 3177

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 pursuar

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard B Jensen	10991 Chequamegon DR.	☒ Town ☐ Village ☐ City Minocqua	3/1/2011
2. James E Pavegel	11060 OLD HWY 51 NORTH	☒ Town ☐ Village ☐ City ARBOR VITAE	3-1-2011
3. Rita Smith	312 Oneida Ave	☒ Town ☐ Village ☐ City Minocqua	3-1-11
4. John Smith	11233 Musky Bay LN.	☒ Town ☐ Village ☐ City Minocqua	3-1-11
5. John V. Pupke	1895 Koolish Rd	☒ Town ☐ Village ☐ City Minocqua	3-2-11
6. [illegible]	8897 Flintrock Dr.	☒ Town ☐ Village ☐ City Minocqua	3/2-11
7. Bob Andrews	12484 Bakken Rd	☒ Town ☐ Village ☐ City Boulder JCT	3/2-11
8. Dawn [illegible]	12484 Bakken Rd	☒ Town ☐ Village ☐ City Boulder JCT	3/2-11
9. [illegible]	8644 Bambi Ct	☐ Town ☐ Village ☐ City Woodruff	3/2-11
10. [illegible]	7164 Clowson Dr	☒ Town ☐ Village ☐ City Hazelhurst	3/2-11

Certification of Circulator

I, X David O. Sprister
(name of circulator), certify:

I X reside at 2410 Hwy 155 St Germain
(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 jurisdictior istrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indica pposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable unde 12.13(3)(a), Wis. Stats.

X 3/24/2011
(date)

X David O. Sprister
(signature of circulator)

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

Page No. 3/79

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	7550 Blue lake cove lake minocqua	☒ Town ☐ Village ☐ City Minocqua	3/26/11
2.	3870 Cemetery Lac Du Flambeau	☒ Town ☐ Village ☐ City Lac Du Flambeau	3/26/2011
3.	2900 W Pokegama Lk TRL. Lac Du Flambeau	☒ Town ☐ Village ☐ City Lac Du Flambeau	3/26/11
4.	12633 Big Lake Road Minocqua	☒ Town ☐ Village ☐ City Minocqua	3/26/11
5.	11250 Bay Ridge Rd Minocqua WI 54568	☒ Town ☐ Village ☐ City Minocqua	3/26/11
6.	11735 Faulkner Ln Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3/26/11
7.	2179 Wildcat Ln Lac du Flambeau, WI 54538	☒ Town ☐ Village ☐ City Lac du Flambeau	3/26/11
8.	P.O. Box 1113 2490 Indian Village St Lac du Flambeau	☒ Town ☐ Village ☐ City Lac du Flamb	3-26-11
9.	PO Box 40 12802 Cemetery Rd Lac du Flambeau	☒ Town ☐ Village ☐ City Lac du Flambeau	3/26/11
10.	Manitowish Wtrs 12354 Fitzgerald Ln	☒ Town ☐ Village ☐ City Manitowish Water	3-26-11

Certification of Circulator

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

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

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

March 28, 2011 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 3179

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David D. [illegible]	1784 Buckhorn Circle Weld Ruff	☐ Town ☒ Village ☐ City Arbor Vitae	3-26-11
2. [illegible]	1784 Buckhorn Circle Weld Ruff	☐ Town ☒ Village ☐ City Arbor Vitae	3/26/11
3. Patty [illegible]	7609 Stasburg Rd Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/26/11
4. Allen Sturgeon	~~Winchester~~ Winchester 2034 Townsite Road	☒ Town ☐ Village ☐ City Winchester	3/26/11
5. Kristina Wolfe	2244 County Hwy D Lac du Flambeau, WI	☒ Town ☐ Village ☐ City Lac du Flambeau	3/26/11
6. Richard Burnett Sr.	11183 Tonia Dr. Arbor Vitae	☒ Town ☐ Village ☐ City Arbor Vitae	3/6/11
7. Ed F. Bluzewski	609 Shepard St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/26/11
X 8. [illegible]	9683 Manogue Ln Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/26/11
9. Michelle Nolan	2015 Hwy 47 Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	3/26/11
10. Rebecca Sorlien	~~P.O. Box 43~~ 2854 Little Pines Rd Lac du Flambeau, WI 54538	☒ Town ☐ Village ☐ City Lac du Flambeau	3/26/11

Certification of Circulator

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

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

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

March 28, 2011 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 3180

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Zachary Zentz	1426 Dennis Dr. Arbor Vitae, WI 54568	☐ Town ☒ Village ☐ City Arbor Vitae	3/26/11
2. Joh Lohemeier	7608 Strasburg ROAD Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/26/11
3. Bridget Ahrns	7994 Timber Dr Lake Tomahawk, WI 54539	☒ Town ☐ Village ☐ City Lake Tomahawk	3/26/11
4. [illegible]	601 WILD RICE AV 54555 Lac Du Flambeau	☒ Town ☐ Village ☐ City Lac du Flambeau	3/26/11
5. Bill Anderson	5874 French Lane Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	3/26/11
6. Riley Searles	10977-13 Hwy 70E Arbor Vitae WI	☐ Town ☒ Village ☐ City Arbor Vitae	3/26/11
7. [illegible]	8600 Oak Peak Circle Minocqua, WI, 54548	☒ Town ☐ Village ☐ City Minocqua	3/26/11
8. [illegible]	622 Newell Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3/26/11
X 9. Madelyn Menard	Island City Hazel Lanes Bernie Loa	☒ Town ☒ Village ☐ City Hazelhurst	3/26/11
10. Danielle Wildcat	514 Peace Pipe Rd LDF	☒ Town ☐ Village ☐ City Lac du Flambeau	3/26/11

Certification of Circulator

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

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

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

March 28, 2011 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 18,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Julie Schaal Julie Schaal	14381 Hwy 32/64 Mountain, WI 54149	☒ Town ☐ Village ☐ City	3/4/2011
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Paul J Socha, certify:
(name of circulator)

I reside at 13435 Airport Rd Pound WI 54161 Town of Mountain.
(circulator's residence - include number, street, and municipality)

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

3-4-11
(date)

Paul Socha
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	502 S Clermont Antigo WIS 54409	☐ Town ☐ Village ☐ City Antigo.	3/21/11
2. Catherine Lenzner	1220 Belegllse Street Antigo, WI 54409	☐ Town ☐ Village ☑ City Antigo	3/21/11
3.	177 [illegible]	☐ Town ☐ Village ☑ City [illegible]	3-21-11
4.	W900 Hwy 64 Antigo, WI 54409	☐ Town ☐ Village ☑ City Antigo	3-21-11
5.	N1180 Trail Rd Antigo WI 54409	☐ Town ☑ Village ☑ City Rolling / Antigo	3 21-11
6.	929 Loon Lake Rd Eagle River Wi 54521	☒ Town ☐ Village ☐ City Eagle River	3-21-11
7.	324 Kelly St Antigo, WI 54409	☑ Town ☐ Village ☐ City Antigo	3-21-11
8. William J Fol	W10699 Enterprise Ln Rd Elcho WI	☐ Town ☑ Village ☐ City Elcho	3-21-11
9.	933 6 Ave Antigo	☐ Town ☐ Village ☑ City Antigo	3-21-11
10. Frank Steinbrook	635 Dorr St Antigo	☐ Town ☐ Village ☑ City Antigo	3-22-11

Certification of Circulator

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

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

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

3-25-2011
(date)

Larry W. Schumacher
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tracy R Drewes	234 Superior St Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
2. Nicholas J. Parmer Nicholas J. Parmer	W19127 Lakeview Dr Aniwa, WI 54408	☐ Town ☒ Village ☐ City Aniwa	3-21-11
3. Nina M. Briggs Nina Briggs	W19147 Lakview Dr Aniwa, WI 54408	☐ Town ☒ Village ☐ City Aniwa	3-21-11
4. Andrea Heyman Andrea Heyman	603 Bedford Antigo	☐ Town ☐ Village ☒ City Antigo	3-21-11
5. Amy Drexler	231 Mary St Antigo	☐ Town ☐ Village ☒ City Antigo.	3-21-11
6. Hailey Mader	260 Maple St. Birnamwood	☐ Town ☐ Village ☐ City Birnamwood	3-21-11
7. Susan Moffat	324 Kelly St Antigo	☒ Town ☐ Village ☐ City antigo	3-21-11
8. Bryan Jennings	W10974 Hwy C Deerbrook	☒ Town ☐ Village ☐ City Deerbrook	3/21/11
9. Jan Curtis	Antigo Antigo 517 Dorr St.	☐ Town ☐ Village ☒ City Antigo	3/21/11
10. Katy Brittenham	Antigo 517 Dorr St	☐ Town ☐ Village ☒ City Antigo	3/22/11

Certification of Circulator

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

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

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

3-25-2011 (date) Larry W. Schumacher (signature of circulator)

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

Page No. 3184

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mark Tilson	N2080 Cty Rd S Antigo Wis 54409	☑ Town ☐ Village ☐ City Norwood	3/21/11
2. David R Stillings	501 2nd Ave Antigo WI 54409	☐ Town ☐ Village ☑ City Antigo	3/21/11
3. Jay Bonnell	Antigo 54409 N1885 Maple Rd	☒ Town ☐ Village ☐ City Rolling	3/21/11
4. Mike Infanti	1422 Edison St. Antigo WI, 54409	☐ Town ☐ Village ☑ City Antigo	3/21/11
5. [illegible]	N1810 TROUT ROAD ANTIGO WI 54409	☑ Town ☐ Village ☐ City ROLLING	3/21/11
6. Brooke Resch	N5370 Church Rd Deerbrook WI 54424	☐ Town ☑ Village ☐ City Deerbrook	3/21/11
7. Kevin P. McKenna	818 Eastview Drive Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	3/21/11
8. Renee Gurnon	5556 Blong Rd Phelps WI 54409	☑ Town ☐ Village ☐ City Phelps	03/22/11
9. LEONARD LEITZKE	W10649 Cole St. Apt 11 ELCHO 54428	☐ Town ☐ Village ☐ City ELCHO	3-22-11
10. Justin Bohn	W10649 Cole ST. Apt 5 ELCHO 54428	☒ Town ☐ Village ☐ City ELCHO	3-22-11

Certification of Circulator

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

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

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 3185

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David Bommin	N1545 Maple Rd Antigo WIS	☒ Town ☐ Village ☐ City Rolling	3/21/11
2. Dakota DeLaPend	N1278 County Rd S Antigo WI	☒ Town ☐ Village ☐ City Phlox	3/21/11
3. Jordan Sorano	917 Patton St. Antigo WI	☒ Town ☐ Village ☐ City Antigo	3/21/11
4. Kim Ley	424 Edison St Antigo, WI	☒ Town ☐ Village ☐ City Antigo	3/21/11
5. Kyle Esterly	424 Edison St Antigo, WI	☒ Town ☐ Village ☐ City Antigo	3/21/11
6. Amanda Walrath	W10081 Hwy X Antigo, WI	☒ Town ☐ Village ☐ City Rowling	3/21/11
7. Beth Reinke	N7160 Cty Rd B Deerbrook, WI 54424	☐ Town ☒ Village ☐ City Neva	3-21-11
8. Shawn McCarty	536 Delaglise Antigo WI	☐ Town ☐ Village ☒ City Antigo	3-21-11
9. Stephanie Holperin	W10770 Merlin Rd. Summit Lake, WI 54485	☐ Town ☐ Village ☐ City Upham ~~Summit Lake~~	3/22/11
10. Mary Kathe	1314 Clermont Street Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-22-11

Certification of Circulator

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

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

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

March 25, 2011 (date)

Larry W Schumacher (signature of circulator)

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

Page No. 3186

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dianne Kidd	1235 S. Farming Rd Woodruff, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3-8-11
2. Randal Albrecht	8157 Hwy 51 S Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-8-11
3. [illegible]	1235 S. Farming Rd Arbor Vitae Wis.	☐ Town ☐ Village ☐ City Arbor Vitae	3-8-11
4. [illegible]	8140 Pine Terrace Dr St. Germain WI 54558	☒ Town ☐ Village ☐ City St. Germain	3-9-11
[illegible]	8389 Camp Pinemoren Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3.10.11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, GERALD B. INMAN (name of circulator), certify:

I reside at 331 PARK AVE - 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.

3/25/11
(date)

(signature of circulator)

Page No. 3187

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	W9172 Town Corner Lake Rd Pembine 54156	☒ Town ☐ Village ☐ City Pembine	3/29/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Art Lettke, certify:
(name of circulator)

I reside W9172 Town Corner Lake Rd Pembine WI 54156.
(circulator's residence - include number, street, and municipality)

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

March 29, 2011
(date)

[signature]
(signature of circulator)

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

Page No. 3188

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patricia A. Reischl	4385 Quade Ln Crandon, Wi 54520	☒ Town ☐ Village ☐ City Lincoln	3/30/11
2. Edward H. Reischl	4385 QUADE LN CRANDON, WI, 54520	☒ Town ☐ Village ☐ City LINCOLN	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, EDWARD H. REISCHL, certify:
(name of circulator)

I reside 4385 QUADE LN, CRANDON WI 54520 (LINCOLN).
(circulator's residence - include number, street, and municipality)

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

3/30/11
(date)

Edward H. Reischl
(signature of circulator)

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

Page No. 3184

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Charles J Hagen	5847 CTY A Rhinelander	☑ Town ☐ Village ☐ City CRESCENT	3-26-11
2. [illegible]	2012 WAHWATNO RD Rhinelander	☑ Town ☐ Village ☐ City CRESCENT	3-26-11
3. Joyce Blomberg	W7284 Theis Rd Rhinelander	☑ Town ☐ Village ☐ City Harrison	3-26-11
4. Mary Dalka	W1198 Cty Hwy A Rhinelander	☑ Town ☐ Village ☐ City Harrison	3-26-11
5. Lynn Dalka	W1198 Cty Hwy A Rhinelander	☑ Town ☐ Village ☐ City Harrison	3-26-11
6. Jesse Tate	10915 Woodsmoke Ct Tomahawk	☑ Town ☐ Village ☐ City Little Rice	3-27-11
7. Bradley Z [illegible]	N9947 MOHAWKSIN RD TOMAHAWK WI 54487	☑ Town ☐ Village ☐ City BRADLEY	3-27-11
8. Jim Rollman	6198 Noisy Creek Rhine. WI 54501	☑ Town ☐ Village ☐ City CRESCENT	3-27-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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

March 28, 2011 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Elaine Peter	9056 Co Rd H Eagle River, WI 54521	☒ Town ☐ Village ☐ City Sugar Camp	3-28-11
2. Gladys Zulkowski	1165 Draga Rd. Eagle River	☐ Town ☐ Village ☐ City Lincoln	3-28-11
3. Thomas J. Lisch	543 N. Bond St EAGLE RIVER, WIS	☐ Town ☐ Village ☐ City EAGLE RIVER	3-28-11
4. Gary McGreg	4162 Trails End Rd Rhinelander WIS	☐ Town ☐ Village ☐ City Rhinelander	3-28-11
5. Jerry Dombrowski	5383 Wm VR 1 Rhinelander	☐ Town ☐ Village ☐ City Pine Lake	3-28-11
6. [illegible]	1004 Lincoln St Rhinelander WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3-28-11
7. Susan M [illegible]	533 Thayer St Rhinelander, WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3-28-11
8. Rebecca Young	315 N Steven St Apt B Rhinelander, WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3-28-11
9. Linda Dinmann	724 Lake Rd. E.R. 54521	☐ Town ☐ Village ☐ City Eagle River	3-28-11
10. Danielle Kiazza	4801 Prairie Trl Rhinelander, WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3-29-11

Certification of Circulator

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

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

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

3-31-11 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 3101

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	7911 County D E.R. WI 54521	☐ Town ☐ Village ☐ City Sugar Camp	3/28/11
2. [illegible]	328 W. Pine St. E.R. WI 54201	☐ Town ☐ Village ☐ City Eagle River	8/28/11
3. [illegible]	2743 Hwy 51 A U WI 54568	☐ Town ☐ Village ☐ City Minocqua	3/28/11
4. [illegible]	340 Sumac Trail Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3/28/11
5. [illegible]	718 Dorr Ave Rhinelander WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3-28-11
6. [illegible]	13 W Prospect Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3-28-11
7. [illegible]	315 N. Stevens St. Apt. # B Rhinelander WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3-28-11
8. [illegible]	433 N. Stevens St Rhinelander WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3-28-11
9. [illegible]	4543 River Beach Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3-29-11
10. [illegible]	628 Rick St Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3-29-11

Certification of Circulator

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

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

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

3-31-11 (date)

Larry W. Schumacher (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Val Tyler	3275 S. River Rd Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
2. Kristine Anderson	803 E Timber Dr. Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
3. Mary McKeown	355 Woodland Hts Rd Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-29-11
4. Deborah L. Schinke	1108 Calkins St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-29-11
5. [illegible]	5240 Forest Lane	☐ Town ☐ Village ☒ City Rhinelander	3-29-11
6. Sarah S[illegible]	4102 Camp 4 Rd Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3-29-11
7. Joshua [illegible]	5554 Jennie Webber Lk Rd Rhinelander, WI	☒ Town ☐ Village ☐ City Sugar Camp	3-29-11
8. Marita Levine	5060 Hwy G Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	3/30/11
9. Matt Van[illegible]	3727 Oakcrest Ln Eagle River WI 54521	☒ Town ☐ Village ☐ City Washington	3/30/11
10. [illegible] Sviontek	Eagle River Wi 54521 615 Wisconsin St.	☐ Town ☐ Village ☒ City Eagle River	3/30/11

Certification of Circulator

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

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

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

3-31-11 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 3143

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Darlene Marteneau	7460 HWY 45/32N Three Lakes	☒ Town ☐ Village ☐ City THREE LAKES, WI	3/30/11
2. Martha Rosenthal	Eagle River 1201 Maple Lane	☐ Town ☒ Village ☐ City Eagle River	3/30/11
3. [illegible]	1407 Woodland Dr. Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/30/11
4. [illegible]	8491 Col. Himes Rd THREE LAKES, WI 54562	☒ Town ☐ Village ☐ City 3 LAKES	3/30/11
5. [illegible]	991 Harris Lane Arbome WI 54511	☒ Town ☐ Village ☐ City Arbome	3/30/11
6. Judy [illegible]	6671 Hwy 17N Phelps	☒ Town ☐ Village ☐ City Sugar Camp	3/30/11
7. [illegible]	[illegible] 210 Ohio St. E.R. WIS	☐ Town ☐ Village ☐ City Eagle River	3/30/11
8. [illegible]	517 Minnesota St. Eagle River	☐ Town ☐ Village ☒ City Eagle River	3/30/11
9. [illegible]	1163 Owlstown Dr. Eagle River WI	☒ Town ☐ Village ☒ City Eagle River	3/30/11
10. [illegible]	Eagle River WI 5163 Wisconsin St.	☐ Town ☐ Village ☒ City Eagle River	3/30/11

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.

3-31-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patty Bonach	6871 Hwy 17 N Rhinelander WI	☒ Town ☐ Village ☐ City Sugar Camp	3-30-11
2. Trudy Tuma	1176 Mamewanka Dr 3 Lakes Wis	☒ Town ☐ Village ☐ City Three Lakes	3-30-11
3. Pamela Mynca	7935 Hwy X Three Lakes WI	☒ Town ☐ Village ☐ City Three Lakes	3-30-11
4. Joshua Stagman	6966 winkler rd three lakes WI	☒ Town ☐ Village ☐ City Three lakes	3/30/11
5. [illegible]	7345 Russell Rd 3 Lakes	☒ Town ☐ Village ☐ City 3 Lakes	3/30/11
6. Sandy Stolz	1648 Superior 3 Lakes	☒ Town ☐ Village ☐ City 3 Lakes	3/30/11
7. [illegible]	Eagle River 517 L minnisota st	☐ Town ☐ Village ☒ City Eagle River	3/30/11
8. Jamie R Kapinski	311 Illinois St. Eagle River, WI	☐ Town ☐ Village ☒ City Eagle River	3/30/2011
9. Iris Fullan	Eagle River, WI 522A Wisconsin St	☐ Town ☐ Village ☒ City Eagle River	3/30/2011
10. [illegible]	Eagle River WI 522 APB Wisconsin St	☐ Town ☐ Village ☒ City Eagle River Eagle River	3/30/2011

Certification of Circulator

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

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

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

3-31-11 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lori Brooks	4576 Moore St Wabeno, WI 54566	☒ Town ☐ Village ☐ City Wabeno	3/29/11
2. Alison Roberts	3909 Sugarbush Ln Wabeno, WI 54566	☒ Town ☐ Village ☐ City Wabeno	3/29/11
3. [illegible]	W4575 City Rd X Gleason WI 54435	☒ Town ☐ Village ☐ City Gleason	3/29/11
4. [illegible]	3883 City Rd A Rhinelander WI 54501	☒ Town ☐ Village ☐ City Sugar camp	3/29/11
5. [illegible]	517 Wisconsin Ave Rhinelander WI 54501	☒ Town ☐ Village ☐ City Rhinelander	3/29/11
6. Gary E Renner	396 Woodland Hts Terr Rhinelander Wis	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
7. Amy Eckardt	319 Anne St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
8. Tim Lundberg	4811 Hwy 17 North Rhinelander WI	☒ Town ☐ Village ☐ City Pinelake	3/29/11
9. [illegible]	213 b East Wall St Eagle River, WI 54521	☐ Town ☐ Village ☒ City Eagle River	3/30/11
10. Debra Johnson	4063 Church Rd Conover WI 54519	☒ Town ☐ Village ☐ City Conover	3/30/11

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.

3-31-11
(date)

Larry W. Schumacher
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 3196

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dorothy A. Leland	N10450 Maple Highland Dr Tomahawk Wis.	☒ Town King ☐ Village ☐ City	3/30/11
2. Jay D. Leland	N10450 Maple Highland Tomahawk, WIS.	☒ Town KING ☐ Village ☐ City	3/30/11
3. Irene F. Uttech	109 W Spirit ave Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	3/30/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, IRENE F. UTTECH, certify:
(name of circulator)

I reside 109 W SPIRIT AVE TOMAHAWK WI.
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

Irene F. Uttech
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	2895 Fishtrap Road Boulder Jct., WI.	☐ Town ☒ Village ☐ City Boulder Jct.	04/01/11
2. Lee E. Nielsen	11411 Spruce Rd Arbor	☒ Town ☐ Village ☐ City Arbor Vitae	4/3/11
3. [illegible] Schroeder	8436 Mast Dr.	☒ Town ☐ Village ☐ City Minocqua	4/5/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Lee Nielsen (name of circulator), certify:

I reside 11411 Spruce Rd Arbor Vitae (circulator's residence - include number, street, and municipality).

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

4/8/11 (date) [signature] (signature of circulator)

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Page No. 3198

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jennifer L. Schmidt	W17935 Reed St Wittenberg WI 54499	☒ Town ☐ Village ☐ City Wittenberg	3-7-11
2. [illegible]	W17935 Reed St Wittenberg WI 54499	☒ Town ☐ Village ☐ City Wittenberg	3/7-11
3. [illegible] Schmidt	445 Main St. Birnamwood WI 54414	☐ Town ☒ Village ☐ City Birnamwood	3-7-11
4. [illegible]	W18430 Norway Pine Ln Wittenberg WI 54499	☒ Town ☐ Village ☐ City Wittenberg	3/8/11
5. Allen N Kohn	W18260 Basswood Ln Wittenberg WI 54499	☒ Town ☐ Village ☐ City Wittenberg	3/21/11
6. Sharon Kohn	W18260 Basswood Ln Wittenberg WI 54499	☒ Town ☐ Village ☐ City Wittenberg	3/21/11
7. [illegible]	N5389 Oriole Rd. Wittenberg WI 54499	☒ Town ☐ Village ☐ City Wittenberg	3/21/11
8. [illegible]	N5389 Oriole Rd Wittenberg, WI 54499	☒ Town ☐ Village ☐ City wittenberg	3/21/11
9. [illegible]	W17268 Spruce Rd Wittenberg, WI 54499	☒ Town ☐ Village ☐ City Wittenberg	3/25/11
10. Anita Wruck	3000 Vital St. Wittenberg Wi. 54499	☐ Town ☐ Village ☒ City Wittenberg	3/31/11

Certification of Circulator

I, Jennifer L. Schmidt, certify:
(name of circulator)

I reside W17935 Reed St, Wittenberg WI 54499.
(circulator's residence - include number, street, and municipality)

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

3-31-11
(date)

Jennifer L. Schmidt
(signature of circulator)

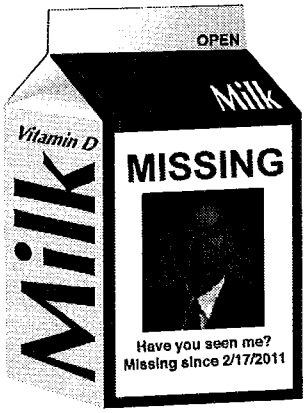
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bob Stickney	W5748 Hwy 64 - PO Box 306 Antigo	☑ Town ☐ Village ☐ City Antigo	3/29/11
2. Roy Kleikamp	2757 Co Rd Antigo WIS 54409	☑ Town ☐ Village ☐ City Antigo	3-29-11
3. Judy U. Schmidt	N9827 Whippoorwill Drive Birnamwood, WI 54414	☐ Town ☐ Village ☐ City Aniwa	3-29-11
4. Donna Young	N9682 Crystal Lake Rd Pickerel WI 54465	☐ Town ☑ Village ☐ City Ainsworth	3/29/11
5. Sue Zarda	124 Fairlard St Antigo WI 54409	☐ Town ☐ Village ☑ City Antigo	3/29/11
6. Mike [illegible]	316 Virginia St Antigo WI	☐ Town ☐ Village ☑ City Antigo	3/29/11
7. Dawn Kuhn	W7642 Hwy AA Antigo WI 54409	☐ Town ☐ Village ☐ City Norwood	3/29/11
8. Cecilia L. Dembach	117 Forest Ave. Antigo WI 54409	☑ Town ☐ Village ☐ City Antigo	3/29/11
9. Amy J. Vogel	1007 6th Ave Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	3-29-11
10. Mike Hintzke	N937 Sugar Bush Rd Antigo WI 54409	☐ Town ☐ Village ☐ City Rolling	3-29-11

Certification of Circulator

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

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

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

3-29-11 (date)

Laurie Hottenstein (signature of circulator)

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

Page No. 3200

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