RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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]	Boot Lake Rd N9477 [illegible], WI	☑ Town ☐ Village ☐ City Wausaukee	4-19-11
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, RICHARD SALWAY (name of circulator), certify:

I reside 5826 BRIERLEY LN HOUSTON TX 77084 (circulator's residence - include number, street, and municipality).

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

4-19-11
(date)

Richard Salway
(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. 3201

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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.	602 Marshall St. Ashland WI 54311	☒ Town ☐ Village ☐ City Ashland	04-18-11
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, Jean Stussie, certify:
(name of circulator)

I reside 8408 Engler Ave St John Mo 63114.
(circulator's residence - include number, street, and municipality)

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

4/18/11
(date)

Jean Stussie
(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. 3202

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Pat [illegible]	9485 Cty Rd UU Withenbee Co.	☐ Town ☐ Village ☐ City Frazer	4-14-11
2. [illegible]	2160 OLD RD TOMAHAWK	☐ Town ☐ Village ☐ City TOMAHAWK	4-14-11
3. [illegible]	310 W. Lincoln Ave #37 Tomahawk	☐ Town ☐ Village ☐ City Tomahawk	4-14-11
4. [illegible]	W3805 County Rd D TOMAHAWK, WI 54487	☐ Town ☐ Village ☐ City KING	4-14-11
5. Arlene Ruplinger	W7281 Loop Rd Tomahawk WI 54487	☐ Town ☐ Village ☐ City Bradley	4-14-11
6. Jessica Spencer	417 E. Washington Ave Tomahawk WI 54487	☐ Town ☐ Village ☐ City Bradley	4-14-11
7. [illegible]	1017 Little Lake Minocqua WI 54548	☐ Town ☐ Village ☐ City Minocqua	4-14-11
8. Beth A. Hardman	507 Oneida St. #1 Minocqua, WI 54548	☐ Town ☐ Village ☐ City Minocqua	4-14-11
9. Edna [illegible]	614 E. Oak Chicago	☐ Town ☐ Village ☐ City Minocqua	4-14-11
10. [illegible]	8907 HWY H Eagle River, WI	☐ Town ☐ Village ☐ City Sugar Camp	4-14-11

Certification of Circulator

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

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

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

4/14/11
(date)

(signature of circulator)

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Page No. 3203

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Joyce Obliowitsky	9485 Cty Rd VV Wittenberg, WI 54499	☒ Town ☐ Village ☐ City Franzen	4-14-11
2. Dan Hammrich	N11129 Clear Lake Rd Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4-14-11
3. Don Clark	310 W. Leather Ave 54487 Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4-14-11
4. [illegible]	759 Blaine Eagle	☒ Town ☐ Village ☐ City Eagle River	4-14-11
5. Dave Pontney	54321 Willow Dr. ~~8454 W. Kathan~~	☐ Town ☐ Village ☒ City Eagle River	4-14-11
6. [illegible]	8454 W. Kathan	☐ Town ☐ Village ☒ City Eagle River	4/14/11
7. [illegible]	1510 Loggers Run Rd	☐ Town ☐ Village ☒ City Eagle River	4/14/11
8. [illegible]	2885 Columbus	☐ Town ☐ Village ☒ City Eagle River	4/14/11
9. [illegible]	1224 Tyson	☐ Town ☐ Village ☒ City EK Eagle River	4/14/11
10. Dennis Arpke	P.O. Box 2266 Eagle River, Wi.	☒ Town ☐ Village ☐ City Washington	4/14/11

Certification of Circulator

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

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

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

4/14/11
(date)

(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. Dennis R. Vellinow	11827 N. Pow 4 Rd Hurley WI 54534	☐ Town ☐ Village ☑ City Hurley	4/14/11
2. [illegible]	82836 Voss Rd Phillips	☐ Town ☐ Village ☑ City Phillips	4/14/11
3. [illegible]	4485 Jack Pine Ln Conover, WI 54519	☑ Town ☐ Village ☐ City Conover	4-14-11
4. Sue & Jay Cayo	P.O. Box 1244 Eagle River, 54521	☐ Town ☐ Village ☑ City Eagle River	4/14/11
5. Eugeanne Wiler	P.O. 275 Eagle River, WI. 54521	☐ Town ☐ Village ☑ City ER Eagle River	4-14-11
6. Jerry E. Wiler	Wisconsin Ave. Eagle River, WI. 54521	☐ Town ☐ Village ☑ City Eagle River	4-14-11
7. Eric Schmitt	Eagle River - WI 54521	☑ Town ☐ Village ☐ City Sugarcamp	4/15/11
8. [illegible]	[illegible] E Wall St. Eagle River WI 54521	☐ Town ☐ Village ☑ City ER River	4/15/11
9. [illegible]	7224 N. Main St Hiles WI	☑ Town ☐ Village ☐ City Hiles	4-15-11
10. [illegible]	Three Lakes	☑ Town ☐ Village ☐ City 3 Lakes WI.	4-15-11

Certification of Circulator

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

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

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

4/15/11
(date)

(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.)

Senator, Jim Holperin, who fled Wisconsin for three weeks leaving our district without representation

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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. Julie Van Ginkel	1885 Old Hwy 69 Florence WI 54121	☒ Town ☐ Village ☐ City Florence	4/6/11
2. Charles M. Ginkel	1885 Old Hwy 69 Florence WI 54121	☒ Town ☐ Village ☐ City Florence	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, Julie Van Ginkel (name of circulator), certify:

I reside 1885 Old Hwy 69 Florence WI 54121 (circulator's residence - include number, street, and municipality).

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

4/7/11 (date)

Julie Van Ginkel (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. 3206

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Merwin Schaar	806 Madison St	☒ Town ☐ Village ☐ City Merrill	4-19-11
2. Roger Zerbe	804 E 8th St	☐ Town ☐ Village ☐ City Merrill	4-19-11
3. Billy Judd	1805 E 10th St	☐ Town ☐ Village ☒ City Merrill	4-19-11
4. Megan Wiese	1708½ E Main St	☐ Town ☐ Village ☒ City Merrill	4-19-11
5. Amber Suhling	1708½ E Main St	☐ Town ☐ Village ☒ City Merrill	4-19-11
6. Anita Geiger	N4800 Springlake Rd	☐ Town ☐ Village ☐ City Merrill	4-19-11
7. Paul Silva		☐ Town ☐ Village ☒ City Merrill	4/19/11
8. Jennifer Jahnke	W2400 St Rd 64	☐ Town ☐ Village ☐ City Merrill	4-11-11
9. Ashley M. Ruetzebe	1320 Water Street	☒ Town ☐ Village ☐ City Merrill	4-19-11
10. Ann Bn	W2229 St Hwy 64	☒ Town ☐ Village ☐ City Merrill	4-19-11

Certification of Circulator

I, SHERRI FERRELL (name of circulator), certify:

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

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

4/19/11 (date)

Sherri E. Ferrell (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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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. Kathryn A Grill	N10956 Hwy. 17-S Gleason, WI 54435	☒ Town ☐ Village ☐ City GLEASON	4-18-11
2. [illegible]	4383 FOREST LN RHINELANDER, WI	☒ Town ☐ Village ☐ City NEWBOLD	4-18-11
3. Jennifer Kusmarek	7461 Loe Pine Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City SUGAR CAMP	4-18-11
4. Kathleen Ulege	4052 Co Rd W Rhinelander WI	☐ Town ☐ Village ☒ City Pine Lake	4/18/11
5. [illegible]	7831 WOODLAND DR Muskellunge Highlands	☒ Town ☐ Village ☐ City Lake Tomahawk	4/18/11
6. [illegible]	1809 RANGE RD ST. GERMAIN	☒ Town ☐ Village ☐ City ST. GERMAIN	4/18/11
7. Pat Beals	2960 Lock Dr	☒ Town ☐ Village ☐ City Lac Vieux Desert	4-18-11
8. Lois Kettner	4283 County W Rhinelander	☒ Town ☐ Village ☐ City Pine Lake	4-18-11
9. [illegible]	8018 [illegible] Tisch [illegible]	☒ Town ☐ Village ☐ City [illegible]	4-18-11
10. [illegible]	205 S 3rd Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4-18-11

Certification of Circulator

I, SHERRI FERRELL (name of circulator), certify:

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

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

4/18/11 (date)

Sherri E. Ferrell (signature of circulator)

Page No. 3208

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RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Nancy Duran	W2335 Cty Rd D Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Harrison	4/18/11
2. Hector Mascorro	W1660 BEAR TRAIL RD.	☒ Town ☐ Village ☐ City HARRISON	4/18/11
3. Marilyn O'Leary	N11016 Co Rd A	☐ Town ☐ Village ☒ City Tomahawk	4-18-11
4. Rachael White	N11158 Clear Lake Rd	☐ Town ☐ Village ☒ City Tomahawk	4-18-11
5. MaryJo Callahan	W7237 Somo Dam Dr	☒ Town ☐ Village ☐ City Wilson	4-18-11
6. Lois M Wolf	1517 Pine Ridge Tomahawk, WI	☐ Town ☐ Village ☒ City Tomahawk	4-18-11
7. Brandon M Kallerud	W7239 Hay Creek Lane	☐ Town ☐ Village ☒ City Tomahawk	4-18-11
8. Sue Thompson	15 B Pine Ridge Rd, Tomahawk, WI	☐ Town ☐ Village ☒ City TOMAHAWK	4/18/11
9. Mary Petrowske	608 6th North Apt 4	☒ Town ☐ Village ☐ City Hurley WI	4/18/11
10. [illegible]	1209 E Somo Ave	☐ Town ☐ Village ☒ City Tomahawk	4/18/11

Certification of Circulator

I, SHERRI FERRELL, certify:
(name of circulator)

I reside 204 BERKSHIRE DR COCOA FL 32922
(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 trict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated osite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 13(3)(a), Wis. Stats.

4/18/11
(date)

Sherri E. Ferrell
(signature of circulator)

(Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
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Page No. 3209

RECALL PETITION

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

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

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

THE MUNICIPALITY 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. Angie Sillars	N5776 Woodenware Rd Irma, WI 54442	☒ Town ☐ Village ☐ City Rockfalls	4/18/11
2. Jason Sill	N5776 WoodenWare Rd Irma, WI 54442	☒ Town ☐ Village ☐ City Rockfalls	4/18/11
3. Jim During	N11062 River Rd. Tomahawk, WI	☒ Town ☐ Village ☐ City Tomahawk	4/18/11
4. Sue Holtman	N389 Brush Rd Merrill	☐ Town ☐ Village ☒ City Merrill	4-18-11
5. Amy Hein	114 W. 10th St Merrill	☐ Town ☐ Village ☒ City Merrill	4-18-11
6. [illegible]	N2615 Forks Rd. Merrill WI	☒ Town ☐ Village ☐ City Harding	4-18-11
7. Natalie Smith	N2819 CO. RD K Merrill, WI.	☒ Town ☐ Village ☐ City Merrill	4-18-11
8. Kelly M. Hutchison	1604 E 9th St. MERRILL WI 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
9. ERICH K. BELZ	N5621 PETERSON RD GLEASON, WI	☒ Town ☐ Village ☐ City GLEASON	4-18-11
10. Reyne Blaise	703 Hollywood Drive Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	4/18/11

Certification of Circulator

I, SHERRI FERRELL (name of circulator), certify:

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

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

4/18/11 (date)

Sherri E. Ferrell (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

9

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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]	5 Spider Lk. Rd.	☒ Town ☐ Village ☐ City Manitowish Waters	4-19-11
2. William [illegible]	3344 HWY 139	☒ Town ☐ Village ☐ City LONG LAKE	4-19-11
3. Dawn Menner Rocdeski	4633 TANGLEWOOD EAGLE RIVER WI	☒ Town ☐ Village ☐ City EAGLE RIVER	4-19-11
4. ~~Mary Lu~~ Mary Lu Dietsche	3873 W. pines Sq. Rd.	☒ Town ☐ Village ☐ City Tomahawk	4-19-11
Margaret J Parks	7131 Hwy K	☒ Town ☐ Village ☐ City Crescent	4-19-11
Elmer J Nelson	11430 Youngs Ln.	☒ Town ☐ Village ☐ City Three Lakes	4-19-11
7. Margaret M. Nelson	11430 Youngs Lane	☐ Town ☐ Village ☐ City Three Lakes	4-19-11
8. Karen Rennick	7596 Blackberry	☐ Town ☐ Village ☐ City Sugar Camp	4-19-11
9. Benjamin Hanson	1646 Davenport St. #16 Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4-19-11
10. Amber Randall	387 Woodland Heights Apt. Rhinelander	☒ Town ☐ Village ☒ City Rhinelander	4-19-11

Certification of Circulator

I, SHERRI FERRELL (name of circulator), certify:

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

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

4/19/11 (date)

Sherri E. Ferrell (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	411 E. Somo Ave Tomahawk, WI 54487	☐ Town ☐ Village ☒ City TOMAHAWK	4/18/11
2.	86 South 2nd Street Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4/18/11
3.	R1 1452 STOKT Rd	☒ Town ☐ Village ☐ City BRADLEY ~~TOMAHAWK~~	4/18/11
4.	9820 POINT O PINES RD TOMAHAWK, WI 54487	☒ Town ☐ Village ☐ City NOKOMIS	4/18/11
5.	4600 Buck Lane	☒ Town ☐ Village ☐ City Harsham	4/18/11
6.	N2241 Airport Rd Merrill, WI	☐ Town ☐ Village ☒ City	4/18/11
7.	N3109 Hwy 107	☐ Town ☐ Village ☒ City Merrill	4/18/11
8. Julie Spalding	N6521 First Ave	☐ Town ☒ Village ☐ City Irma	4/18/11
9.	8006 Hyperion Ct.	☐ Town ☐ Village ☒ City Merrill	4/18/11
10.	N 2000 Burgener Ave Merrill WI 54452	☒ Town ☐ Village ☐ City Bradley	4/18/11

Certification of Circulator

I, SHERRI FERRELL, certify:
(name of circulator)

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

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

4/18/11
(date)

Sherri E. Ferrell
(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. Dave Williams	3402 Hwy 17 Merrill WI 54452	☒ Town ☒ Village Shely ☐ City	4/18/2011
2. [illegible]	7942 S. Alvin Hurley, WI 54539	☒ Town ☐ Village ☐ City Cassian	4/19/2011
3. Kris Van Natter	5910 Robin Dr Eagle River, WI 54521	☒ Town ☐ Village ☐ City Cloverland	4/19/11
4. [illegible]	7583 Forest Ct	☒ Town ☐ Village ☐ City Woodruff	4/19/11
5. [illegible]	8247 North Ln. Argonne WI 54511	☒ Town ☐ Village ☐ City Argonne	4/19/11
6. Richard D. [illegible]	10417 N Lersuke Dr Hazelhurst WI 54531	☒ Town ☐ Village ☐ City HAZELHURST	4/19/11
7. Melissa Yunkers	6061 Roy Lane Rhinelander, WI. 54501	☒ Town ☐ Village ☐ City Newbold	4/19/11
8. [illegible]	11378 Country Lane Rd Woodruff	☐ Town ☐ Village ☐ City Woodruff	4-19-11
9. [illegible]	~~[illegible]~~ ST. GERMAIN 1415 SHIELDS RD.	☒ Town ☐ Village ☐ City ST. GERMAIN	4-19-11
10. Marcia M. [illegible]	1415 SHIELDS RD ST. GERMAIN	☒ Town ☐ Village ☐ City ST. GERMAIN	4-19-11

Certification of Circulator

I, SHERRI FERRELLS, certify:
(name of circulator)

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

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

4/19/11
(date)

Sherri C. Ferrell
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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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. Patricia M Palmer	1633 ANTHONY RD EAGLE RIVER, WI.	☒ Town ☐ Village ☐ City WASHINGTON	4/6/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 3860 Kula Vista Drive Eagle River 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.

4-6-2011
(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. 3214

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Alex Hepner	3082 Cornelius Ct Westome WI 54937	☒ Town ☐ Village ☐ City Westome WI	4/9/11
2. Salena Smith	334 Edison St. Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	4-9-11
3. Cory Kuivinen	913 Sunset Drive	☒ Town ☐ Village ☐ City Antigo	4-11-11
4. Brenda Dudek	518 Dorr St Antigo WI	☒ Town ☐ Village ☐ City Antigo	4-11-11
5. Eric Luschman	518 Dore St Antigo WI	☒ Town ☐ Village ☐ City Antigo	4-11-11
6. Ben Meyer	514 Dore St #1	☒ Town ☐ Village ☐ City Antigo	4-11-11
7. Greg Barnett	1006 Sixth Ave Ant	☒ Town ☐ Village ☐ City Antigo	4-11-11
8. Bernice Barnett	1006 6th Ave	☒ Town ☐ Village ☐ City Antigo	4-11-11
9. Kyle Rauch	1035 6th Ave	☒ Town ☐ Village ☐ City Antigo	4-11-11
10. Vickie Messer	1014 6th AVE	☒ Town ☐ Village ☐ City Antigo	4-11-11

Certification of Circulator

I, Richard A Madill III, certify:
(name of circulator)

I reside 1065 S. Ames St Lakewood Colorado 80226
(circulator's residence - include number, street, and municipality)

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

4-12-11
(date)

Richard A Madill
(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. 3215

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Terry W. Janssen	13952 SECTION 4 LANE	☒ Town ☐ Village ☐ City MOUNTAIN	4-1-2011
2. Mark D. Wilson	13798 David La.	☒ Town ☐ Village ☐ City Mountain	4/2/11
3. Mitchell Wilson	13798 David La.	☒ Town ☐ Village ☐ City Mountain	4/2/11
4. Tracy R. Wilson	13798 David La.	☒ Town ☐ Village ☐ City Mountain	4/2/11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, TERRY W. JANSSEN, certify:
(name of circulator)

I reside 13952 SECTION 4 LANE, MOUNTAIN, WI 54149.
(circulator's residence - include number, street, and municipality)

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

4-3-2011
(date)

Terry W Janssen
(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. E. B.	N5249 Hwy 52 Bryant WI 54418	☒ Town ☐ Village ☐ City PRICE	04/01/11
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, Lesa Bricco, certify:
(name of circulator)

I reside N3751 Polar Rd. Polar WI 54418.
(circulator's residence - include number, street, and municipality)

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

04-02-11
(date)

Lesa M Bricco
(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. 3217

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin 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. JAMES D. NOVAK	619 GOWAN RD ANTIGO WI 54409	☐ Town ☐ Village ☒ City Antigo	2-25-11
2. Emily Novak	619 Gowan Rd. Antigo, Wi 54409	☐ Town ☐ Village ☒ City Antigo	2-25-11
3. Erik Bredell	Antigo WI 1102 Brazeau	☐ Town ☐ Village ☒ City ANTIGO	2-25-11
4. Robert J Stimac Jr	Antigo WI 413 Mitchell St	☐ Town ☐ Village ☒ City Antigo	2/25-11
5. DARIC SPRAGUE	325 S. SUPERIOR ST Antigo WI	☐ Town ☐ Village ☒ City ANTIGO	2/25/11
6. Christy Schmidt	Antigo WI 808 Lincoln St	☐ Town ☐ Village ☒ City Antigo	2-25-11
7. Rand Molle	129 Fairland St. P.O. Box 216 Antigo WI	☐ Town ☐ Village ☒ City Antigo	2-25-11
8. Diane Molle	129 Fairland St PO Box 216 Antigo WI	☐ Town ☐ Village ☒ City Antigo	2-25-11
9. allen J. Parfitt	1404 No. SUPERIOR ST Antigo WI	☐ Town ☐ Village ☒ City Antigo	2-25-11
10. Sean H. Novak	1611 Beattie Ave. Antigo, Wi. 54409	☐ Town ☐ Village ☒ City Antigo	2-25-11

Certification of Circulator

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

I reside at 619 GOWAN RD ANTIGO, WI 54409 (circulator's residence - include number, street, and municipality).

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

2-26-11
(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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Page No. 3218

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin 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. Jeff Cole	9090 Thoroughfare Rd. Minocqua, WI.	☒ Town ☐ Village ☐ City Woodruff	3-11-11
2. Jack G. Hill	4212 Popes Rd ARBOR VITAE	☒ Town ☐ Village ☐ City Arbor Vitae	3-11-11
3. Don A Wagner	16129 Spider Lk. Rd White Lake, WI	☒ Town ☐ Village ☐ City Wolf River	3-11-11
4. Margaret H Conner	9887 Morgan Oaks Dr. A-2 Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-11-11
5. Allen B Conner	9887 Morgan Oaks A2 Minocqua 54548	☒ Town ☐ Village ☐ City Minocqua	3-11-11
6. Bill Tews	P.O. Box 282 Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City Cassian	3-11-11
7. James W. Strasburg	7141 Semrau Trail Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City Hazelhurst	3-11-11
8. Tracy M Hunter	PO Box 314 Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	3-11-11
9. [illegible]	1862 Red Oak Dr Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3-11-11
10. [illegible]	7664 Hwy 51 S. Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-11-11

Certification of Circulator

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

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

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

3-11-11
(date)

(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. 3219

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Conley James Conley	1049½ 1st Ave Antigo Wis 54409	☐ Town ☐ Village ☐ City Antigo	4-18-11
2. JIM CONLEY Jim Conley Jr	11963 CTY RD - B Crandon wi.	☐ Town ☐ Village ☐ City Crandon	4 18 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, JAY TAYLOR (name of circulator), certify:

I reside 9461 Charleville Blvd. #204 Beverly Hills, CA 90212
(circulator's residence - include number, street, and municipality)

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

4/19/11 (date)

Jay Taylor (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. Travis Mullins	885 Lake River Rd Pelican Lake WI 54463	☐ Town ☐ Village ☐ City Pelican Lake	4-18-11
2. Kshia Morris	951 S Zinzer Rd Crandon WI 54520	☐ Town ☐ Village ☐ City Crandon	4-18-11
RICHARD MIERZEJEWSKI	NIAGARA 1049 FOREST	☐ Town ☐ Village ☐ City MARINETTE	4-18-11
4. Kim Whitmore	720 North Park Ave. Crandon WI	☐ Town ☐ Village ☐ City Crandon	4-18-11
5. Tim Sheldon JR	205 E King St. Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	4-18-11
6. Dan Sheldon	203 N. Lake Ave. Crandon	☐ Town ☐ Village ☐ City Crandon	4-18-11
7. Anthony Kishan	9281 Charlotte Court Antigo Charlotte Ct.	☐ Town ☐ Village ☐ City Antigo	4-18-11
8. Jaley Edwards	8192 North Lane Argonne WI	☐ Town ☐ Village ☐ City Argonne	4-18-11
9. Kelly Beilfuss	1427 Kenwood Drive #4 Menasha WI 54952	☐ Town ☐ Village ☐ City Menasha	4-18-11
10. Dillon Yetis	5505 Plantation Ln Crandon WI 54520	☐ Town ☐ Village ☐ City Crandon	4-18-11

Certification of Circulator

I, Jay Taylor, certify:
(name of circulator)

I reside 9461 Cheapleville Blvd #204 Beverly Hills, CA 90212
(circulator's residence - include number, street, and municipality)

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

4/19/11
(date)

(signature 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. 3221

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Bernice Russell Bernice Russell	5119 Fire Tower Ln Crandon, Wis 54520	☐ Town ☐ Village ☒ City Crandon	4/18/11
2. Frank Kovac Frank Kovac	2401 MUD CREEK RD MONICO WI. 54501	☐ Town ☐ Village ☒ City Monico	4/18/11
3. Hope Skawano Hope Skawano	304 W. 6th St, Apt #3 Crandon WI 54520	☐ Town ☐ Village ☒ City Crandon	4/18/11
4. Velma J. Waukechon Velma J. Waukechon	5591 Kwedakik Ct. Crandon, WI. 54520	☒ Town ☐ Village ☐ City Lincoln/Crandon	4/18/11
5. WAYNE WAUKECHON SR Wayne Waukechon Sr	5591 Kwe da Kik Ct Crandon WI 54520	☐ Town ☐ Village ☐ City LINCOLN	4/18/11
6. Terry Dalton	~~[illegible]~~ 3336 Indian Rt 16 Crandon WI 3336 Indian Rt 16	☐ Town ☐ Village ☐ City Crandon	4-18-11
7. Kelly LaMere	11675 Trailer Park Rd #6 Crandon, WI	☐ Town ☐ Village ☐ City Crandon	4-18-11
8. Samuel J. Tamlin Jr. Samuel J. Tamlin Jr.	5597 Wej McGeek Crandon, WI	☐ Town ☐ Village ☐ City Crandon	4-18-11
9. Joe Brouillette	2606 W Shore Ln Crandon WI 7	☐ Town ☐ Village ☐ City Crandon	4-18-11
10. MARK TRACY	410 N. LAKE AVE Crandon WI	☐ Town ☐ Village ☐ City Crandon	4-18-11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

I reside 9461 Charleville Blvd. #204 Beverly Hills, CA. 90212
(circulator's residence - include number, street, and municipality)

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

4/19/11 (date)

Jay Taylor (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. 3222

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Angel Alloway	5592 Kwedaki	☐ Town ☐ Village ☒ City Crandon	4/18/11
2. William Daniels III	5535 Kwedakik ct Crandon WI	☐ Town ☐ Village ☒ City Crandon	4/18/11
3. Katherine Daniels	5535 Kwedakik Ct. Crandon WI 54520	☒ Town ☐ Village ☐ City Crandon	4/18/11
4. Michelle Deleon	501 E Glen St Crandon, WI	☒ Town ☐ Village ☐ City Crandon	4-18-11
5. Angel DeLeon	501 E Glen St Crandon WI	☐ Town ☐ Village ☒ City Crandon	4-18-11
6. Diane R. Kerr	5951 Valley Lane Crandon, WI 54520	☐ Town Lincoln TWP. ☐ Village ☐ City	4-18-11
7. Pam Rosa	1137 Teschner Rd Crandon WI	☐ Town ☐ Village ☒ City CRANDON	4-18-11
8. Dale Schmidt	204 East Lakeview Crandon WI	☒ Town ☐ Village ☒ City Crandon	4-18-11
9. Stan Stamper	102 N Wis Ave Crandon WI	☐ Town ☐ Village ☒ City Crandon	4-18-11
10. Mary J. Thunder	Crandon Wi 5545 Bugbake Rd,	☐ Town ☐ Village ☐ City Crandon	4-18-11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

I reside 9461 Charleville Blvd #204 Beverly Hills, CA 90212 (circulator's residence - include number, street, and municipality).

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

4/19/11 (date)

Jay Taylor (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. Jean Hoffman Jean Hoffman	5720 S. Silver Lk Laona, WI	☒ Town ☐ Village ☐ City Laona	4-18-11
2. Ross Kincaid Ross Kincaid	604 N Central Ave Crandon, WI	☐ Town ☐ Village ☒ City Crandon	4-18-11
3. Ralph J Gallis Ralph J Gallis	253 W Park Ave Crandon	☐ Town ☐ Village ☒ City Crandon	4-18-11
4. Shane Boyd Shane Boyd	5592 Kwe Bakwe Crandon WI 54520	☐ Town ☐ Village ☒ City Crandon	4-18-11
5. Gerry Hauser Gerry Hauser	6215 Forest St Crandon	☐ Town ☐ Village ☒ City Crandon	4-18-11
6. Josephine Grabowski Josephine Grabowski	7665 Cty Rd P. Argonne	☒ Town ☐ Village ☐ City Argonne	4-18-11
7. Matt McPherson Matt McPherson	11046 Daisy Lane Crandon	☐ Town ☐ Village ☐ City Crandon	4-18-11
8. Gerald Mellow Gerald Mellow	6339 Hwy 52 Wabeno, WI	☒ Town ☐ Village ☐ City Wabeno	4-18-11
9. Trina Challender Trina Challender	6339 Hwy 52 Wabeno, WI	☐ Town ☐ Village ☐ City Wabeno	4-18-11
10. Charlotte Tonges Charlotte H. Tonges	2341 Maple Ridge Wabeno	☐ Town ☐ Village ☐ City Wabeno	4-18-11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

I reside 9461 Charleville Blvd, #204 Beverly Hills, CA 90212
(circulator's residence - include number, street, and municipality)

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

4/19/11 (date)

Jay Taylor (signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carlton E. Hoffman	6711 Spring Rd. L.a.L. Wi.	☒ Town ☐ Village ☐ City Land o Lakes	3/6/11
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, Ron Lawrence
(name of circulator), certify:

I reside at 6725 Spring Rd Box 449 Land O' Lakes WI 54540
(circulator's residence - include number, street, and municipality).

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

3/31/11
(date)

(signature of circulator)

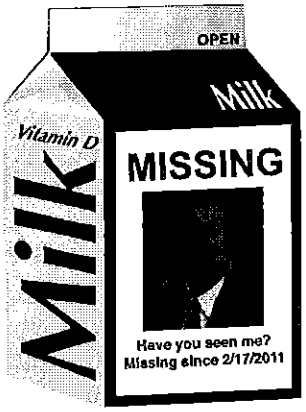
RECALL PETITION

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. Bill Oelrich	909 Wabash St. Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4/1/11
2. Nick Negri	7190 Woodcrest Cir Rhinelander WI. 54501	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
3. DENNIS ROBERTS	3831 HARSHAW RD HARSHAW WI 54529	☒ Town ☐ Village ☐ City HARSHAW	4-1-11
4. Chris Weg	200 West Hill Dr Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
5. Brian Johnson	8685 Koolish Rd. Minocqua WI 54548	☐ Town ☐ Village ☐ City Minocqua	4-1-11
6. Anthony Klabunde	610 Balne & St. Rhinelander WI 54	☐ Town ☐ Village ☒ City Rhinelander	4/1/11
7. Andrew Samuel Roberts	4143 County Road C Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4/2/11
8. Logan Farb	403 N. Stevens Street Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4/2/11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Timothy W. Newman, certify:
(name of circulator)

I reside at N10872 Cty Rd. H, Gleason, WI 54435.
(circulator's residence - include number, street, and municipality)

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

4/14/11 (date)

Timothy W. Newman (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. 322C

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. Benjamin Beaty	6532 Cty Rd H Athens, WI 54411	☑ Town ☐ Village ☐ City Halsey	2-25-2011
2. Raquel Beaty	6532 County Rd H Athens, WI 54411	☑ Town ☐ Village ☐ City Halsey	2/25/2011
3. Michael Bongort	6533 Cty RD H Athens, WI 54411	☑ Town ☐ Village ☐ City Halsey	2-27-11
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, Benjamin Beaty (name of circulator), certify:

I reside at 6532 County Rd H Athens, WI 54411 (circulator's residence - include number, street, and municipality).

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

04/14/2011 (date)

Benjamin Beaty (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY 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. R J Skwierawski	PO Box 76 6932 Stonefield Hazelhurst Wi 54531	☒ Town ☐ Village ☐ City	4/12/2011
2. Gayle Snyder	PO Box 76 · 6932 Stonefield Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City	4/12/2011
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, Richard Skwierawski, certify:
(name of circulator)

I reside P.O. Box 74 / 6932 Stonefield Rd Hazelhurst Wi 54531.
(circulator's residence - include number, street, and municipality)

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

4/12/2011 (date) R J Skwierawski (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. 3228

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Marjorie Vogel	W11047 Enterprise Dr Elcho WI 54428	☒ Town ☐ Village ☐ City Elcho	4-14-11
2. Herbert J. Vogel	W11104 Enterprise Dr Elcho WI 54428	☒ Town ☐ Village ☐ City Elcho	4-14-11
3. [illegible]	913 Thomas St Antigo WI 54409	☒ Town ☐ Village ☒ City Antigo	4-14-11
4. [illegible]	N1235 C.S Antigo	☒ Town ☐ Village ☐ City Antigo	4-14-11
5. [illegible]	W6114 CTH A Deerbrook, WI 54424	☒ Town ☐ Village ☐ City Neva	4-14-11
6. [illegible]	W7419 GRUENBERG ANTIGO WI 54409	☒ Town ☐ Village ☐ City POLAR	4-14-11
7. Pam Jerger	W11477 Summer ST Aniwa 54408	☒ Town ☐ Village ☐ City Aniwa	4-14-11
8. [illegible]	2405 Charlotte Ct Apt 5 Antigo, WI	☐ Town ☐ Village ☒ City Antigo	4-14-11
9. Patty Ralph	2429 Charlotte CT, Apt 6, Antigo	☐ Town ☐ Village ☒ City Antigo	4-14-11
10. [illegible]	2433 Charlotte Ct Apt 3 Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	4-14-11

Certification of Circulator

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

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

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

4-15-11 (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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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]	624 Mandlik Ave Antigo	☐ Town ☐ Village ☒ City Antigo	04-14-11
2. [illegible]	716 Water St Antigo	☐ Town ☐ Village ☒ City Antigo	4-4-2011
3. [illegible]	W6386 Bryant Rd Sherry Rd	☐ Town ☒ Village ☐ City Bryant	4/14/11
4. [illegible]	1608 5th Ave Antigo WI	☐ Town ☐ Village ☒ City Antigo	4-14-11
5. [illegible]	W9430 Cty Rd F Antigo, WI	☐ Town ☐ Village ☒ City Antigo	4-14-11
6. [illegible]	PO Box 34 Mattoon 403 Quarry 54450 Ave	☒ Town ☒ Village ☐ City Mattoon	4-14-11
7. [illegible]	PO Box 34 Mattoon 403 Quarry 54450 Ave, A	☐ Town ☒ Village ☐ City Mattoon	4/14/1
8. [illegible]	W10327 S. Koepanick Rd Deerbrook, WI	☒ Town ☐ Village ☐ City Upham	4/14/11
9. [illegible]	W 13260 Hwy C Deerbrook WI 54424	☒ Town ☐ Village ☐ City Ulas	4/14/11
10. [illegible]	8489 CHARLOTTE CT 475 ANTIGO WI 54409	☒ Town ☐ Village ☐ City LANGLADE	04/14/2011

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.

4-15-11 (date)

Larry W. Schumacher (signature of circulator)

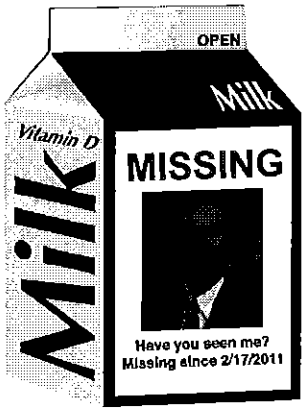
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gary Domke	143 S Park St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-30-11
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, PERRY DUFFEK, certify:
(name of circulator)

I reside at 337 SPRUCE LANE ANTIGO WI 54409.
(circulator's residence - include number, street, and municipality)

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

4/1/2011 (date) Perry Duffek (signature of circulator)

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

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary A. Dieck	N2906 County Rd. AA Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	02/26/11
2. Thomas R. Dieck	N2906 Co. Rd. AA Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	02/26/11
3. [illegible]	N4256 Hwy 52 Antigo, Wi 54409	☒ Town ☐ Village ☐ City Antigo	2-26-11
4. Brian T. [illegible]	N5167 Spring Brook Rd Bryant WI 54418	☒ Town ☐ Village ☐ City Antigo	2-26-11
5. Debra [illegible]	N5167 Springbrook Bryant WI. 54418	☒ Town ☐ Village ☐ City Antigo	2/26/11
6. [illegible]	N2577 Co. Rd AA Antigo, Wis. 54409	☒ Town ☐ Village ☐ City Antigo	2-26-11
7. Barbara Dieck	N2577 Co Rd AA Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	2-26-11
8. Eugene H. Dieck	1601 10TH AVE E28 ANTIGO WI 54409	☐ Town ☐ Village ☒ City ANTIGO	2-26-11
9. Sarita Dieck	1601 10TH AVE E-28 Antigo Wi 54409	☐ Town ☐ Village ☒ City Antigo	2-26-11
10. Larry Dieck	W9636 Co. Rd D Antigo Wis 54409	☒ Town ☐ Village ☐ City Rolling	3-8-21

Certification of Circulator

I, THOMAS R. DIECK (name of circulator), certify:

I reside at N2906 CO. RD. AA 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.

3-20-11
(date)

Thomas R. Dieck
(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
Carla Bielefeldt			
1. Carla Bielefeldt	824 River Street	☐ Town ☐ Village ☒ City Rhinelander	4-5-11
2. [illegible]	17460 Meadow Play	☒ Town ☐ Village ☐ City Townsend	4-5-11
3. Virginia Taff	3292 N Rifle Rd	☐ Town ☐ Village ☒ City Rhinelander	4-5-11
4. James Mach	508 Messer St	☐ Town ☐ Village ☒ City Rhinelander	4-5-11
5. [illegible]	310 W Leather Ave	☐ Town ☐ Village ☒ City Tomahawk	4-5-11
6. [illegible]	W9715 Cty S Durbrook WI	☐ Town Durbrook WI ☐ Village ☐ City	4-5/11
7. Marie Ann Gleary	718 W Phillips St #210	☐ Town ☐ Village ☒ City Rhinelander	4-5-11
8. [illegible]	5504 Lake Julia	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
9. Cheryl Tuttavaa	3297 Hwy 70 E	☐ Town ☐ Village ☒ City Eagle River	4/5/11
10. Bonnie Christian	N10938 Somo Lake	☒ Town ☐ Village ☐ City Tomahawk	4/5/11

Certification of Circulator

I, SHERRI FERRELL, certify:
(name of circulator)

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

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

4/5/11
(date)

Sherri E. Ferrell
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John H. Ecker	ANTIGO, WI W8596 ST. HWY 64	☒ Town ☐ Village ☐ City ANTIGO	3-14-11
2. W. A. Ecker	Schofield, WI 7380 Northspire Rd	☐ Town ☐ Village ☒ City Schofield WI	3-16-11
3. Patrick J Ecker	N6873 ROBIN RD Wittenberg WI	☒ Town ☐ Village ☐ City Wittenberg	3-16-11
4. Duane C. Ecker	W 8596 St. Hwy 64 Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	3-17-11
[redacted]	[redacted]	[redacted]	[redacted]
6. [redacted]	[redacted]	[redacted]	[redacted]
7. [redacted]	[redacted]	[redacted]	[redacted]
8. [redacted]	[redacted]	[redacted]	[redacted]
9. [illegible]	R16223 Molebrook Rd Ringle, WI 54471	☒ Town ☐ Village ☐ City Ringle, WI 54471	3-17-11
10. [illegible]	R16223 Molebrook Rd Ringle, WI 54471	☒ Town ☐ Village ☐ City Ringle, WI 54471	3/20/11

Certification of Circulator

I, RONALD DUCHROW, certify:
(name of circulator)

I reside at N4004 HILL ROAD 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.

3/22/11
(date)

Ronald Duchrow
(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. Marilyn K. Nagel	P.O. Box 359 LAND O'LAKES, WI.	☑ Town ☐ Village ☐ City	3/23/11
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, MARILYN K. NAGEL, certify:
(name of circulator)

I reside at 5539 N. BLACK OAK LK. Rd. LAND O'LAKES, 54540 WIS.
(circulator's residence - include number, street, and municipality)

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

3-23-11
(date)

Marilyn K. Nagel
(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. 3235

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

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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. Dan M Emerich	308 Pier St	☐ Town ☐ Village ☒ City Merrill	3/26/11
2. David R Detert	N10661 Cty Rd H Gleason, WI 54435	☒ Town ☐ Village ☐ City Parrish	3-24-11
3. Sharon Sunde (SHARON SUNDE)	W7775 Ollhoff Rd. Merrill, WI 54452	☒ Town ☐ Village ☐ City Harding	3-24-11
4. Bruce Sunde	W7775 OLLHOFF ROAD MERRILL, WI	☒ Town ☐ Village ☐ City HARDING	3-24-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Michael J. Hall (name of circulator), certify:

I reside at 9651 Sandhill Drive, Village Weston, WI 54476-5628 (circulator's residence - include number, street, and municipality).

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

Michael J. Hall (signature of circulator)

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

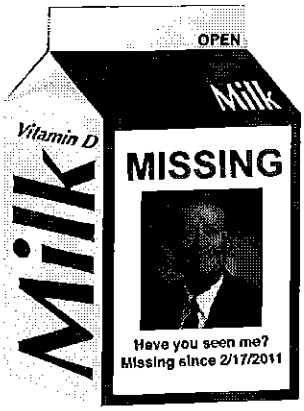
RECALL PETITION

TO: 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. Arlene Kavzlaric	153 Hospital Rd Eagle River, WI 54521	☐ Town ☐ Village ☒ City Eagle River	3/25/11
2. Fred D Kavzlaric	153 Hospital Rd Eagle River, WI 54521	☐ Town ☐ Village ☒ City Eagle River	3/25/11
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, FRED D KAVZLARIC, certify:
(name of circulator)

I reside at 153 Hospital Rd Eagle River, WI 54521 City of Eagle River.
(circulator's residence - include number, street, and municipality)

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

3/26/11 (date) Fred D Kavzlaric (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. Douglas Kreie	105 Stuyvesant St.	☐ Town ☐ Village ☒ City Merrill	3-24-11
2. Jerome Oelke	W6750 Edward Dr Merrill	☐ Town ☐ Village ☒ City Merrill	4/2/11
3. Patty Ryan	N 2538 Cty Rd E	☒ Town ☐ Village ☐ City Harding	4/2/11
4. Barry Mattson	N5700 Klonbar Lk Rd Merrill WI	☐ Town ☐ Village ☐ City Harding	4/2/11
5. Dale Jaeger	N2799 Alfred Lk Rd Merrill	☒ Town ☐ Village ☐ City Harding	4/2/11
6. Mike Tor	W7148 Van Buren Merrill	☒ Town ☐ Village ☐ City Harding	4/2/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Thomas Duess, certify:
(name of circulator)

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

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

4-2-11
(date)

(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. 3238

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]	Antigo WI 1010 Smith Antigo	☐ Town ☐ Village ☐ City Antigo WI.	4/16/11
2. [illegible]	W7496 CTY RD O BRYANT, WI 54418	☒ Town ☐ Village ☐ City BRYANT	4/16/11
3. Jon Mosher	425 1/2 Milton St ANTIGO WI 54409	☒ Town ☐ Village ☐ City ANTIGO	4/16/11
4. [illegible]	342 Peleglise St. Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	4/16/11
5. [illegible]	N4090 CR-A Deerbrook, WI 54424	☐ Town ☐ Village ☐ City Deerbrook	4-16-11
6. Christopher Kath	325 7th Ave 54409 Antigo WI	☐ Town ☐ Village ☒ City Antigo	4-16-11
7. Connie Diedrick	Antigo WI 1007 Fulton St	☐ Town ☐ Village ☒ City Antigo	4/16/11
8. Dennis M Diedrick Jr	1007 Fulton St Antigo WI	☐ Town ☐ Village ☒ City Antigo	4/16/11
9. [illegible]	1304 5th Ave Antigo WI 54409	☐ Town ☐ Village ☒ City ANTIGO	4/16/11
10. [illegible]	N11386 Pratt Rd Elcho WI 54428	☐ Town ☒ Village ☐ City Elcho	4/16/11

Certification of Circulator

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

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

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

4-17-11 (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. Alyen Boesk	108 S Lake Ave Apt. 1 Crandon, WI 54520	☐ Town ☐ Village ☑ City Crandon	4/16/11
2. Carey Bolk	5904 Cty Rd S Crandon, WI 54520	☑ Town ☐ Village ☐ City Crandon	4-16-11
3. Denise Davis	301 N. Hazeldell Ave Crandon WI 54520	☐ Town ☐ Village ☑ City Crandon	4/16/11
4. [illegible]	9794 [illegible] Pelican Lake	☑ Town ☐ Village ☐ City Pelican	4/16/11
5. [illegible]	N11230 Mississippi Lake Rd Florid WI	☐ Town ☐ Village ☐ City Florid	4/16/11
6. [illegible]	214 North St Tomahawk	☐ Town ☐ Village ☐ City Tomahawk	4/17/11
7. Alfred Gaeke	48 West Leather Tomahawk	☐ Town ☐ Village ☑ City Tomahawk	4-17-11
8. Susan Brickson	~~PO Box 515~~ 49 W Leather Av Tomahawk, WI	☐ Town ☐ Village ☑ City Tomahawk	4-17-11
9. Jenifer Lyle	N11862 Kladel Rd Tomahawk WI	☐ Town ☐ Village ☑ City Tomahawk	4-17-11
10. M. Dreier	N11865 Tomahawk Trl Tomahawk, WI	☐ Town ☐ Village ☑ City Tomahawk	4-17-11

Certification of Circulator

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

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

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

4-17-11 (date)

Larry W. Schumacher (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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]	102 8 E Kings Tomahawk WI	☐ Town ☐ Village ☒ City Tomahawk	4/19/11
2. [illegible]	222 E Wisconsin Ave Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4/17/11
3. [illegible]	1015 6th ST. Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4/17/11
4. [illegible]	14 S. 6th ST. Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4/17/11
5. [illegible]	110 S. 2nd ST Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4/17/11
6. Barbara [illegible]	823 Wilson St Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4/17/11
7. [illegible]	221 E Somo Ave Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
8. [illegible]	221 E Somo Ave Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
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. Ave, Tulsa OK (circulator's residence - include number, street, and municipality).

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

4-17-11 (date)

Larry W. Schumacher (signature of circulator)

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. 32/11

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Daniel R Baar	310 W. Wis Ave Apt A Tomahawk	☐ Town ☐ Village ☒ City TOMAHAWK	4-17-11
2. Jonathan Philbrick Sr	7104 E. Washington Ave Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
3. Ash Ellman	Tomahawk 10 E Spirit Ave	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
4. Nick Teal	227 North 3rd St Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
5. Denise K Proctor	121 E Wis Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
6. Trad Fiedler	222 E Wisconsin Ave Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
7. K Parker	208 E Wisc Tomahawk, WI	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
8. M. [illegible]	202 E. Wis Ave Tomahawk WI	☐ Town ☐ Village ☒ City Tomahawk	4-17-11
9. Martha Pennington	N1021 Red Pine RD Tomahawk WI	☐ Town ☐ Village ☐ City Bradley	4.17.11
10. John Tomlson	N1103 Red Pine Rd Tomahawk WI	☐ Town ☐ Village ☐ City Tomahawk	4-17-11

Certification of Circulator

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

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

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

4-17-11
(date)

Larry W. Schumacher
(signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patricia A. Zimmerle	10373 Koldeck Dr. Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City Cassian	3/3/11
2. [illegible]	7332 Ridgeview Ct. Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/3/11
3. Vincent C. Muller	7960 Big Buck Circle Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	3/3/11
4. [illegible]	10475 Navahoe Rd Hazelhurst WI 54531	☒ Town ☐ Village ☐ City Hazelhurst	3/3/11
5. [illegible]	6205 Sandy Beach Ln Hazelhurst	☒ Town ☐ Village ☐ City Hazelhurst	3/3/11
6. Karl [illegible]	8063 Squirrel Lk Rd Minocqua WI	☐ Town ☐ Village ☐ City Minocqua	3/3/11
7. [illegible]	8508 Camp Pinemere Rd Minocqua WI	☐ Town ☐ Village ☐ City Minocqua	3/3/11
8. Audrey Becker	10980 Camp 9 Rd Minocqua WIS	☐ Town ☐ Village ☐ City Minocqua	3/4/11
9. Mary A. [illegible]	12454 Chipper Dr. Presque Isle WI 54557	☐ Town ☒ Village ☐ City Presque Isle	3/4/11
10. Frederick W. [illegible]	7649 West Blue Lake Blvd Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/4/11

Certification of Circulator

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

I reside at 1835 Broken Bow Tr. Arbor Vitae, WI 54568
(circulator's residence - include number, street, and municipality).

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

3-4-11
(date)

Carol Cady
(signature of circulator)

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 [signature]	1375 Red Pine Circle Arbor Vitae, WI	☒ Town ☐ Village ☐ City Arbor Vitae	04/04/11
2 [signature]	1375 Red Pine Circle Arbor Vitae, WI	☒ Town ☐ Village ☐ City Arbor Vitae	04/04/11
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, Donna J. Nelson (name of circulator), certify:

I reside 1375 Red Pine Circle, 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.

04/04/2011 (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. 3244

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 M. Noonan	1284 Lily Lake Lane S. Pickerel, Wi. 54465	☒ Town NASHVILLE ☐ Village ☐ City	4/4/11
2. Peter [illegible]	1284 Lily Lake Lane S. Pickerel, WI 54465	☒ Town ☐ Village Nashville ☐ City	4/4/11
3. Carol J. Marquardt	1462 Lily Lake Ln N Pickerel, Wi. 54465	☒ Town ☐ Village Nashville ☐ City	4/4/11
4. Bill Marquardt Jr.	1462 Lily La. 54465 Pickerel, WI	☒ Town ☐ Village ☐ City Nashville	4/4/11
5. Bill Marquardt Jr.	165 County Rd Dd Pickerel WI 54465	☒ Town ☐ Village ☐ City Nashville	4/4/11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Nancy M. Noonan (name of circulator), certify:

I reside 1284 Lily Lake Lane S., Pickerel, Wi. 54465 Twp of Nashville (circulator's residence - include number, street, and municipality).

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

4-4-11 (date)

Nancy M. Noonan (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. Elvis Coy Tho	100 N. Lake Ave apt 7 Crandon	☐ Town ☐ Village ☐ City Crandon	4-18-11
2. Betty J Hundelt	~~PO Box~~ 7148 Charlie Sq Crandon, WI 54520	☐ Town ☐ Village ☐ City Crandon	4-18-11
3. Larry Worley	200 N Lake Ave #3 Crandon WI 54520	☐ Town ☐ Village ☐ City Crandon	11.18.11
4. Crystal Hulle	10531 Cves Rd Hiles WI 54511	☐ Town ☐ Village ☐ City Hiles	4-18-11
5. Mark Lundin	8544 Townline Rd Argonne WI	☐ Town ☐ Village ☐ City Argonne	4-18-11
6. Alvin C. Weso Sr	7845 Pot Trail Crandon, WI 54520	☐ Town ☐ Village ☐ City Crandon	4-18-11
7. Ruth Weso	7595 Potawatomi Tr. Crandon, WI	☐ Town ☐ Village ☐ City Crandon	4-18-11
8. Kari Trisque	11010 Cty Rd. M Crandon	☐ Town ☐ Village ☐ City Crandon	4-18-11
9. Rick Wallace	5753 Birch Rd Crandon WI	☐ Town ☐ Village ☐ City Crandon WI	4.18.11
10. Sara Ipsa	11059 Daisy LN Crandon, WI	☐ Town ☐ Village ☐ City Crandon, WI	4-18-11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

I reside 9461 Charleville Blvd, #204 Beverly Hills, CA. 90212 (circulator's residence - include number, street, and municipality).

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

Jay Taylor 4/19/11 (date) (signature of circulator)

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

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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. STEVE POLER Steven Poler	3154 St. Hwy. 55 #10 CRANDON	☐ Town ☐ Village ☐ City CRANDON	4/18/11
2. GENEVIEVE L. ROGERS Genevieve L. Rogers	302 S. LAKE ave Crandon	☐ Town ☐ Village ☐ City CRANDON	4/18/11
3. Lammert, Todd A. EAGLE RIVER	3602 ONEIL RD. EAGLE RIVER	☐ Town ☐ Village ☒ City EAGLE RIVER	4/18/11
4. Clemant Fay Clemant Fay	913 N. Hazedell Crandon, Wis	☐ Town ☐ Village ☒ City Crandon	4/18/11
5. Ruth Fox Ruth Fox	913 N. Hazedell Crandon, Wis	☐ Town ☐ Village ☒ City Crandon	4/18/11
6. Maxine Trudeau Maxine Trudeau	3169 BLACK LN CRANDON, WI	☐ Town ☒ Village ☐ City NASHVILLE	4/18/11
7. Tony Trudeau TONY TRUDEAU	3169 Black La Crandon WI	☐ Town ☐ Village ☐ City Nashville	4/18/11
8. Susan Minor SUSAN MINOR	4406 Airport Rd Crandon	☐ Town ☐ Village ☐ City Lincoln	4/18/11
9. Rebecca A. Victor REBECCA A. VICTOR	4350 Quade Ln Crandon	☐ Town ☐ Village ☐ City Lincoln	4-18-11
10. Michael L. Dyk MICHAEL L DYK	701 S. LAKE Ave CRANDON, WI	☐ Town ☐ Village ☒ City CRANDON	4/18/11

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(name of circulator)

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4/19/11
(date)

Jay Taylor
(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

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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. Bryan Pitt	102 W Washington st Crandon	☐ Town ☐ Village ☐ City Crandon	4/18/11
2. Paul Sheesonee	3470 Huffman Rd Wausau WI 54401	☐ Town ☐ Village ☐ City Wausau	4/18/11
3. Tina Komanetsky	5014 Billy Daniels Crandon 5014	☐ Town ☐ Village ☐ City Crandon	4-18-11
4. William Strykar	Pickerel, Wis 61520 E Walley Ln	☐ Town ☐ Village ☐ City Langlade	4-18-11
5. TERI KINCAID	5129 Jager Rd Crandon	☐ Town ☐ Village ☐ City CRANDON	4-18-11
6. Clyde Gilbert	808 N. Metonga Crandon WI	☐ Town ☐ Village ☐ City Crandon	4-18-11
7. Jason Brown	5048 Devils Lake CRANDON WI	☐ Town ☐ Village ☐ City CRANDON	4-18-11
8. Kayla Klaus	401 E Elm St Crandon WI 54520	☐ Town ☐ Village ☐ City Crandon	4-18-11
9. Mary J Sheets	5598 W Spogeck CT Crandon WI 54520	☐ Town ☐ Village ☐ City Crandon	4-18-11
10. Peggy Queen	3490 Hiway W Crandon, WI 54520	☐ Town ☐ Village ☐ City Crandon	4-8-11

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(name of circulator)

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4/19/11 (date)

Jay Taylor (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. Julie A Jason Julie A Jason	7550 Cty Rd N Argonne, WI 54511	☒ Town ☐ Village ☐ City Argonne	4/18/11
2. Erica Mosnick Erica Mosnick	7667 Potawatomi Trl. Crandon, WI 54520	☒ Town ☐ Village ☐ City Crandon	4/18/11
3. Bruce Moravec Bruce Moravec	1761 Crandon Way Wabeno	☐ Town ☒ Village ☐ City Wabeno	4/18/11
4. Edmund A Pitzeps Edmund A Pitzeps	308 E Lakeview St Crandon	☐ Town ☐ Village ☒ City Crandon	4/18/11
5. Charlene Daniels Charlene Daniels	8207 Young Eagles Dr Crandon	☒ Town ☐ Village ☒ City Lincoln	4/18/11
6. JACQULIN BROWN Jacquelin Brown	5048 DEVILS LK. CRANDON	☐ Town ☐ Village ☐ City CRANDON	4/18/11
7. Paula Ruotsala Paula Ruotsala	201 N. Prospect Crandon, WI	☐ Town ☐ Village ☐ City Crandon	4/18/11
8. Lorraine Dehart Lorraine Dehart	305 N. PARK AVE CRANDON	☐ Town ☐ Village ☐ City Crandon	4/18/11
9. ROSE M. GEROW Rose M Gerow	9885 Airport RD Crandon	☒ Town ☐ Village ☐ City Nashville	4/18/11
10. Stephanie Mutt Stephanie Mutt	203 West Washington St Crandon	☐ Town ☐ Village ☐ City Crandon	4/18/11

Certification of Circulator

I, JAY TAYLOR (name of circulator), certify:

I reside 9461 Charleville Blvd #204 Beverly Hills, CA 90212 (circulator's residence - include number, street, and municipality).

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

4/19/11 (date)

Jay Taylor (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. Daniel Alloway DANIEL ALLOWAY	5586 W Margaret CRANDON	☐ Town ☐ Village ☑ City CRANDON	4-18-11
2. Patricia L. Borek Patricia L. Borek	306 E. Madison St. Crandon	☐ Town ☐ Village ☐ City Crandon	4-18-11
3. Sylvia Kruesenstierna Sylvia Kruesenstierna	3091 Sand Lake Rd. Crandon	☐ Town ☐ Village ☐ City Crandon	4-18-11
4. Brenda Polar Brenda Polar	3225 Frontage Rd Crandon	☐ Town ☐ Village ☐ City Crandon	4-18-11
5. Jim Emerson Jim Emerson	3179 "B" Indian Creek Rd	☐ Town ☐ Village ☐ City Crandon	4-18-11
6. Alma Spencer Alma Spencer	505 E. Elm St Crandon	☐ Town ☐ Village ☑ City Crandon	4-18-11
7. Arlene Kramer Arlene Kramer	N8140 Hwy 55/32 Crandon	☐ Town ☐ Village ☐ City Crandon	4-18-11
8. JAMES E. HAMMOND JAMES E. HAMMOND	4682 WEST SHORE CRANDON	☑ Town ☐ Village ☐ City LINCOLN	4-18-11
9. Emiley Jameson Emiley Jameson	Crandon B4536 Perry DR	☐ Town ☐ Village ☑ City Crandon	4-18-11
10. Roger Hilliker Roger Hilliker	LINCOLN 4140 County Rd D	☑ Town ☐ Village ☐ City LINCOLN	4-18-11

Certification of Circulator

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4/19/11 (date)

Jay Taylor (signature of circulator)

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1. Jessica Ritzke	2906 Deerskin Park Eagle River WI 54521	☐ Town ☐ Village ☒ City Eagle River	3-30-11
2. [illegible]	4227 Trails End Rd Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
3. [illegible]	2496 GERMAN RD Rhinelander	☐ Town ☒ Village ☐ City Pelican Lake	3-31-11
4. [illegible]	297 CRANES ROAD-3 Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
5. Lara G Trummell	4053 Bozile Rd Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
6. [illegible]	827 DORR AVE Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
7. Dora Ellen Flint	325 N Pelham #2 Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
8. Mark [illegible]	Rhinelander, wi 3420 Hwy Q 54463	☒ Town ☐ Village ☐ City Pelican lake	3-31-11
9. [illegible]	807 E Timber Dr. #17 Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
10. Tammy Robinson	801 E Timber Dr. 13 Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-31-11

Certification of Circulator

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

I reside 4621 S. 73rd E Pl. Tulsa OK (circulator's residence - include number, street, and municipality).

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3-31-11 (date)

Larry W. Schumacher (signature of circulator)

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1. Casty Unverzagt CASTONDY UNVERZAGT	6849 SHOREVIEW DR RHINELANDER WI 54501	☒ Town ONEIDA ☐ Village ☒ City Rhinelander	3-31-11
2. Carol Beehs	42 328 N. Stevens Rhinelander WI 54501	☒ Town Oneida ☐ Village ☐ City Rhinelander	3/31/11
3. Tony Woyak	811 W Davenport Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
4. Robert Hutchison	216 W Kemp Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
5. Sharon Hull	5288 Marvin Ln. Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pine Lake	3/31/11
6. Mark Colburn	325 N. PELHAM ST. #3 RHINELANDER WI 54501	☐ Town ☐ Village ☒ City RHINELANDER	3/31/11
7. Agnese A. Harris	325 N. Pelham #5 Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3/31/11
8. [illegible]	807 E Timber Dr #5 Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
9. [illegible]	807 E Timber Dr Apt 8 Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3/31/11
10. Amanda J. Lukas	Rhinelander 801 E. Timber DR. #3	☐ Town ☐ Village ☒ City Rhinelander	3/31/11

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)

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1. Brian Bailey	4155 N Bay RD Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
2. Martha John	W10915 Enterprise Lake Rd. Elcho WI	☒ Town ☐ Village ☐ City Elcho 54428	3/31/11
3. Mark [illegible]	8733 W. Pine Lake Rd Hiles WI 54511	☒ Town ☐ Village ☐ City Hiles	3-31-11
4. Lisa Korach	8733 W. Pine Lake Hiles, WI 54511	☒ Town ☐ Village ☐ City Hiles	3-31-11
5. [illegible]	3926 Trails End Loop Rhinelander WI	☒ Town ☐ Village ☐ City Pinelake	3-31-11
6. Aaron Ellmann	4191 Pine Grove Dr Rhinelander WI	☒ Town ☐ Village ☐ City Newbold	3-31-11
7. Robin Pope	330 N Pelham St #2 Rhinelander, WI 54501	☐ Town ☒ Village ☐ City Rhinelander	3-31-2011
8. Phyllis Lokker	809 C Timber Dr #7 RHI, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
9. Trice Dobee	W11874 Pratt RD elcho WI	☒ Town ☐ Village ☐ City elcho	3-31-11
10. Debra Spanka	801 E Timber Drive Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-31-11

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3-31-11 (date)

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1. M. Meyer	W10SS Little Rice Rhinelander	☐ Town ☒ Village ☐ City Crescent	3-31-11
2. S. Rocke	4337 Roosevelt Rd Rhinelander WI	☒ Town ☐ Village ☐ City Pine Lake	3-31-11
3. A. Sackett	4356 River Rd. Rhinelander	☒ Town ☐ Village ☐ City Pine Lake	3-31-11
4. [illegible]	Bassett Rd Rhinelander WI	☒ Town ☐ Village ☐ City Pelican	3-31-11
5. [illegible]	Prairie Tr. Rhinelander	☒ Town ☐ Village ☐ City Pine Lake	3-31-11
6. [illegible]	325 W Pelham Apt 4 Rhinelander Wis	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
Charlotte Merrill	334 W Oak Street Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
8. Kelly Hubermann	1809 E Timber Dr #4 Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
9. [illegible]	807 E Timber #8 Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
10. John Cline	803 Timber Dr Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/31/11

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.
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.	139 N. Brown St. APT B. - Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
2.	10751 Holly Dr Rhider WI	☒ Town ☐ Village ☐ City Crescent	3/31/11
3. Thanda R Kiefalin	7261 Bay Rd Rhinelander WI	☒ Town ☐ Village ☐ City Crescent	3/31/11
4.	509 Wabash Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
5. Brandon Gray	4024 River Rd Rhinelander WI	☒ Town ☐ Village ☐ City Pine lake	3/31/11
6. Debbie Fritz	3926 Trails End Loop Rhinelander, WI	☒ Town ☐ Village ☐ City Pine Lake	3-31-11
7. Jacquelyn Maier	N10127 Hwy 17 Gleason WI 54501	☐ Town ☒ Village ☐ City Harrison	3-31-11
8. Steve Morris	408 Messer st Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
9. Bonnie Tabbert	807 E. Timber Dr Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
10. Tracy Burke	505 E Timber Dr Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-31-11

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)

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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. Geneva Olson	302 N. 2nd Eagle River, WI 54521	☐ Town ☐ Village ☑ City Eagle River	2/28/11
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, THOMAS K LAMON, certify:

(name of circulator)

I reside at 3747 FOREST LANE, CONOVER, WISCONSIN.

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

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

Thomas Lamon

(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

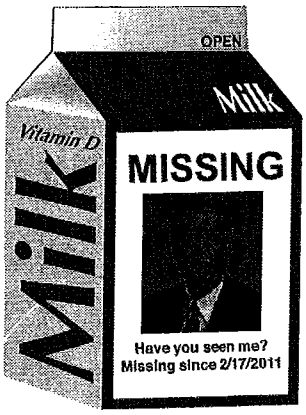
RECALL PETITION

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. Mark A. Theisen	7490 Hillcrest Dr.	☒ Town ☐ Village ☐ City Three Lakes	3/25/11
2. Sandra Theisen	7490 Hillcrest Dr.	☒ Town ☐ Village ☐ City Three Lakes	3/25/11
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, Mark Theisen, certify:
(name of circulator)

I reside at 7490 Hillcrest Dr. 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.

3/25/11 (date) Mark A. Theisen (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.)***

Jim Holperin is not listening to the majority of his constituents. We want him out!

THE MUNICIPALITY 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. Perry L Seidel	9049 Sunshine Dr Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Woodboro	3/16/11
2. Carol A. Seidel	9049 Sunshine Dr. Tomahawk, Wi. 54487	☒ Town ☐ Village ☐ City Woodboro	3-16-11
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, x CAROL A. SEIDEL, certify:
(name of circulator)

I reside x 9049 Sunshine Dr., TOWN of WOODBORO.
(circulator's residence - include number, street, and municipality)

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

x 3-16-11
(date)

x Carol A. Seidel
(signature of circulator)

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

Page No. 3258

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kenneth W Settle	1280 Edgewater Rd Eagle River WI 54521	☒ Town ☐ Village ☐ City Phelps	2/26/11
2. Steve Elger	2600 Old Camper Rd Eagle River WI 54521	☒ Town ☐ Village ☐ City Phelps	2/26/11
3. Jamie Elger	2866 Old Camp Rd E. River WI 54521	☒ Town ☐ Village ☐ City Phelps	2/26/11
4. Joan S. Settle	1280 Edgewater Rd. Eagle River WI 54521	☒ Town ☐ Village ☐ City Phelps	2/27/11
5. Thomas M. Carlstedt	16890 SHADY LN EAGLE RIVER WI	☒ Town ☐ Village ☐ City Hiles	3/3/11
6. Janet M. Carlstedt	16890 Shady Ln Eagle River WI	☒ Town ☐ Village ☐ City Hiles	3-3-11
7. [illegible]	3655 Town Line Rd Eagle River, WI	☒ Town ☐ Village ☐ City Lincoln	3-3-11
8. James F Otto	Eagle River WI 1395 White Pine Dr	☐ Town ☐ Village ☐ City Lincoln	3-3-11
9. Judy Clary	5513 Boot Lake Rd Eagle River	☒ Town ☐ Village ☐ City Cloverland	3-3-11
10. Donald Pfeffer	3557 COLBURN Rd RHINELANDER WI.	☐ Town ☐ Village ☒ City Rhinelander	3-3-11

Certification of Circulator

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

I reside at 1280 Edgewater Rd Eagle River WI 54521 (circulator's residence - include number, street, and municipality).

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

3/3/2011 (date)

Kenneth W Settle (signature of circulator)

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	310 50TH 2ND Eagle River WI	☒ Town ☐ Village ☒ City Lincoln	3/23/11
2. Mary Hintz	Eagle River WI 310 South 2ND ST	☒ Town ☐ Village ☒ City Lincoln	3/23/11
3. Paul Narser	315 Jonathan St E	☐ Town ☐ Village ☒ City LINCOLN	3/23/11
4.		☐ Town ☐ Village ☐ City	
		☐ 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, Kenneth W Settle (name of circulator), certify:

I reside at 1280 Edgewater Rd Eagle River WI 54521 (circulator's residence - include number, street, and municipality).

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

3/25/11 (date)

Kenneth W Settle (signature of circulator)

Page No. 3260

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. Gerald Schommer	496 KREUTZER STREET ATHENS, WI 54411	☐ Town ☒ Village ☐ City ATHENS	3-2-11
2. Margaret Schommer	496 KREUTZER STREET ATHENS, WI 54411	☐ Town ☒ Village ☐ City ATHENS	3-2-11
3. Sarah Werner	902 Allen Street Athens WI 54411	☐ Town ☒ Village ☐ City ATHENS	3-2-11
4. Sara Bishop	615 Caroline St. Athens, WI 54411	☐ Town ☒ Village ☐ City ATHENS	3-4-11
5. Daniel D. Bishop	615 Caroline St Athens, Wi. 54411	☐ Town ☒ Village ☐ City Athens	3-4-11
6. Virgil H Weber	Athens, Wi. 54411 500 Allen St.	☐ Town ☒ Village ☐ City ATHENS	3-21-11
7. Judy Weber	500 Allen St. Athens, WI. 54411	☐ Town ☒ Village ☐ City athens	3-21-11
8. Bill Bell	ATHENS WI 54411	☐ Town ☒ Village ☐ City ATHENS	3-25-11
9. Lucille Schreiner	631 Mueller St. Athens Wi. 54411	☐ Town ☒ Village ☐ City Athens	3-25-11
10. Andrew Schreiner	Athens Wis. 54411 631 Mueller St	☐ Town ☒ Village ☐ City Athens	3-25-11

Certification of Circulator

I, GERALD J. SCHOMMER, certify:
(name of circulator)

I reside 496 KREUTZER STREET ATHENS, WI 54411.
(circulator's residence - include number, street, and municipality)

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

30 MARCH 2011 (date)

Gerald J. Schommer (signature of circulator)

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

Page No. 3261

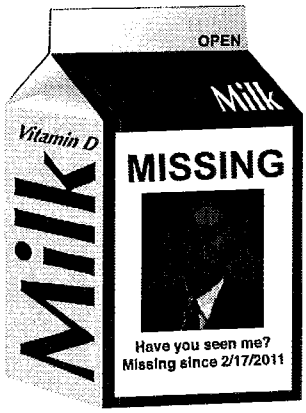
RECALL PETITION

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

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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]	W9252 CTY RD F Antigo WI 54409	☐ Town ☐ Village ☐ City ANTIGO	3/29/11
2. Christine Pelky	620 2nd Ave Apt 2 Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	3/29/11
3. Melissa Meier	620 2nd Ave Apt 2 Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	3/29/11
4. Jason Mitchell	311 Sixth Avenue Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	3/29/11
5. Rosemary B. Fillmore	311 Sixth Ave Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	3/29/11
6. Elizabeth Wald	W10324 Deer Trail Ln Merrbrook, WI	☒ Town ☐ Village ☐ City UP NAM	3/29/11
7. Kathrin Clay	216 S. Virginia St. Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-29-11
8. [illegible]	W 5485 Trillium Antigo WI	☐ Town ☐ Village ☐ City Antigo	3/29/11
9. Kathy Siln	W9330 City Rd D Antigo WI	☐ Town ☐ Village ☐ City Rolling	3/29/11
10. Michael G Sol	W 9330 City Rd D Hwy D Antigo	☐ 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

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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. Mary Phillips	N7248 Birchwood Rd Crivitz WI 54114	☒ Town ☐ Village ☐ City of Lake	4/6/11
2. Charlene Lancelle	W5820 Point Ln Crivitz WI 54114	☒ Town ☐ Village ☐ City Lake	4/6/11
3. [illegible]	17543 CTH T Townsend, WI 54175	☒ Town ☐ Village ☐ City Townsend	4/6/11
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 Phillips (name of circulator), certify:

I reside N7248 Birchwood Rd. Crivitz, Wi. 54114 Town of Lake ~~Marinette City~~.
(circulator's residence - include number, street, and municipality)

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

4-6-2011 (date)

Mary Phillips (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.****)*

FAILURE TO PERFORM HIS DUTIES AS A STATE SENATOR

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Clark H. Henry	1237 2ND AV. WOODRUFF, WI	☑ Town ☐ Village ☐ City	3-4-11
2. Richard Lundgren	P.O. Box 873 Eagle River	☑ Town ☐ Village ☐ City	3-4-11
3. J. Platner	7290 THUNDERHILL LN ST. GERMAIN 401 54558	☑ Town ☐ Village ☐ City	4-5-11
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. John Platner, certify:
(name of circulator)

I reside at 7290 THUNDERHILL LN, ST. GERMAIN, WI 54558.
(circulator's residence - include number, street, and municipality)

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

4/5/2011
(date)

J. Platner
(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. Ben Robinson	1903 E MAIN ST	☐ Town ☐ Village ☒ City MERRILL WI	3/31/11
2. Paulette Robinson	1903 E. Main St	☐ Town ☐ Village ☒ City Merrill WI	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, BEN ROBINSON, certify:
(name of circulator)

I reside 1903 E. MAIN ST. MERRILL WI 54452-2727.
(circulator's residence - include number, street, and municipality)

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

Ben Robinson
(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. William Rasmussen	N9902 Hemlock Rd. Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Aniwa	4/3/11
2. Sandra Rasmussen	N9902 Hemlock Rd Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Aniwa	4/3/11
3. Eric Rasmussen	N9902 Hemlock Rd Birnamwood, WI	☒ Town ☐ Village ☐ City Aniwa	4/3/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside N9902 Hemlock Rd. Birnamwood, WI 54414 Town of Aniwa.
(circulator's residence - include number, street, and municipality)

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

William Rasmussen
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Benson	MOON RD 1655 ST. GERMAIN, WI	☒ Town ☐ Village ☐ City	4/2/11
2. Elyse Benson	1655 MOON RD ST GERMAIN, WI	☒ Town ☐ Village ☐ City	4/2/11
3. Julie Schiddel	1641 Moon Rd. St. Germain, WI 54558	☒ Town ☐ Village ☐ City	4/3/11
4. [illegible]	1641 moon Rd St Germain WI 54558	☒ Town ☐ Village ☐ City	4/3/11
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, Julie Schiddel Julie Schiddel, certify:
(name of circulator)

I reside 1641 Moon Rd St. Germain WI 54558.
(circulator's residence - include number, street, and municipality)

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

4-4-11
(date)

Julie Schiddel
(signature of circulator)

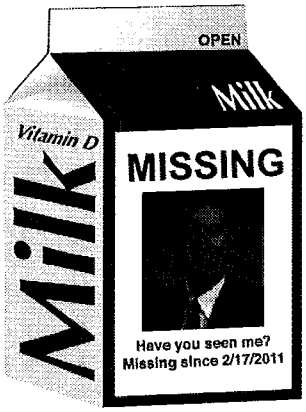
RECALL PETITION

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.	726 SPRUCE ST ANTIGO, WI 54409	☐ Town ☐ Village ☒ City ANTIGO	4/5/11
2.	1104th Ave Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	4/5/11
3.	205 E. 9th Ave. Antigo, 54409	☐ Town ☐ Village ☒ City Antigo	4/5/11
4.	205 E. 9th Ave. Antigo 54409	☐ Town ☐ Village ☒ City Antigo	4-5-11
5.	223 MAYFAIR ST Antigo	☐ Town ☐ Village ☒ City ANTIGO	4-5-11
6.	223 MAYFAIR ST Antigo 54409	☐ Town ☐ Village ☒ City ANTIGO	4/5-11
7.	139 Dorr St. 3 Antigo 54409	☐ Town ☐ Village ☒ City Antigo	4/5/11
8.	1608 N. Superior Street Antigo 54409	☐ Town ☐ Village ☒ City antigo	4/5/11
9.	1608 N. SUPERIOR ST. Antigo	☐ Town ☐ Village ☒ City ANTIGO	04/05/11
10.	1401 CLEMONT ST ANTIGO 54409	☐ Town ☐ Village ☒ City ANTIGO	4/5/11

Certification of Circulator

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

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

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

4-5-11
(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. 3268

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. James Holdschmidt	N9289 FOUR LAKES RD. WAUSAUKEE, WI. 54177	☒ Town ☐ Village ☐ City WAGNER	4/4/11
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 F. Holdschmidt, certify:
(name of circulator)

I reside N9289 FOUR LAKES RD. WAUSAUKEE, WI. 54177 WAGNER.
(circulator's residence - include number, street, and municipality)

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

4-4-11
(date)

James F. Holdschmidt
(signature of circulator)

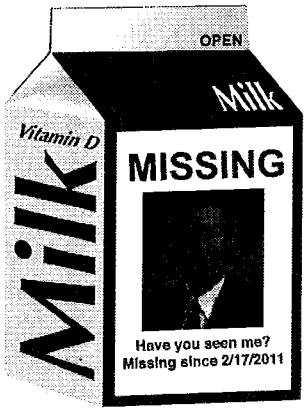
RECALL PETITION

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. Kurt A Jewell	N809 Mile Square Ave Merrill, WI, 54452	☑ Town ☐ Village ☐ City Merrill	3-25-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Robert H Rojek, certify:
(name of circulator)

I reside at W7220 River Rd Merrill Wis - 54452.
(circulator's residence - include number, street, and municipality)

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

4/18/11
(date)

Robert H Rojek
(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. 3270

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Lon Faust	2737 Cooley Rd Tomahawk WI 54487	☑ Town ☐ Village ☐ City No Lomis	3/10/11
2. Bryan Muenchow	10 W Wisconsin AV Tomahawk, WI 54487	☑ Town ☐ Village ☐ City Tomahawk	3/11/11
3. Kim Muenchow	10 W Wisconsin AV Tomahawk, WI	☑ Town ☐ Village ☐ City Tomahawk	3/11/11
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, MAX PETERSON, certify:
(name of circulator)

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

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

3-17-11
(date)

Max Peterson
(signature of circulator)

Page No. 3271

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. Samuel Harpole	10348 Blue Lake Rd. P.O. Box 283	☑ Town ☐ Village ☐ City Minocqua Wi.	3/6/11
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, James L. Harpole (name of circulator), certify:

I reside at 10348 Blue 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.

Mar 11-11 (date)

James L. Harpole (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 [illegible]	7901 CTY Rd E Lk Tomahawk WI	☑ Town ☐ Village ☐ City Newbold	2-25
2. Scott Johnson	9300 Timberline Minocqua	☒ Town ☐ Village ☐ City Minocqua	2-25
3. Mike Johnson	9019 Mobile Dr. Woodruff WI	☒ Town ☐ Village ☐ City Woodruff	2/25
4. Michael [illegible]	N30 W23861 Green Rd Pewaukee WI	☐ Town ☐ Village ☒ City Pewaukee	2/25
5. [illegible]	1412 Hwy 155 St German	☒ Town ☐ Village ☐ City St. German	2/25
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, V. Sandra Bethke (name of circulator), certify:

I reside 6907 Lake Mildred Rd. Rhinelander, WI. NEWBOLD 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.

2/25/2011
(date)

V. Sandra Bethke
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John J Bauer	8824 ART THOMPSON RD HARSHAW, WI 54529	☐ Town ☒ Village ☐ City	3-19-2011
2. Eldrew Hau	2454 OAKWOOD HTS RHINELANDER	☒ Town ☐ Village ☐ City	4-4-11
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, Betty M. Brunette, certify:
(name of circulator)

I reside 813 Birch St. - Rhinelander, WI 54501.
(circulator's residence - include number, street, and municipality)

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

Apr. 4, 2011
(date)

Betty M. Brunette
(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. X Betty Breitzman	X 68 Edgewater Rhinelander WI 54501	☐ Town ☐ Village ☐ City Rhinelander	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, Betty Breitzman, certify:
(name of circulator)

I reside 68 Edgewater.
(circulator's residence - include number, street, and municipality)

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

Betty Breitzman
(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

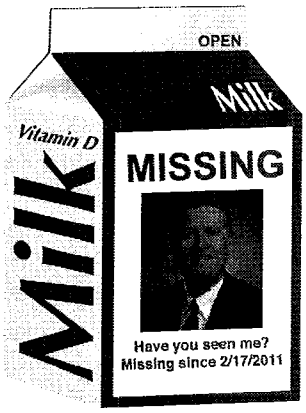
RECALL PETITION

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. Jack R. Wallin	1112 So. ONEIDA AVE RHINELANDER WI	☒ Town ☐ Village ☐ City PELICAN	3/24/2011
2. Deanna J Kornetta	1015-N STEVENS Q. RHINELANDER WI	☐ Town ☐ Village ☒ City RHLDR	3/25/2011
3. Tracy Hauser	10 W. Park St. Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3/25/11
4. James A Schoff	415 River Rd Rhinelander WI	☒ Town ☐ Village ☐ City Pinelake	3/28/11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JACK R. WALLIN, certify:
(name of circulator)

I reside at 1112 So. ONEIDA AVE 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.

3/28/2011 (date) Jack R. Wallin (signature of circulator)

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

RECALL PETITION

TO: 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. Karen Otto	457 Grede Rd.	☑ Town ☐ Village ☐ City Three Lakes 54562	3-28-11
2. Vern Otto	457 Grede Rd.	☑ Town ☐ Village ☐ City Three Lakes 54562	3-28-11
3. Andrew M Muntz	6111 County Rd. G.	☑ Town ☐ Village ☐ City Cloverland. 54521	3-28-11
4. Beth Faivel	629 NORTH BOND ST	☐ Town ☐ Village ☒ City EAGLE RIVER 54521	3-28-11
5. Glen Crane	5305 Mead St	☐ Town ☐ Village ☒ City Rhinelander 54501	3-28-11
6. Joel Matowitz	1853 Forest Ct.	☑ Town ☐ Village ☐ City Arbor Vitae	3/29/11
7. Joseph Perry	1434 N. 16th Ave	☐ Town ☐ Village ☒ City Wausau	3/29/11
8. Peter Steiderman	1173 Zernan Rd	☒ Town ☐ Village ☐ City Cloverland 54521	3-29-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Vernon D. OTTO, certify:
(name of circulator)

I reside at 457 Grede Rd. Three Lakes, WI. 54562.
(circulator's residence - include number, street, and municipality)

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

3-29-11
(date)

Vernon D. Otto
(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
John Christensen	14777 Adams Lane 54452	☐ Town ☐ Village ☒ City Merrill	4/19/11
2. Shawn McCallum	54452 606 Kyes St	☐ Town ☐ Village ☒ City merrill	4/19/11
3. Thea DPasse	2016 Forks Rd.	☒ Town ☐ Village ☒ City Merrill	4/19/11
4. [illegible]	721 1/2 Est 2nd St 54452	☐ Town ☐ Village ☒ City Merrill	4/19/11
5. [illegible]	W6605 Hwy K Tmer WI	☐ Town ☒ Village ☐ City Tmer	4/19/11
6. [illegible]	W8697 Cedar Rd 54452	☐ Town ☐ Village ☒ City Merrill	4/19/11 4/19/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jonathan Meaie, certify:
(name of circulator)

I reside 2125 NW 12th st Miami, Fl 33167
(circulator's residence - include number, street, and municipality)

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

4-19-11
(date)

(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY 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. Diana Sholund	N2632 Pier St. 54452	☒ Town ☐ Village ☐ City Merrill	4/18/11
2. K. Vignali	904 N State St 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
3. T Salzwedel	311 E 2nd St # 7	☐ Town ☐ Village ☒ City Merrill	4-18-11
4. [illegible]	Merrill wi 54452 317 E 2nd St Merrill	☐ Town ☒ Village ☐ City Merrill 54452	4-18-11
5. [illegible]	W4193 Pine Ave [redacted]	☐ Town ☐ Village ☒ City Merrill 54452	4/18/11
6. [illegible]	1310 E. 8th St	☐ Town ☐ Village ☐ City Merrill 54452	4/18/11
7. [illegible]	1308 E 10th St	☐ Town ☐ Village ☒ City Merrill	4/18/11
8. Rebecca [illegible]	1708 1/2 E 2nd St	☐ Town ☐ Village ☒ City Merrill	4/18/11
9. [illegible]	1324 W. main St #3	☐ Town ☐ Village ☒ City Merrill	2/18/11
10. [illegible]	N6838 South County Line 54487	☐ Town ☐ Village ☐ City Tomahawk	4/18/11

Certification of Circulator

I, Jonathan Mejie, certify:
(name of circulator)

I reside 2125 NW 124th St Miami, Fl 33167.
(circulator's residence - include number, street, and municipality)

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

4-18-11
(date)

(signature of circulator)

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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. Paige Leedtke	710 Superior St 54452	☐ Town ☐ Village ☒ City Merrill	4/18/11
2. [illegible]	54452 400 Liberty street	☐ Town ☐ Village ☒ City Merrill	4/18/11
3. Ellen [illegible]	411 Douglas 54452	☐ Town ☐ Village ☒ City Merrill	4-18 11
4. [illegible]	1600 E 2nd st 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
5. Tabry [illegible]	1500 Nicklaus Dr. 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
6. Jason Grove	400½ College 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
7. Kristin Rice	411 north Clevelandist 54452	☒ Town ☐ Village ☐ City Merrill	4-18-11
8. Justin Zemke	N1723 Leafy Grove Rd.	☐ Town ☐ Village ☒ City Merrill	4-18-11
9. Judy Damp	1131/2 Polk St 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
10. Gwendolen Stenzel	[redacted] 8108 Cty Rd F Merrill 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11

Certification of Circulator

I, Jonathan Megie (name of circulator), certify:

I reside 2125 NW 12th st Miami Fl 33167 (circulator's residence - include number, street, and municipality).

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

4-18-11 (date) — [signature] (signature of circulator)

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

Page No. 3280

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Paula Schuman	1700 E. 2nd St. M 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
2. Howard P. Helps	1700 E 2nd St 54452	☐ Town ☐ Village ☒ City MERRILL	4-18-11
3. Amber Schultz	702 ~~W~~ E 5th St 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
4. Crystal Calhoun	1410 E 10th Street 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
5. Jordan Sullin	105 N Scott St 54452	☐ Town ☐ Village ☒ City MERRILL	4-18-11
6. Christina Cavart	103 N Valley St. 54452	☐ Town ☐ Village ☒ City Merrill	4/18/11
7. Oscar Gilman	103 N. Valley St. 54452	☐ Town ☐ Village ☒ City Merrill	4/18/11
8. [illegible]	N2701 Swede Rd 54452	☐ Town ☐ Village ☒ City Merrill	4/18/11
9. [illegible]	W6241 School Ave 54452	☐ Town ☐ Village ☒ City Merrill	4/18/11
10. Nicole Dymora	803 Grand Ave 54450	☐ Town ☐ Village ☒ City Merrill	4-18-11

Certification of Circulator

I, Jonathan Megie (name of circulator), certify:

I reside 2125 NW 124th St Miami, Fl 33167 (circulator's residence - include number, street, and municipality).

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

4-18-11 (date)

[signature] (signature of circulator)

RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Spencer Kruger	508 E 5th street 54452	☐ Town ☐ Village ☒ City Merrill	4-18-11
2. [illegible] Mulford	1710 first St 54452	☒ Town ☐ Village ☐ City Merrill	4-18-11
3. Tom Johnson	54452 W5318 HILLSIDE	☒ Town ☐ Village ☐ City MERRILL	4-18-11
4. Martha Johnson	W5318 Hillside Dr. 54452	☒ Town ☐ Village ☐ City Merrill, WI	4-18-11
5. Tanya Stoges	W5318 Hillside Dr 54452	☒ Town ☐ Village ☐ City Merrill, WI	4-18-11
6. Eugene Bondioli	505 South California 54452	☐ Town ☐ Village ☒ City Merrill, WI	4-18-11
7. Jesse Pearce	204 E 4th St. 715-722-1160	☐ Town ☐ Village ☒ City merrill wi	4-18-11
8. [illegible]	110 S. State St. Apt. 6 54452 Merrill	☐ Town ☐ Village ☒ City Merrill WI	4-18-11
9. Elizabeth Beyer	1007 Jefferson St Merrill 54452	☐ Town ☐ Village ☒ City Merrill WI	4-18-11
10. [illegible]	804 1/2 Grand Ave Merrill, 54452	☐ Town ☐ Village ☒ City Merrill, WI	4-18-11

Certification of Circulator

I, Jonathan Megie (name of circulator), certify:

I reside 2125 NW 124th st Miami, FL 33167 (circulator's residence - include number, street, and municipality).

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

4-18-11
(date)

J Megie
(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. 3282

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John M Kay	3115 Warwick Rd Sayner WI 54560	☒ Town ☐ Village ☐ City Plum Lake	3/4 2011
2. [illegible]	1501 Woodland Dr. St Germain WI	☒ Town ☐ Village ☐ City St. Germain	3/4 2011
3. Dale Peterson	8247 Lost Lake Dr. W St Germain Wis.	☒ Town ☐ Village ☐ City St. Germain	3/4/2011
4. Linda Thomas	9220 Longs Rd Sayner WI 54560	☐ Town ☐ Village ☐ City Plum Lake	3/31/2011
5. [illegible]	9220 LONGS RD SAYNER WI 54560	☒ Town ☐ Village ☐ City PLUM LAKE	3/31 2011
6.		☐ Town ☐ Village ☐ City	2011
7.		☐ Town ☐ Village ☐ City	2011
8.		☐ Town ☐ Village ☐ City	2011
9.		☐ Town ☐ Village ☐ City	2011
10.		☐ Town ☐ Village ☐ City	2011

Certification of Circulator

I, Kerry Thomas, certify:
(name of circulator)

I reside at 9220 Longs Road, Sayner, Wisconsin 54560 Municipality: Town of Plum Lake.
(circulator's residence - include number, street, and municipality)

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

3/31/2011
(date)

Kerry Thomas
(signature of circulator)

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

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

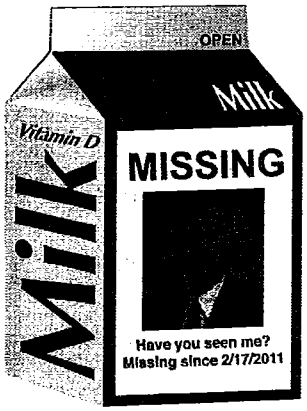
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	1229 Sharon Ln Eagle River, WI	☐ Town ☒ Village Lincoln ☐ City	4-13-11
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, Dawn M Brogle, certify:
(name of circulator)

I reside at 1040 Fox Lane, Eagle River, WI 54521 / Cloverland.
(circulator's residence - include number, street, and municipality)

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

4-13-11 (date) Dawn M Brogle (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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rosa Ostrowski	2448 Hwy 17	☒ Town ☐ Village ☐ City Phelps	3-26-2011
2. Richard Buell	941 Hwy 17	☒ Town ☐ Village ☐ City Phelps	3-27-11
3. Billie Jo Cree	4106 Lowhlake Dam Rd	☒ Town ☐ Village ☐ City Phelps	4-2-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, James L. Ostrowski, certify:
(name of circulator)

reside at 2448 Hwy 17 Phelps, WI 54554.
(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.

4-6-2011
(date)

James L. Ostrowski
(signature of circulator)

AB-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. Janet R Nissen	W4506 Merrill Townhall Rd Merrill, WI 54452	☑ Town ☐ Village ☐ City Merrill	4/6/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Michael D. Nissen (name of circulator), certify:

I reside W4506 Merrill Townhall Rd. Merrill Wis. 54452 (circulator's residence - include number, street, and municipality).

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

4/7/11 (date)

Michael D. Nissen (signature of circulator)

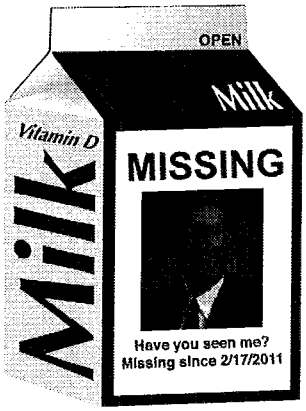
RECALL PETITION

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. Leon Gospodarek	1157 Forest St Niagara	☐ Town ☐ Village ☒ City Niagara	4/5/11
2. Sarah Gospodarek	1157 Forest St Niagara	☐ Town ☐ Village ☒ City Niagara	4/5/11
3. MARTIN BENNETT	2133 RIVER ST Niagara	☐ Town ☐ Village ☒ City Niagra	4/5/11
4. J. Lawrence Bougie	1008 HARDING. NIAGARA WI 54151	☐ Town ☐ Village ☒ City NIAGARA	4/5/11
5. William G. Collinson	1441 RIVER ST NIAGARA, WI 54151	☐ Town ☐ Village ☒ City NIAGARA	4/5/11
6. Robert C Nordell	1801 Ridge St Niagara WI	☐ Town ☐ Village ☒ City Niagara	4-5-11
7. Mary Vandenberg	1001 Bruning St Niagara	☐ Town ☐ Village ☒ City Niagara	4-5-11
8. Josh Racine	1371 Cleveland St. Niagara	☐ Town ☐ Village ☒ City Niagara	4-5-11
9. Anne W. Hansen	1000 Scott St. Niagara	☐ Town ☐ Village ☒ City Niagara	4-5-11
10. Sally Kmit	1108 Harding Niagara	☐ Town ☐ Village ☒ City Niagara	4-5-11

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.

4/8/2011 (date) — David Smail (signature of circulator)

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

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert M Palmer II	N3769 CLOVER RD ANTIGO WI 54409	☒ Town ☐ Village ☐ City ANTIGO	4-10-11
2. Jo Donnelly	614 Graham AVE Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	4-10-11
3. Melody Rieck	7538 Lang-Nash Rd Langlade, WI 54491	☒ Town ☐ Village ☐ City Nashville	4-10-11
4. Gary D Rieck	7538 LANG-NASH RD WHITE LAKE WI	☒ Town ☐ Village ☐ City NASHVILLE	4-10-11
5. Sandy Steinweg	N7992 Larzelere Ln Lily WI 54491	☒ Town ☐ Village ☐ City Langlade	4-10-11
6. Holli Raly	N5632 Sherry RD. Bryant WI 54418	☒ Town ☐ Village ☐ City Price	4-10-11
7. [illegible]	2626 Nolan Rd Aniwa WI 54408	☒ Town ☐ Village ☐ City Harrison	4-12-11
8. Delbert L Barnett	Antigo 1019 ~~[illegible]~~ First Ave	☐ Town ☐ Village ☒ City Antigo	4-13-11
9. James Arrowood	Lily W3339 PORKY LN. LILY	☒ Town ☐ Village ☐ City LANGLADE ~~[illegible]~~ WI.	4-14-11
10. Norma Arrowood	W3339 Porky Ln. Lily Lily	☒ Town ☐ Village ☐ City Langlade	4-14-11

Certification of Circulator

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

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

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

4-14-11
(date)

Laurie Hottenstein
(signature of circulator)

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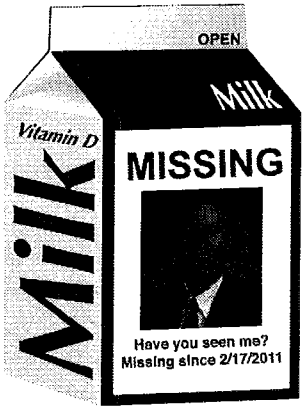
RECALL PETITION

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.



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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. Todd Dexter	W13n26 Cty RD S Gleason WI	☒ Town ☐ Village ☐ City Summit	26 March 2011
2. Bryan Thick	10147 Sherman Ln Crandon WI	☒ Town ☐ Village ☐ City Crandon	26 March
3. Jenn Kautnik	22 [illegible] Antigo WI 54401	☒ Town ☐ Village ☒ City Antigo	3-26-11
4. John Engel	5385 Newman Dr Rhinelander, WI	☒ Town ☐ Village ☐ City Pelican	3-26-11
5.	N2777 Schielke Rd Gleason WI 54435	☒ Town ☐ Village ☐ City Schley	3-26-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, 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.

3-26-11 (date) — Laurie Hottenstein (signature of circulator)

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

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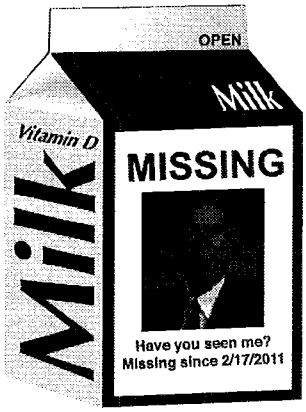
RECALL PETITION

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

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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. LARRY A KURTZ	600 PEWABIC ST P.O. Box 718 FLORENCE WI	☑ Town ☐ Village ☐ City FLORENCE	4-7-11
2. James Ouradnik (Ouradnik)	616 Olive Ave. Florence	☑ Town ☐ Village ☐ City Florence	4-7-11
3. William E. Eidenberger	600 OLIVE Florence	☑ Town ☐ Village ☐ City Florence	4-7-11
4. Betty Steber	633 Cedar Florence	☑ Town ☐ Village ☐ City Florence	4-7-11
5. Gene Pusateri	517 Olive Florence	☑ Town ☐ Village ☐ City Florence	4-7-11
6. Janice Gehrhoff	525 Olive Ave Florence	☑ Town ☐ Village ☐ City Florence	4-7-11
7. Michael Roberts	PO Box 581 640 Olive Florence	☑ Town ☐ Village ☐ City Florence	4-7-11
8. Jolene Roberts	PO Box 581 640 Olive Florence WISC	☑ Town ☐ Village ☐ City Florence	4-7-11
9. Kelley Johnson	P.O. Box 291 740 Olive Florence, Wi.	☑ Town ☐ Village ☐ City Florence	4-7-11
10. Jason Carney (Hasolt)	P.O Box 656/725 Olive ave, Florence, WI	☑ Town ☐ Village ☐ City Florence	4-7-11

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.

4/8/2011 (date) — David Smail (signature of circulator)

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

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael [illegible]	4346 Goodman Ln.	☐ Town ☐ Village ☐ City Conover	4-5-11
2. E Walbek	4955 Cty Rd S	☐ Town ☐ Village ☐ City Conover	4-5-11
3. J. Schert	4539 Chicago Ave	☒ Town ☐ Village ☐ City Conover	4-5-11
4. J Schert	4539 Chicago Ave	☒ Town ☐ Village ☐ City Conover	4-5-11
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

Mary Lou Hake
(name of circulator), certify:

reside at 5769 Highway KW Conover, WI
(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.

4-5-11
(date)

Mary Lou Hake
(signature of circulator)

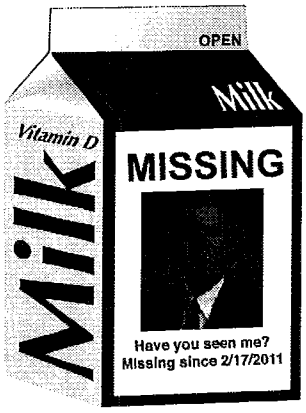
RECALL PETITION

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. Tim J Schmidt	W 15565 Woodlawn Rd Birnamwood, WI 54414	☑ Town ☐ Village ☐ City Hutchins	3/21/11
2. Janet Pagel	W10962 City G Antigo, Wis	☑ Town ☐ Village ☐ City Rolling	3/21/11
3. Jed Pagel	W10962 City G Antigo Wis	☑ Town ☐ Village ☐ City Rolling	3/21/11
4. Kevin Stug	Antigo, WI 54409	☐ Town ☐ Village ☑ City Antigo	3-21-11
5. Tom Konder	N1520 Hwy 45 So- Antigo WI 54409	☐ Town ☐ Village ☐ City Rolling	3-23-11
6. Jim Konder	N1528 Hwy 45 So- Antigo WI 54409	☑ Town ☐ Village ☐ City Rolling	3-23-11
7. Gary Fliedner	Antigo WI 54409 11196 City Rd HH	☑ Town ☐ Village ☐ City Ackley	3-23-11
8. Teresa Doering	Willis Hwy Summit Lake	☑ Town ☐ Village ☐ City Elcho	3-25-11
9. Bryan Burkhart	N5792 Burkhart Ln	☑ Town ☐ Village ☐ City Langlade	3-25-11
10. Jillian Novak	W10104 Hwy C Deerbrook WI 54424	☑ Town ☐ Village ☐ City Neva	3-25-11

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.

3-25-11
(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

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Page No. 3292

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Delores Barber	329 Woodland Heights Terr	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
2. Mark Barber	52.57 SANDY LOOP	☒ Town ☐ Village ☐ City Pine Lake	3-31-11
3. Wendy L Hogan	365 Woodland Hts Terr	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
4. Jim Hogan	P.O.B 1613, Rhinelander	☐ Town ☐ Village ☒ City " "	3/31/2011
5. Daniel Bailey	344, Woodland, Hts	☐ Town ☐ Village ☒ City RHINE	march 31 2011
6. Amy Feitl	344 Woodland Hts.	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
7. Linda Bailey	341 Woodland Hts	☐ Town ☐ Village ☒ City RHIN	3-31-11
8. MATTHEW J BOZEK	340 WOODLAND Hts Ter	☐ Town ☐ Village ☒ City " "	3-11-11
9. Carole Culler	3416 Woodland Hts Terr	☐ Town ☐ Village ☒ City Rhinel	mar 31
10. Julia Swenson	337 Woodland Height Rhinelander	☐ Town ☐ Village ☒ City " "	mar 31

Certification of Circulator

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

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

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

3-31-2011 (date)

Jen J Nery (signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Donna Brewer	6810 Winkler Rd 3 Lakes, WI 54562	☒ Town ☐ Village ☐ City	3/4/11
2. Alice Gyrndal	7134 Bonkowski Three Lakes	☒ Town ☐ Village ☐ City	3/4/11
3. David Krueger	6761 Drury Lane Boys 3 Lakes	☒ Town ☐ Village ☐ City	3/4/11
4. Laura Nelson	946 Olson Rd Three Lakes	☒ Town ☐ Village ☐ City	3/4/2011
5. Patricia A. Kane	9594 Hwy X Three Lakes	☒ Town ☐ Village ☐ City	3-4-11
6. Linda Deal	6660 Underhill 3 Lakes	☒ Town ☐ Village ☐ City	3/4/2011
7. Bill Hess	7359 Krueger Rd Three Lakes	☒ Town ☐ Village ☐ City	3/4/2011
8. Pete Granell	7729 Four Mile Creek Rd Three Lakes, WI	☒ Town ☐ Village ☐ City	3/4/11
9. Mary Granell	7729 4 Mile Cr. Rd Three Lakes WI	☒ Town ☐ Village ☐ City	3/4/11
10. Karen Hess	7510 Krueger Rd 3L WI 54562	☒ Town ☐ Village ☐ City	3-4-11

Certification of Circulator

I, X Laura Nelson (name of circulator), certify:

reside at X 946 Olson Rd. Three Lakes WI 54562
(circulator's residence - include number, street, and municipality)

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

X 3-18-2011
(date)

X Laura Nelson
(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. Anne Eppler	604 Highway 32 Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3/2/11
2. Jessica Weaver	6700 Cessna Ln. Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3-3-11
3. Nathan Weaver	6700 Cessna Ln. Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3-3-11
4. Kat L	599 State Hwy 32 Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3-4-11
5. Roger Hobert	6446 E. Big Lk Lp Rd Three Lakes WI	☒ Town ☐ Village ☐ City Three Lakes	3-5-11
6. Edward Schaal	6964 Batchowski Dr. Three Lakes WI	☒ Town ☐ Village ☐ City Three Lakes	3-5-11
7. Lynette Schaal	6964 Batchowski Three Lakes	☒ Town ☐ Village ☐ City Three Lakes	3-5-11
8. Sara L. Long	Three Lakes	☐ Town ☐ Village ☐ City Three Lakes	3/6/11
9. Shirley M. Domenski	5806 Fire Lane Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	3/25/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Joseph I. Hein (name of circulator), certify:

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

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

4/14/11 (date)

(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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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. Mandy Walker	210 King Street Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/9/11
2. RODNEY PAJULA	7450 Hwy 45-32 N Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3/9/11
3. Rosalie Pajula	7450 Hwy 45-32 N Three Lakes 54562	☒ Town ☐ Village ☐ City Three Lakes	3/9/11
4. Janell McRoy	1298 Erickson Rd MONICO WI	☐ Town ☒ Village ☐ City MONICO	3/10/11
5. Gerald Diehl GERALD DIEHL	10603 REED THREE LAKES, WI	☒ Town ☐ Village ☐ City THREE LAKES	3/10/11
6. Gretchen Diehl	10603 Reed Rd Three Lakes	☒ Town ☐ Village ☐ City Three Lakes	3/10/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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

3-14-11 (date)

Jennifer L Nery (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. Frederick Hoffer	2806 THREE GS DRIVE Rhinelander WI 54501	☑ Town ☐ Village ☐ City PELICAN	3-14-2011
2. Carol Hoffer	2806 THREE GS DR RLDR WIS 54501	☑ Town ☐ Village ☐ City PELICAN	3-14-2011
3. Dean Hoger	5555 Sennie Webber LKRD Rhinelander, WI	☑ Town ☐ Village ☐ City Sugar Camp	3-14-2011
4. Karla Ortman	5218 River Rd Rhinelander WI 54501	☑ Town ☐ Village ☐ City Pine Lake	3-14-11
5. Kim Swanson	3147 W. Hollaway Bay Rhinelander WI	☑ Town ☐ Village ☐ City Pelican	3/14/11
6. Donna Moore	4544 River Bend Rd Rhinelander, WI	☑ Town ☐ Village ☐ City Pelican	3/14/11
7. Sue Gaillard	1207 Mason, apt 112 Rhinelander, WI	☐ Town ☐ Village ☑ City Rhinelander	3/14/11
8. Edward B. Fenton	417 Cam St. Rhinelander WI 54501	☐ Town ☐ Village ☑ City HMCA	3/14/11
9. Cindi Vogin	4665 Hwy 17N. Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Pine Lake	3/14/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 2.13(3)(a), Wis. Stats.

3-14-11
(date)

Iva J. Fernholz
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE (Mailing Address) Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Voting) Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	Box #36 54529 Harshaw, WI 54529	☒ Town ☐ Village ☐ City Cassian Harshaw Wisc.	2-27-11
2. Melonie Dunahee	P.O. Box 36 Harshaw, WI 54529	☒ Town ☐ Village ☐ City Cassian Harshaw, WI	2/27/11
3. [illegible]	712 Eastview Dr Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo, WI	3/4/11
4. Willey Bowles	1518 Mallard Bay Rd Keshena, WI 54135	☐ Town ☒ Village ☐ City Keshena WI	3/4/11
5. Maxinea Bowles	N1518 Mallard Bay Rd Keshena, WI 54135	☐ Town ☐ Village ☐ City Keshena WI	3/4/11
6. Jerry Ormsen	N2863 Trout Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Schely	3/4/11
7. Don Stroebe	3347 White Ave Rhinelander	☒ Town ☐ Village ☐ City Rhinelander	3/4/11
8. Kathy Bottum	4145 S Show Dr Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pelican	3/4/11
9. Bonnie Sunnarborg	3397 Meadow Lane Rhinelander, WI	☒ Town ☐ Village ☐ City Stella	3/4/11
10. Mark Sunnarborg	3397 Meadow Ln Rhinelander WI 54501	☒ Town ☐ Village ☐ City Stella	3/4/11

Certification of Circulator

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

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

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

03-04-11
(date)

Iva J. Fernholz
(signature of circulator)

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

RECALL PETITION

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

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STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	Mailing Address STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Voting MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N10194 PINE SHORE	☐ Town ☐ Village ☐ City Tomahawk	2-26-11
2. [illegible]	[illegible]	☐ Town ☐ Village ☐ City Tomahawk	2-26-11
3. [illegible]	4792 Bayview Dr. Rhinelander	☒ Town ☐ Village ☐ City Rhinelander Newbold	3-2-11
4. [illegible]	4768 Bayview Dr Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Newbold	3-2-11
5. [illegible]	10689 Swamp Lake Rd. Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	3-2-11
6. [illegible]	10689 Swamp Lake Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	3/2/11
7. [illegible]	Rhinelander WI 54501 1435 Apache Ln.	☐ Town ☐ Village ☒ City Rhinelander	3/2/11
8. [illegible]	4125 South Shore Dr Rhinelander, WI	☐ Town ☒ Village ☐ City Pelican	3/4/11
9. Frank Fortier	6837 Shoreview Dr. Rhine.	☐ Town ☒ Village ☐ City Newbold	3/4/11
10. Sharon Kremsreiter	4750 Clover Valley Rd Harshaw WI	☐ Town ☐ Village ☐ City Cassian	3/4/11

Certification of Circulator

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

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

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

03-04-11
(date)

Iva J. Fernholz
(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. Kay to Jennifer Clements	11171 Burrows LK RD Tomahawk, WI	☒ Town Little Rice ☐ Village ☐ City	2/24
2. Carol Scherer	11745 North Lake Rd Tomahawk WI 54487	☒ Town ☐ Village Little Rice ☐ City	2/24/11.
3. Ben Scherer	11745 N. LK Rd Tomahawk Wis 54487	☒ Town ☐ Village Little Rice ☐ City	2/24/11
4. Jan Kimball	11720 Burrows LK Rd Tomahawk, WI 54487	☐ Town ☐ Village Little Rice ☐ City	2/24/11
5. [illegible]	11720 Burrows LK. Rd Tomahawk, Wi. 54487	☐ Town ☐ Village Little Rice ☐ City	2-25-11
6. [illegible]	35606 Klimek Dr Tomahawk, WI 54487	☒ Town ☐ Village Little Rice ☐ City	2-25-11
7. [illegible]	35606 Klimek Dr. Tomahawk, Wi 54487	☒ Town ☐ Village Little Rice ☐ City	2-25-11
8. [illegible]	1355 N Big Lake Loop Rd Three Lakes, WI 54562	☒ Town ☐ Village Three Lakes ☐ City	2-26-11
9. [illegible]	3185 Conway Rd Tomahawk WI	☐ Town ☐ Village Tomahawk ☐ City	2/26/11
10. [illegible]	3570 Klimek Dr Tomahawk, Wi	☒ Town ☐ Village Little Rice ☐ City	3/4/11

Certification of Circulator

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

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

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

03-04-11
(date)

Iva J Fernholz
(signature of circulator)

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

Page No. 3200