

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
2. <i>Lorraine Robertson</i>	<i>624 Margaret St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/30/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, *Lorraine Robertson*, (name of circulator) certify:

I reside *624 Margaret St, Rhineland* (circulator's residence - include number, street, and municipality)

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

Lorraine Robertson
(signature of circulator)

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For leaving district without representation fleeing to
out of state location and performing a political stunt

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1. <u>Bill Rydell</u> _____	<u>N 5458 County Rd B</u> <u>Porterfield, WI 54159</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Porterfield</u>	<u>3/29/11</u>
2. <u>Tom Prothomme</u> <u>Tom P</u>	<u>W 8299 Chickadee Ln</u> <u>CRUITZ WI 54114</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>STEPHENSON</u>	<u>4/1/11</u>
3. <u>JOE Nelson</u> <u>Joe Nelson</u>	<u>CRUITZ WI 54114</u> <u>W 6257 Sunny View LA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>OF LAKE</u>	<u>4/1/11</u>
4. <u>TAB Schroeder</u> <u>Gal Schroeder</u>	<u>W 5935 Hwy G</u> <u>Porterfield WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake</u>	<u>4/1/11</u>
5. <u>Monahan</u> <u>BOB SCARODISA</u>	<u>W 5935 Hwy G</u> <u>Porterfield WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>OF Lake</u>	<u>4/1/11</u>
6. <u>Jason Jensen</u> <u>Jason Jensen</u>	<u>N 5463 Hwy F</u> <u>Porterfield WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Porterfield</u>	<u>4/1/11</u>
7. <u>Wendy Rydell</u> <u>Gundy Rydell</u>	<u>N 5458 CTY RD E</u> <u>Porterfield, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Porterfield</u>	<u>4/4/11</u>
8. <u>Lindsay Buelteman</u> <u>Lindsay Buelteman</u>	<u>N 5454 CTY Unit A</u> <u>Porterfield WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Porterfield</u>	<u>4/14/11</u>
9. <u>Frank Buelteman</u> <u>Frank Buelteman</u>	<u>N 5454 CRE Unit A</u> <u>Porterfield, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Porterfield</u>	<u>4/14/11</u>
10. <u>Mary L. Phelps</u> <u>Mary L. Phelps</u>	<u>N 7994 Cedar Ln</u> <u>Porterfield WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Porterfield</u>	<u>4/15/11</u>

Certification of Circulator

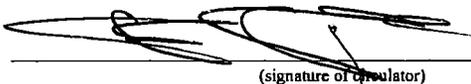
I, Bill Rydell, certify:
(name of circulator)

I reside N 5458 county R, Porterfield, WI (Porterfield).
(circulator's residence - include number, street, and municipality)

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

4/5/11

(date)



(signature of circulator)

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Christy Boucher</i>	<i>633 Carr St Rhineland WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/31/11</i>
2. <i>Promise Novak</i>	<i>327 Lennox St Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/31/11</i>
3. <i>Elois Stanley</i>	<i>4155 Shepard St RD Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/31/11</i>
4. <i>Mari Epler</i>	<i>150 A.S. Stevens St Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/31/11</i>
5. <i>Danielle Wilson</i>	<i>4051 B Shady Point Dr Rhineland, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/31/11</i>
6. <i>Kris Rivord</i>	<i>124 N. Baird Ave. Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/31/11</i>
7. <i>Anne Rivord</i>	<i>124 N. Baird Ave. Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/31/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Kris Rivord*, (name of circulator) _____, certify:

I reside *@ 124 N. Baird Ave Rhineland WI*
(circulator's residence - include number, street, and municipality)

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

3-31-11 (date) _____ *Kris Rivord* (signature of circulator)

RECALL PETITION

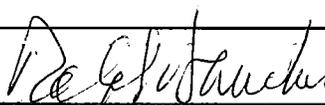
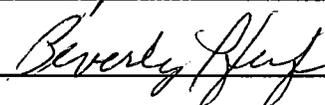
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1. 	EAGLE RIVER WI. 8685 VAN KOSSE RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	3/30/11
2. 	EAGLE RIVER 205 W. DIVISION ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VILAS City	3/31/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, RALPH ROTHENBACH, certify:
(name of circulator)

I reside 4380 WHITE PINE CP. 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.

3-30-11
(date)


(signature of circulator)

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1. <i>Bruce Roehl</i>	<i>6157 Twin Oaks Dr Rhinelanders WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/31/11</i>
2. <i>Judy Roehl</i>	<i>6157 Twin Oaks Dr Rhinelanders WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/31/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

X I, *Judy Roehl*, certify:
(name of circulator)

X I reside *6157 Twin Oaks Drive Rhinelanders WI 54501*
(circulator's residence - include number, street, and municipality) *Town Newbold*

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

X *4-4-11* (date) *X* *Judy Roehl* (signature of circulator)

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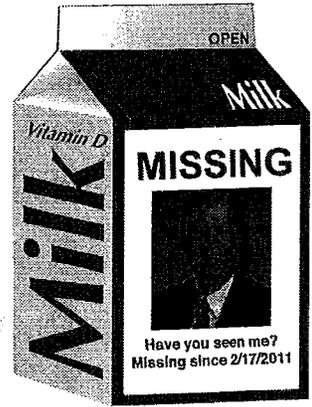
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(Jurisdiction or district of officeholder)

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

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

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1. <i>George Reznay</i>	<i>6277 E. BIG LAKE LOOP RD THREE LAKES, WIS. 54562</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/2011</i>
2. <i>Vicki Reznay</i>	<i>6277 E. Big Lake Loop Rd Three Lakes, WI 54562</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/2011</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

I reside at 6277 E. BIG LAKE LOOP RD THREE LAKES, WIS.
(circulator's residence - include number, street, and municipality)

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

4/5/2011
(date)

George Reznay
(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)

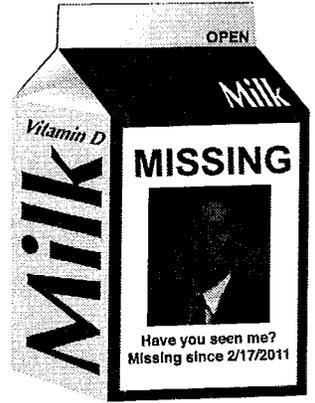
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(jurisdiction or district of officeholder)

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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1. RICHARD F. STENGL	8466 ROGERS DR #10	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-21-11
2. Donajian Stengl	8466 ROGERS DR #10	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-21-11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, RICHARD F. STENGL, certify:
(name of circulator)

I reside at 8466 ROGERS DR #10 MINOCQUA WI 54548
(circulator's residence - include number, street, and municipality)

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

3-21-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

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1.	9635 Sky Pine Rd Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-10-11
2. Sally Fink	9283 Timberline Dr Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-10-11
3. Bernice Ford	91690 E. Hwy 2 Hodgson WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-10-11
4. Karl Fink	9283 Timberline Dr Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/14/11
5. Betty Gornitzky	9635 Sky Pine Rd Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-10-11
6.	9190 Wintergreen Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-23-11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Sally Fink SALLY FINK, certify:

I reside at 9283 Timberline Dr. Minocqua, WI 54548
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Bernadette C. Czesen</i>	<i>5584 BROMAN RD PHELPS, WI.</i>	<input checked="" type="checkbox"/> Town <i>PHELPS, WI.</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/8/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *BERNADETTE C. CZESEN*, certify:

(name of circulator)

I reside *5584 BROMAN RD. PHELPS, WI. VILAS COUNTY*.

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

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

4/8/11
(date)

Bernadette C. Czesen
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Kathy Wolinski</i>	<i>135 Lincoln St Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-16-11</i>
2. <i>Randall D. Winkler</i>	<i>75 S. Lincoln St. Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3/16/11</i>
3. <i>Jeff Cicigew</i>	<i>412 Center St Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3/16/11</i>
4. <i>Richard A. White</i>	<i>318 East Towne Dr ANTIGO, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>3-18-11</i>
5. <i>Jacquie Bailey</i>	<i>N10212 State Hwy 55 Pearson, WI 54462</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Ainsworth</i>	<i>3-31-11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Connie Kiesling*, certify:

I reside at *W5164 Ctr Rd A Lily WI 54491*
(circulator's residence - include number, street, and municipality)

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

4-4-11
(date)

Connie Kiesling
(signature of circulator)

RECALL PETITION

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

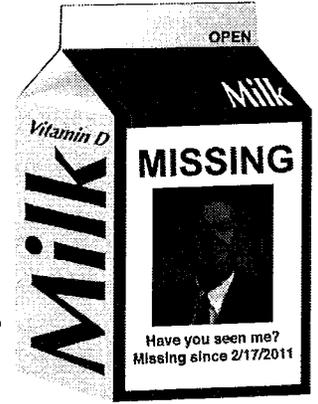
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Bonnie Zappa</u>	<u>8899 Lakeshore Dr. POB 74</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterbury</u>	<u>4/5/2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Bonnie Zappa (name of circulator), certify:

I reside at 8899 Lakeshore Dr. Waterbury (circulator's residence - include number, street, and municipality)

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

Bonnie Zappa
(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: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Sandra D. Schinke</u>	<u>19341 Big Lake Rd Gresham, WI 54128</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Red Springs</u>	<u>3/31/11</u>
2. <u>Robert Schinke</u>	<u>19341 BIG LAKE RD GRESHAM WI 54128</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RED SPRINGS</u>	<u>3/31/11</u>
3. <u>Margie Krause</u>	<u>W10877 Upper Red Lake Rd Gresham WI 54128</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Red Springs</u>	<u>4/14/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

Certification of Circulator

I, Margie Krause, certify:
(name of circulator)

I reside W10877 Upper Red Lake Rd Gresham WI 54128
(circulator's residence - include number, street, and municipality) Red Springs

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

4/4/2011
(date)

Margie Krause
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ronald M Kudlewski</i>	<i>N10716 Hwy A ATHELSTANE, WI, 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>3/31/11</i>
2. <i>Geraldine Kudlewski</i>	<i>N10716 Hwy A Athelstane, Wi. 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>3/31/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

* I, RONALD KUDLEWSKI, certify:
(name of circulator)

* I reside N10716 Hwy. A ATHELSTANE, WI, 54104 STEPHENSON.
(circulator's residence - include number, street, and municipality)

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

* 3/31/11 (date) * *Ronald M Kudlewski* (signature of circulator)

RECALL PETITION

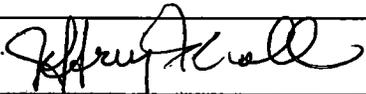
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

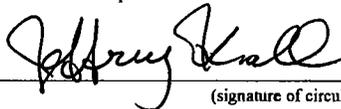
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	W6614 SCHOOL AVE MERRILL, WI 54452	<input checked="" type="checkbox"/> Town SCOTT <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
2. JEFFREY KRALL	W 6614 SCHOOL AVE	<input type="checkbox"/> Town SCOTT <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
3. Priscilla Krall	w6614 school Ave Merrill, WI 54452	<input checked="" type="checkbox"/> Town SCOTT <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
4. Priscilla Krall	W6614 SCHOOL AVE	<input type="checkbox"/> Town SCOTT <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

I, JEFFREY & PRISCILLA KRALL, certify:
(name of circulator)

I reside W6614 SCHOOL AVE MERRILL, WI 54452 TOWN OF SCOTT.
(circulator's residence - include number, street, and municipality)

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

3-30-2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Richard A. Beckel</i>	<i>12389 Hwy. W PREBOUE ISLE, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>PREBOUE ISLE</i>	<i>3/7/11</i>
2. <i>Jerry a. Barter</i>	<i>11080 BELLWOOD LN MINOCQUA,</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MINOCQUA</i>	<i>3-7-11</i>
3. <i>Terence E. Dwyer</i>	<i>8258 Voss Road Minocqua</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>3-8-11</i>
4. <i>Chris F. Preece</i>	<i>1875 Lofly Pines Rd St. Germain, WI 54558</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>3-8-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

I reside at *1885 Broken Bow Tr. Arbor Vitae WI 54568*
(circulator's residence - include number, street, and municipality)

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

3-8-11
(date)

Carol Cadby
(signature of circulator)

Page No
3316

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Kathryn R. Basted</i>	<i>11080 BELLWOOD DRIVE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MINOCQUA, WI</i>	<i>3-7-11</i>
2. <i>B. Stankewich</i>	<i>4275 Pollnow Ln Harshaw</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harshaw, WI</i>	<i>3-8-11</i>
<i>Barb Nuszyk</i>	<i>8258 VOSS RD MINOCQUA</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MINOCQUA</i>	<i>3-8-11</i>
4. <i>Margo Sullivan</i>	<i>1875 Laffy Pines Rd. ST. GERMAIN, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST. GERMAIN</i>	<i>3-8-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

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

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

3-8-11
(date)

Carol Cadny
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Sandi Squiller	180 Hwy 45 South	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3-11-11
2. Jim Squiller	180 Hwy 45 South	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAGLE RIVER	3-11-11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

already signed

Certification of Circulator

Dawn M. Brogle, certify:

(name of circulator)

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

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

3-14-11

(date)

Dawn M. Brogle

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1. <i>[Signature]</i>	1640 FOX LANE EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town of Cloverland <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
2. <i>[Signature]</i>	1040 Fox Lane Eagle River WI 54521	<input checked="" type="checkbox"/> Town of Cloverland <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
3. <i>[Signature]</i>	4170 TWIN LAKE RD CONOVER, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	2/28/11
4. <i>[Signature]</i>	4170 TWIN LAKE RD CONOVER, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	2/28/11
5. <i>[Signature]</i>	16841 HALL RD. EAGLE RIVER WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HILES	3/9/11
6. <i>[Signature]</i>	16841 Hall Rd Eagle River, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hiles	3/9/11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

[Signature], certify:
(name of circulator)
 reside at 1040 Fox Lane, Eagle River, WI 54521
(circulator's residence - include number, street, and municipality) CLOVERLAND

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

3-14-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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NOT REPORTING FOR HIS JOB.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ann E. Krenzke</u>	<u>7334 Spruce Ln. Eagle River Wis.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>3/11/2011</u>
2. <u>Ann A. Krenzke</u>	<u>7334 SPRUCE LN EAGLE RIVER WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>3-11-2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Ann A. Krenzke (name of circulator), certify:

I reside 7334 Spruce Lane LINCOLN
(circulator's residence - include number, street, and municipality)

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

3-11-2011
(date)

Ann A. Krenzke
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sandy Frank</i>	<i>9718 Airport Rd Crandon WI 54520</i>	<input checked="" type="checkbox"/> Town <i>Nashville</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-1-11</i>
2. <i>Theodore M Frank</i>	<i>9718 AIRPORT RD CRANDON, WI 54520</i>	<input checked="" type="checkbox"/> Town <i>NASHVILLE</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/2/11</i>
3. <i>Christine Pease</i>	<i>205 S. Central Ave Crandon WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRANDON</i>	<i>3/3/11</i>
4. <i>Rick Pease</i>	<i>205 S. Central Ave Crandon, WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>crandon</i>	<i>3-3-11</i>
5. <i>Savannah Cleereman</i>	<i>205 S. Central Ave Crandon, WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRANDON</i>	<i>3-3-11</i>
6. <i>Bob Adams</i>	<i>18114 TIPPERARY LN CRIVIZ, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAKE</i>	<i>3-31-11</i>
7. <i>ALAN FLOWERY</i>	<i>8888 E. DOWNEY</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRANDON</i>	<i>3/31/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Sandy Frank* **Certification of Circulator**, certify:

I reside at *9718 Airport Rd Crandon WI 54520 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) *Sandy Frank* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jean A Fannin</i>	<i>8860 Black Bear Ave Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>3-2-11</i>
2. <i>Allen D. Fannin</i>	<i>8860 Black Bear Ave Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>3-2-11</i>
3. <i>Adam Sang</i>	<i>8381 North Rd. Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>3-2-11</i>
4. <i>Lisa Kalata</i>	<i>7076 State Hwy 3255 Argonne, WI 54511</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3/2/11</i>
5. <i>Barry Black</i>	<i>8531 Duff Road Crandon WI 54520</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3/2/11</i>
6. <i>Rick Dachelet</i>	<i>9067 County Rd. N Argonne, WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>3-2-11</i>
7. <i>Casey Swanson</i>	<i>6452 Freedom Corners Rd. Wabeno, WI 54566</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Freedom</i>	<i>3-3-11</i>
8. <i>TERESA HUBTZ</i>	<i>6075 Hwy 82 WABENO, WI 54566</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>FREEDOM</i>	<i>3/3/11</i>
9. <i>Donna Dachelet</i>	<i>9067 Cty Rd N Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>3/3/11</i>
10. <i>Kate Dachelet</i>	<i>9067 city Rd N Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>3/3/11</i>

Certification of Circulator

I, *Jean A Fannin*, certify:
(name of circulator)

I reside at *8860 Black Bear Ave Argonne WI 54511*.
(circulator's residence - include number, street, and municipality)

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

3-4-11

(date)

Jean A Fannin

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Nancy J. Kind</i>	<i>404 Hillcrest Dr. Tomahawk WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/1/11</i>
2. <i>Kirk E Kind</i>	<i>404 Hillcrest Dr Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/1/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Kirk E Kind*, certify:

(name of circulator)

I reside *404 Hillcrest Dr Tomahawk, WI 54487*.

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

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

April 7 2011

(date)

Kirk E Kind

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Ronald A Ewert</i>	<i>PO BOX 567</i> <i>N 9962 DEER PATH LN</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/8/11</i>
2. <i>Sharon L. Ewert</i>	<i>PO BOX 567</i> <i>N 9962 Deerpath Ln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/8/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *RONALD R EWERT*, certify:
(name of circulator)

I reside *PO BOX 567 N 9962 DEER PATH LN TOMAHAWK WI 54487*.
(circulator's residence - include number, street, and municipality)

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

4/8/11
(date)

Ronald R Ewert
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Paula A. Hiller</i>	<i>5650 Wool Lake Lane Boulder Jct, WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>4/10/11</i>
2. <i>Don M. Hiller</i>	<i>5650 WOOL LAKE LANE BOULDER JCT, WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BOULDER JUNCTION</i>	<i>4/10/11</i>
3. <i>Dennis Condon</i>	<i>1241 FLORSHEIM RD MINOCQUA WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4/10/11</i>
4. <i>Mary J. Bur</i>	<i>5867 Airport Rd Boulder Jct WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>4/10/11</i>
5. <i>Barbara J. Jick</i>	<i>5596 Glen Lake Rd Boulder Jct</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>04/10/11</i>
6. <i>J. B. Hines</i>	<i>7322 Bear Trail Muskegon WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Muskegon</i>	<i>4/10/11</i>
7. <i>Annette Olson</i>	<i>5991 Airport Rd Boulder Jct, WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct WI</i>	<i>4/10/11</i>
8. <i>Kate Foley</i>	<i>5642 Wool Lake Boulder Jct WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>4/10/11</i>
9. <i>Sarah Ann Zinke</i>	<i>5691 Wool Lake Ln Boulder Jct - WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct WI 54512</i>	<i>4/10/11</i>
10. <i>Yvonne Barron</i>	<i>P.O. Box 868, 5772 Shamrock Rd Boulder Jct, WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct WI 54512</i>	<i>4-11-11</i>

Certification of Circulator

I, *Paula Hiller*, certify:
(name of circulator)
 I reside *5650 Wool Lake Ln Boulder Jct, WI 54512*
(circulator's residence - include number, street, and municipality)

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

4-10-11 (date) *Paula A. Hiller* (signature of circulator)

RECALL PETITION

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

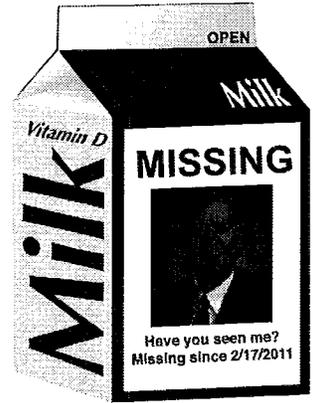
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>James Jozwiak</i>	<i>4171 N. Bay Rd Rhinelander Wis 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE LAKE</i>	<i>4-5-11</i>
2. <i>Rosemarie Jozwiak</i>	<i>4171 N. Bay Rd Rhinelander, Wis 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>4-5-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

X I, JAMES JOZWIAK, certify:
(name of circulator)

X I reside at 4171 N Bay Rd Rhinelander Wis
(circulator's residence - include number, street, and municipality) *PINE LAKE*

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

X 4-8-11 *X* James Jozwiak
(date) (signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>J. Marshall</i>	<i>7838 WALTER RD Woo.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WoodRUFF</i>	<i>3/30/11</i>
2. <i>Jeanette Beld</i>	<i>4247 Trail End Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3/30/11</i>
3. <i>Harold Schumaker</i>	<i>5057 Rims Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/30/11</i>
4. <i>Biken Boxtel</i>	<i>1027 WELTUNG</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican Lake</i>	<i>3/30/11</i>
5. <i>Wendy Woodford</i>	<i>11850 Co Rd A</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/30/11</i>
6. <i>Marge Dyreman</i>	<i>Refined 3768 N. Lumberport</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3/30/11</i>
7. <i>Pat Hagen</i>	<i>4600 RIVERBEND Kd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinel. wis</i>	<i>2/30/2011</i>
8. <i>Frank Wacker</i>	<i>917-3rd Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Woodruff</i>	<i>3/30/11</i>
9. <i>Don Lew</i>	<i>503 Grant St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Chandon</i>	<i>3/30/11</i>
10. <i>Sonnie EVENSON</i>	<i>4368 VALLEY CT</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOL</i>	<i>3/30/11</i>

Certification of Circulator

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

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

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

3/31/11 (date) *Sherril 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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1. <i>Brittney Borowczyk</i>	<i>720 Cedar St MINOCQUA WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>Feb 26, 2011</i>
2. <i>Peter Bugarsky</i>	<i>4719 Old Hwy 70 MINOCQUA WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>2-26-11</i>
3. <i>Tom Ninsger</i>	<i>9750 Eskow city rd Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>2-26-11</i>
4. <i>Angela Coconate</i>	<i>7219B Hixon Road Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>2-27-11</i>
5. <i>Matt Anderson</i>	<i>9721 Old 70 W Minocqua WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>2-26-11</i>
6. <i>David Gouwers</i>	<i>3B E Front Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>2/26/11</i>
7. <i>Roger Razak</i>	<i>Hwy 51 W 100 MUNICIPALITY NOTED NE 54548</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Monticello wis</i>	<i>2/26/11</i>
8. <i>Sam Long</i>	<i>118 Lakeshore Dr. Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua, WI 54548</i>	<i>02/27/11</i>
9. <i>Charles A Schiefel</i>	<i>721 Cedar St 1180 County Road NW</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua WI</i>	<i>02-26-11 5H</i>
10. <i>David A. Lemke</i>	<i>Marathon WI 54448</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Marathon</i>	<i>2-26-11</i>

Certification of Circulator

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

I reside at *1885 Broken Bow Ln Arbor Vitae, 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.

2-26-11
(date)

Carol Cady
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Paul Baumann</i>	<i>203 N. Cromwell St M</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4/4/11</i>
2. <i>Larry Brueger</i>	<i>1001 E 9TH ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Delwood</i>	<i>4/4/11</i>
3. <i>John ...</i>	<i>5769 Robison Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/4/11</i>
4. <i>Bob Barthelt</i>	<i>5697 Cedar Falls Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>4/4/11</i>
5. <i>James J White</i>	<i>5510 Hwy 107</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/4/11</i>
6. <i>Ashley A Odawsky</i>	<i>2600 E. Main St Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4/4/11</i>
7. <i>Debra Symonds</i>	<i>N10190 Pine shore Ln Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>King</i>	<i>4-4-11</i>
8. <i>Ray ...</i>	<i>1235 Highway 200 Berkshire, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RHINELANDER</i>	<i>4-4-11</i>
9. <i>W. Ryan</i>	<i>1000 CLEVELAND</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	<i>4-4-11</i>
10. <i>John Hanke</i>	<i>N2559 City Rte</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>4-4-11</i>

Certification of Circulator

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

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

4/4/11 (date) Sherri Ferrerell (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 § 9.40 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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

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1. <i>Chesley Pyrogz</i>	8146 MILLAN RD ARMSTRONG CREEK	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARMSTRONG CREEK	3-1-12
2. <i>Nancy Pyrogz</i>	8146 Millan Rd ARMSTRONG CRK. WI 54103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARMSTRONG CREEK	3-1-11
3. <i>Mary Millan</i>	2517 Millan Rd Armstrong Creek, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Armstrong Creek	3-1-11
4. <i>Jeana Moddie</i>	9280 Millan Rd Armstrong Creek, Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Armstrong Creek	3-1-11
5. <i>John PawlowSK</i>	1828 PAWLOWSKI LANE ARMSTRONG CREEK WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARMSTRONG CREEK	3/2/11
6. <i>Steve Moddie</i>	N18932 FRANKS RD Goodman WI, 54125	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Goodman	3/2/11
7. <i>Minna Dausoff</i>	N18932 FRANKS RD. Goodman WI, 54125	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Goodman	3/2/11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ANTHONY J. MODDIE SR, certify:

I reside at 110 6TH 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.

Anthony J. Moddie Sr
(date)

Anthony J. Moddie Sr
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	657 Thayer Street Rhineland WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	2-28-11
2.	5305 Forest Lane Rhineland WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3-2-11
	6098 Harmony Hill Dr. Rhineland WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	3/2/11
4.	4818 Jimmy Ln Harshaw WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harshaw	3/2/11
5.	4284 STEEP RD. Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/4/11
6.	2574 S. Shore Rd Pelican Lake, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican Lake	3/4/11
7.	6299 Lakewood Rd Hazelhurst, WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/15/11
8.	W7041 City Rd 0 Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brady	3-21-2011
9.	5895 Hwy 8W apt 2 Rhineland, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/21/11
10.	127 E. Phillip St Apt 3 Rhineland, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/21/11

Certification of Circulator

X. Mike Boyd, certify:

I reside X 4386 Double Oak Trail Rhineland WI 54501
(name of circulator)
(circulator's residence - include number, street, and municipality)

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

3-24-2011
(date)

X
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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1. <i>Rosa Murray</i>	<i>W. 15599 TED RIVER</i>	<input checked="" type="checkbox"/> Town <i>Barnamwood</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/26/11</i>
2. <i>Adam Kaner</i>	<i>3221 Lunt Lane Milwaukee, WI 53237</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	<i>3/26/11</i>
3. <i>Seward Poch</i>	<i>1028 CNTY RD G</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ANTIGO WI</i>	<i>3/26/11</i>
4. <i>Sheldon Hill</i>	<i>N1898 CR-X Antigo Wis. 54407</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo Rolling Township</i>	<i>3/26/11</i>
5. <i>Barbara Glasd</i>	<i>901 S Keenan Waukesha</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Waukesha</i>	<i>3/26/11</i>
6. <i>Ken Boun</i>	<i>1304 E 2nd Tomahawk</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>3/26/11</i>
7. <i>Carol Amy Heller</i>	<i>N7751 State Hwy 17 Merrill WI 54451</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
8. <i>Neil Brown</i>	<i>1500 W 1st St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
9. <i>Geori Bruehpe</i>	<i>205 East Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
10. <i>Rock Kudlich</i>	<i>W1008 Cornyng RD Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>

George A. Roman Certification of Circulator _____, certify:

I reside *288 NE 18th Terr RMB PC. 33160*
(circulator's residence - include number, street, and municipality)

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



RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Margaret Yuzynski</i>	3227 S. Loral Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	3/26/11
2. <i>Christopher Elmer</i>	9015 Harrison Wittenberg WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Wittenberg</i> <input type="checkbox"/> City	3/26/11
3. <i>Dawn [unclear]</i>	1329 39th Ave	<input checked="" type="checkbox"/> Town <i>Antigo</i> <input type="checkbox"/> Village <input type="checkbox"/> City	3/26/11
4. <i>Berry [unclear]</i>	W10149 Nickle RD Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	3/26/11
5. <i>emilystift</i>	10257 5th Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	3-26-11
6. <i>Angela D. Albers</i>	2705 Crescent Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	3-26-11
7. <i>Brogan Allen</i>	2705 Crescent Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	3-26-11
8. <i>[unclear]</i>	County Rd 3 Glendon WI 54610	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Glendon</i>	3-26-11
9. <i>William [unclear]</i>	W1378 Mary Ln Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	3-26-11
10. <i>Beverly Bowen</i>	1364-E-Sunw Tomahawk, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	3-26-11

Certification of Circulator

I, George A. Rouny, certify:

I reside 2588 NE 18th Terr NMB FL 33160
(circulator's residence - include number, street, and municipality)

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

(10)

RECALL PETITION

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

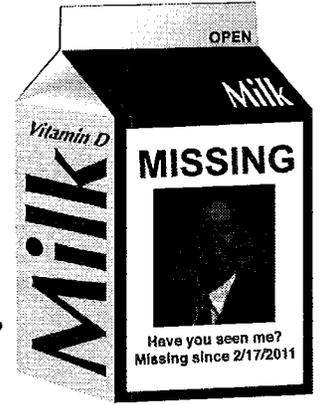
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Gay Kraus</u>	<u>11060 Chippewa Forest Rd. 54568</u>	<input checked="" type="checkbox"/> Town <u>ARBOR VITAE WI. 54568</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-18-11</u>
2. <u>Nancy Kraus</u>	<u>11060 Chippewa Forest Rd</u>	<input checked="" type="checkbox"/> Town <u>ARBOR VITAE 54568</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-18-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Paula Visner **Certification of Circulator**, certify:
(name of circulator)

I reside at 6045 Beaver Tr. TOWN OF CLOYERLAND
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Pat Pickert</u>	<u>Box 884</u> <u>Minoqua, WI 54558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hazelhurst</u>	<u>2-28-11</u>
2. <u>Benton McMulley</u>	<u>Box 306</u> <u>Hazelhurst, WI 54531</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hazelhurst</u>	<u>2/11/2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JOHN C THIESEN, certify:

I reside at 6856 Hwy 51, 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.

4/13/2011
(date)

J. C. Thiesen
(signature of circulator)

RECALL PETITION

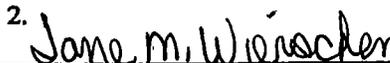
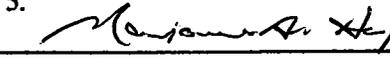
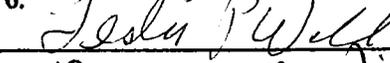
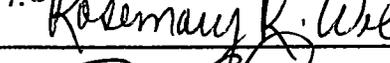
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	7814 Hacker Drive Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/4/11
2. 	7814 Hacker Drive Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/4/11
3. 	N12013 City Rd L Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bradley	3/4/11
4. 	320 S View Dr Tomahawk WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3/9/11
5. 	8729 Brunswick Rd Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/5/11
6. 	1101 Hwy 47 W ARBOR VITAE WI 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3/5/11
7. 	1101 Hwy. 47 W ARBOR VITAE WI 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3/5/11
8. 	7388 TIMBER LAKE MINOCQUA, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-5-11
9. 	9605 BOEHM DR HAZELHURST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	3/5/11
10. 	P.O. BOX 1008 9516 COUNTRY CLUB RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/5/11

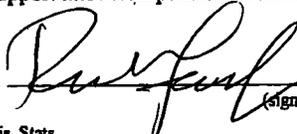
Certification of Circulator

I, Rebeckah A. Fuchs Jr, certify:
(name of circulator)

I reside at 5249 ISLAND LAKE RD Boulder Junction WI
(circulator's residence - include number, street, and municipality)

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

3/5/11
(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)

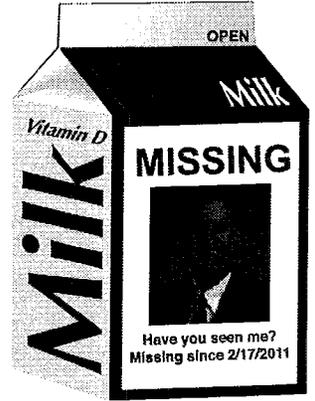
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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



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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Maureen Schmidt</i>	<i>905 MEMORIAL DR MERRILL WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/22/11</i>
2. <i>Jan Tesch</i>	<i>1601 E 1st St Merrill, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/27-11</i>
3. <i>Gregg Schmidt</i>	<i>WS431 BRATZ ROAD MERRILL, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/27/11</i>
4. <i>Maureen Schmidt</i>	<i>905 N. MEMORIAL Dr. Merrill - 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/27/11</i>
5. <i>Larry Walker</i>	<i>N8363 DORNING DR. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/27/11</i>
6. <i>Andrea Abbondano</i>	<i>715270 cnty Rd. ulw Wauson WI 54403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/27/11</i>
7. <i>Carolyn Byer</i>	<i>1606 E 1st St Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-29-11</i>
8. <i>James Byer</i>	<i>1606 E 1st ST Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-29-11</i>
9. <i>David Polak</i>	<i>N3041 Townhall Rd merrill, wis.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-30-11</i>
10. <i>Donna J. Polak</i>	<i>N3041 Town Hall Rd. merrill, WI. 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-30-11</i>

Certification of Circulator

I, Gertrude Duerf, certify:
(name of circulator)

I reside at 2504 RIO GRANDE DR City of Merrill WI 54452
(circulator's residence - include number, street, and municipality)

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

3-31-2011
(date)

Gertrude Duerf
(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: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dones Kogen</u>	<u>204 E. Tru. St. Wittenberg</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wittenberg</u>	<u>4-13-11</u>
2. <u>Norma M. Goffney</u>	<u>722 So. Webb St. #3</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wittenberg</u>	<u>4-13-11</u>
3. <u>Web Grant</u>	<u>146 E Front Wittenberg</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wittenberg</u>	<u>4-13-11</u>
4. <u>Marz Anderson</u>	<u>W12235 Northwoods Ln. Elcho</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Elcho</u>	<u>4-14-11</u>
5. <u>Quintan</u>	<u>N2041 Tori Lane Antigo, WI 54607</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4/14/11</u>
6. <u>TJ D</u>	<u>220 Clermont St Antigo</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4/14/11</u>
7. <u>Michelle Schoepfle</u>	<u>1804 S. Pole Rd Birnamwood, WI 5414</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plover</u>	<u>4-14-11</u>
8. <u>Mary Pomeroy</u>	<u>4800 Spanglers Rd Antigo WI 54609</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u>	<u>4-14-11</u>
9. <u>V. Kalkys</u>	<u>PO Box 12954 Townzen 5176</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Townsend</u>	<u>4-14-11</u>
10. <u>Wanda Joyce</u> <u>Miranda Joyce</u>	<u>101 9th Ave Antigo WI 54609</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4/14/11</u>

Certification of Circulator

I, Larry W. Schumacher, certify:

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

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

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

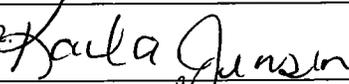
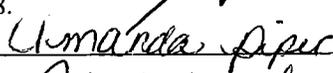
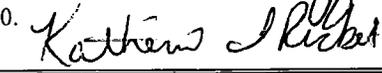
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	715 S. WEBB ST WITTENBERG, WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-13-11
2. 	722 S. Webb St. #1 WITTENBERG, WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-13-11
3. 	H 7800 E 9th Rd WAUSAU WI 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Heewitt	4-14-11
4. JAMES P. KONRATH	N 7535 ALCEDO ST SUMMIT LAKE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UPTON	4-14-11
5. 	N 3695 Polar Rd Bryant WI 54408	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Polar	4-14-11
6. 	1423 W Superior ANTIGO	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City antigo	4-14-11
7. 	N 6996 Hwy 45 Deerbrook, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neena	4-14-11
8. 	117 dorr st. Antigo	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-14-11
9. 	PO Box Kalkoff 17954 WARBUR Ln Thibault	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Townsend	4-14-11
10. 	261 Robbins St. Apt 12 white lake WI 54491	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City white lake	4-14-11

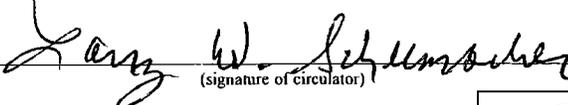
Certification of Circulator

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

I reside 4601 S. Tand 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)


(signature of circulator)

RECALL PETITION

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

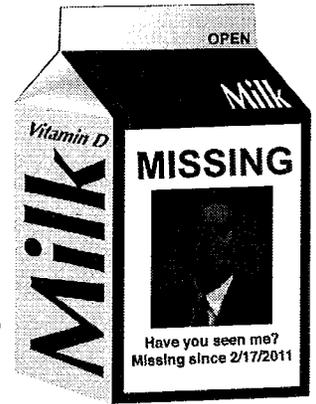
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Candace M. Schmidt</i>	400 South Virginia St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
2. <i>[Signature]</i>	228 MARI ST. Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
3. <i>[Signature]</i>	1135 85 CTH S. Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	3-18-11
4. <i>[Signature]</i>	740 E. 5th Ave Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Town of Antigo	3-18-11
5. <i>Dennis J. Schmidt</i>	400 So Virginia ST. ANTIGO WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
6. <i>Jeff Van Der...</i>	N6301 Cty Road A Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neva	3-21-11
7. <i>Rodney L. Palmer</i>	104 4TH ST. Mattoon WI 54450	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mattoon	3-21-11
8. <i>Brian Brun</i>	12720 STH G 4 BRYANT WI 54418	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City POLAR	3-21-11
9. <i>Wagner Dabelke</i>	12604 Orchard Rd Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-24-11
10. <i>Kiara Kramer</i>	1232 5th Ave Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-25-11

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.

(date) 4/1/2011

Perry Duffek
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

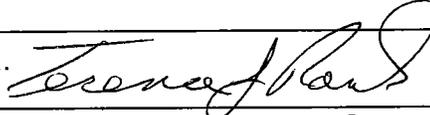
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1. 	17885 BLACK BEAR LN Box 178	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKEWOOD	3/1/11
2. Kathleen A. Rank	17885 Black Bear Ln Box 178	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood	3/1/11
3. Dona Norris	15395 Big Bear LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood	3/3/11
4. Mike Rowe	14274 Pine River Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKEWOOD	3/4/11
5. Carla VanCamp	17973 Hwy 32	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Townsend	3/4/11
6. 	17973 Hwy. 32.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Townsend	3/04/2011
7. Randy T. Jachet	18207 City F	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood WF	3-11-11
8. 	15284 Cliff Ln Lakewood Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City lakewood wis	3-11-11
9. Joanne Roy	15284 Cliff Ln Lakewood WI 54138	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood wis	3-11-11
10. 	18207 City F Lakewood WI 54138	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood w	3-11-11

Certification of Circulator

I, TERENCE J. RANK, certify:

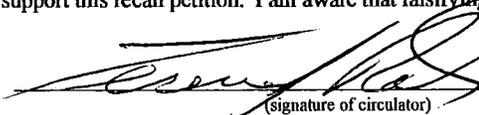
(name of circulator)

I reside 17885 BLACK BEAR LANE LAKEWOOD WI 54138

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1. <i>Don Keary</i>	1006 KEPLER RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WINCHESTER	3/11/11
2. <i>Mrs. Clark</i>	10423 HWY W Winchester	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3/11/11
3. <i>Shirley</i>	10423 Hwy W Winchester WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3/11/11
4. <i>Roger L. Miller</i>	7378 W. Birch Lake Rd Winchester WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3/16/2011
5. <i>Gail Miller</i>	7378 W Birch Lake Rd Winchester WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3/16/2011
6. <i>Steve Willy</i>	2379 E Rossakwah Lane Lac Du Flambeau 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac Du Flambeau	3/21/2011
7. <i>Nancy Kelly</i>	7033 ENOX WOOD RD Winchester WI 54557	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3/21/2011
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JOAN T. WAINIO, certify:

I reside at 1083 COUNTY RD O WINCHESTER WI 54557
(circulator's residence - include number, street, and municipality)

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

3/22/11

(date)

Joan Swaino

(signature of circulator)

Page No. 3343

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dorothy Bakke</u>	<u>6264 W. Buckatabon Rd Conover, WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Conover, WI</u>	<u>3/4/11</u>
2. <u>Michael G. Lorsch</u>	<u>4390 Hackley Cncl Phelps, WI 54553</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps, WI</u>	<u>3/4/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Dorothy Bakke, certify:
(name of circulator)

I reside at 6264 W. Buckatabon Rd Conover, WI 54519
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 3/12/11 X Dorothy Bakke
(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)

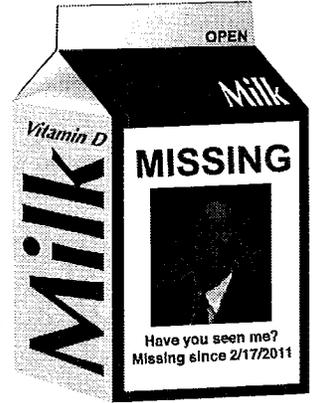
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>John E Tilton</u>	<u>8530 ROGER DR. MINOCQUA WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3/15/11</u>
<u>Patricia Lee Peterson</u>	<u>8530 ROGER DR. MINOCQUA WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3/15/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, John E Tilton PATRICIA L Tilton, certify:
(name of circulator)
 WE reside at 8530 ROGER DR MINOCQUA WI 54548
(circulator's residence - include number, street, and municipality)

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

3/22/2011
(date)

John E Tilton Patricia Lee Peterson
(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: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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1. <u>Jim Bow</u>	<u>103670 Stevenson Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>SKANAWAN</u> <input type="checkbox"/> City <u>IRM 12</u>	<u>4-5-11</u>
2. <u>Michelle Hedges</u>	<u>9E Somo AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Tomahawk</u> <input type="checkbox"/> City	<u>4-5-11</u>
3. <u>Shirley</u>	<u>11 W. Merrill Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Tomahawk</u> <input checked="" type="checkbox"/> City	<u>4-5-11</u>
4. <u>Nyssa Melby</u>	<u>300 N. Rifle Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Rhineland</u> <input checked="" type="checkbox"/> City	<u>4/5/11</u>
5. <u>Nancy E. Noel</u>	<u>W10474 Howard Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Tomahawk</u> <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>Nick Niggeling</u>	<u>W9117 COUNTY Rd D</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>ANTIGO, WI</u> <input type="checkbox"/> City	<u>4/6/11</u>
7. <u>Dawn Farkey</u>	<u>218 E Washington Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Tomahawk WI</u> <input type="checkbox"/> City	<u>4/6/11</u>
8. <u>Keena Shuma</u>	<u>11094 Old Hwy 51 N. ARBOR VITAE, W.I. 54562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>ARBOR VITAE</u> <input type="checkbox"/> City	<u>4/6/11</u>
9. <u>CRATIS BOBCK</u>	<u>2274 LK NOKOMUS Rd TOMAHAWK WI 54567</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>TOMAHAWK WI</u> <input checked="" type="checkbox"/> City	<u>4-6-11</u>
10. <u>M. John</u>	<u>3551 Rocky Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Tomahawk</u> <input type="checkbox"/> City	<u>4-6-11</u>

Certification of Circulator

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

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

4/6/11 (date) Sterrri E Ferrill (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>[Signature]</i>	200 East Front St Wittenberg	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village wittenberg <input type="checkbox"/> City	4/13/11
2. <i>[Signature]</i>	Wittenberg WI 101 E. Reed St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village wittenberg <input type="checkbox"/> City	4/13/11
3. <i>[Signature]</i>	305 E. FRONT ST WITTENBERG	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village wittenberg <input type="checkbox"/> City	4/13/11
4. <i>[Signature]</i>	305 E. FRONT ST. WITTENBERG WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WITTENBERG <input type="checkbox"/> City	4/13/11
5. <i>[Signature]</i>	11511 139 Rd Newark WI 54511	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Popple River <input type="checkbox"/> City	4-13-11
6. <i>[Signature]</i>	960 Lake side ST White Lake	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village white LAKE <input type="checkbox"/> City	1-17-11
7. <i>[Signature]</i>	13571 ackles Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village Antigo <input type="checkbox"/> City	4-17-11
8. <i>[Signature]</i>	1703 Nevada Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Antigo <input type="checkbox"/> City	4-14-11
9. <i>[Signature]</i>	W10702 1st Ave. Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Antigo <input type="checkbox"/> City	4-14-11
10. <i>[Signature]</i>	1190 Langlade Rd. Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Antigo <input checked="" type="checkbox"/> City	4-14-11

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.

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <u>Melissa Smith</u>	<u>516 S. WELL ST Apt 19 Wittenberg</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Wittenberg</u> <input type="checkbox"/> City	<u>4-13-11</u>
2. <u>Lucy Nohr</u>	<u>N9084 Maplewood Biramwood, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Biramwood</u> <input type="checkbox"/> City	<u>4-13-11</u>
3. <u>Betty Gomez</u>	<u>apt 3 516 S Webb Wittenberg</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Wittenberg</u> <input type="checkbox"/> City	<u>4-13-11</u>
4. <u>Linnée Burch</u>	<u>516 S. WEBB ST #2 Wittenberg</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Wittenberg</u> <input type="checkbox"/> City	<u>4-13-11</u>
5. <u>Donkey Olson</u>	<u>Po box 79 Wittenberg WI 54499</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>wittenberg</u> <input type="checkbox"/> City	<u>4-13-11</u>
6. <u>Joyce Anderson</u>	<u>W10569 Sugarbush Rd. Biramwood WI 54414</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Almon</u> <input type="checkbox"/> City	<u>4/13/11</u>
7. <u>Tommy Lopez</u>	<u>W15823 City N. Bowler WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Almond</u> <input type="checkbox"/> City	<u>4/13/11</u>
8. <u>Mike White</u>	<u>308 S Ellms Wittenberg WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>wittenbergs</u> <input type="checkbox"/> City	<u>4/13/11</u>
9. <u>Christine Backes</u>	<u>W15225 Silver Creek Rd Biramwood WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Almon</u> <input type="checkbox"/> City	<u>4/13/11</u>
10. <u>Debbie Schumacher</u>	<u>106 S. Cherry St Wittenberg WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Wittenberg</u> <input type="checkbox"/> City	<u>4/13/11</u>

Certification of Circulator

I, Larry W Schumacher, certify:

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

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

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

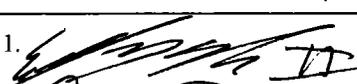
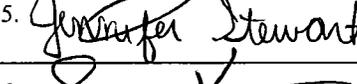
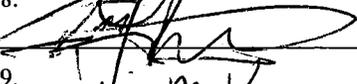
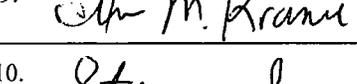
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	901 S Harrison Ave Lot 14 Wittenberg	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/13/11
2. 	901 S. Harrison St #4 Wittenberg	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/13/11
3. 	315 Webb St. Wittenberg, WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/13/11
4. 	W17807 ISLAND RD WITTENBERG WI 54499	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BIRNAMWOOD	4/13/11
5. 	N8783 Maplewood Rd Birnamwood WI 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4/13/11
6. 	309 W. Vinal St WITTENBERG, WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WITTENBERG	4/13/11
7. 	207 W Vinal WITTENBERG WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WITTENBERG	4-13-11
8. 	WITTENBERG 109 Vinal St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WITTENBERG	4-13-11
9. 	N11179 Maple Rd Birnamwood, WI 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hutchins	4/13/11
10. 	Birnamwood, WI 54414 447 1st Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4/13/11

Certification of Circulator

I, LARRY W. SCHUMACHER, 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)

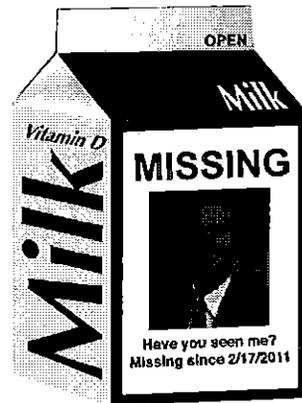
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Thomas J. Steele</i>	<i>1590 Chadwick DR Aubur Village, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aubur Village</i>	<i>3/29/11</i>
2. <i>Jane Brown</i>	<i>17416 Bear Lake LA Lakewood WI 54138</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lakewood</i>	<i>3/29/11</i>
3. <i>Howard Baroun</i>	<i>17414 Bear Lake LA Lakewood WI 54138</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lakewood</i>	<i>3/29/11</i>
4. <i>Dennis Fredrickson</i>	<i>123 SUNSET DR. ANTIGO WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-29-11</i>
5. <i>Patty Skinnis</i>	<i>N2379 Hatemister Ln Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-29-11</i>
6. <i>Donald Dahms</i>	<i>620 ORNBA CIR Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-29-11</i>
7. <i>Clara Hottelstein</i>	<i>W8993 Forrest Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-29-11</i>
8. <i>Elon Gase</i>	<i>310 15th Ave. Antigo, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-29-11</i>
9. <i>Dennis Mach</i>	<i>229 Wausau Road Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-29-11</i>
10. <i>William Dettert</i>	<i>535 3rd ave Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-29-11</i>

Certification of Circulator

I, Laurie Hottelstein, 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 *Laurie Hottelstein*
(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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	149 N Brown St Apt B Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	03/09/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, JOSEPH M KENNEDY, certify:
(name of circulator)

I reside 6712 PRUNE LAKE ROAD RHINELANDER WI 54501 TOWN OF CRESENT.
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)


(signature of circulator)

RECALL PETITION

to: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ronald F. Johnson</u>	<u>2789 Hwy K Conover 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PHELPS</u>	<u>4-9-11</u>
2. <u>Anna Holownia</u>	<u>2789 HWY K Conover 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PHELPS</u>	<u>4-9-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Shirley Kufeldt

(name of circulator)

certify:

reside at 4294 Pine Knoll Lane - Conover, WI 54519

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

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

Shirley C. Kufeldt

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>M. Nicole M. Henderson</u>	<u>1010 Randall Ave Rhinelander WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>2/28/11</u>
2. <u>Robert A. Henderson</u>	<u>1010 RANDALL AVE. RHINELANDER, WI. 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RHINELANDER</u>	<u>2-28-11</u>
3. <u>Loi Bognor</u>	<u>P.O. Box 126 8623 DEERPATH MINOCQUA, WI. 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>2-28-11</u>
4. <u>Wayne Bognor</u>	<u>8623 DEERPATH CIR MINOCQUA</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>"</u>
5. <u>Michael Bauer</u>	<u>P.O. Box 9 Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3-1-11</u>
6. <u>Jean O'Bauer</u>	<u>"</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>"</u>
7. <u>Rita Stein</u>	<u>3130 Clay Court Rd Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stella</u>	<u>3-1-11</u>
8. <u>[Signature]</u>	<u>773 BALSAM</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-2-11</u>
9. <u>[Signature]</u>	<u>1009 Alvin St Rhinelander WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-2-11</u>
10. <u>Joshua Kuzman</u>	<u>534 S. Pelham St Rhinelander WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-3-11</u>

Certification of Circulator

I, Joshua Kuzman (name of circulator) certify:

I reside 534 S. Pelham 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.

3-3-11

(date)

Joshua Kuzman
(signature of circulator)

Page No. 2640

3354

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ch. Portner</i>	249 249 Fischer St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-26-2011
2. <i>James Walsh</i>	215 Wausau Road Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2/26/11
3. <i>William Wittin</i>	1405 94th Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	2/26/11
4. <i>Dale Carlson</i>	W7885 Hwy F Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	2/26/11
5. <i>Bill Zimmerman</i>	124 South Lincoln St Antigo Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	2/26/11
6. <i>Sandy Zimmerman</i>	124 S Lincoln St Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	2/26/11
7. <i>Bill Lund</i>	305 Vista Lane Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Adiso	2/27/11
8. <i>Wuanc Olson</i>	N3296 Hill Rd Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	2/27/11
9. <i>James Livermore</i>	306 S. Superior St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2/27/11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Craig L. Kerueger* certify.

I reside at 130 S. Lincoln St. Antigo WI 54409

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

3-6-11
(date)

Craig L. Kerueger
(signature of circulator)

Page No. 3355

3355

RECALL PETITION

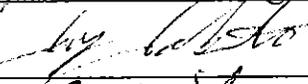
TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	112 ILLINOIS ST. EAGLE RIVER WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2/26/11
2. 	112 ILLINOIS ST EAGLE RIVER WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2/26/11
3. 	5071 Thurber II EAGLE RIVER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2/26/11
4. 	5324 Babcock Rd Lando Lakes WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2-27-11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Darrell R. Fliflet, certify:

(name of circulator)

I reside at 130 Spruce St, Eagle River, WI 54521

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

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

3/11/2011
(date)


(signature of circulator)

RECALL PETITION

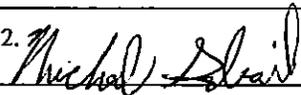
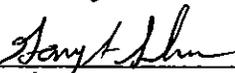
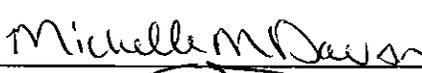
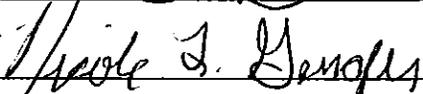
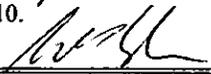
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	315 Jonathan Apt N Eagle River, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	2-25
2. 	8323 Green Bass Lake Rd Eagle River, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2-25
3. 	2945 Hwy 45 N. Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	2-25
4. 	2445 Hwy 45 N. Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	2/25
5. 	507 Minnesota St Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2-25
6. 	304 Tamarack St Eagle River, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2/26
7. 	304 Tamarack St Eagle River, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2/26
8. 	304 TAMARACK ST EAGLE RIVER, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2/26/11
9. 	4020 Hwy 45 CONOVER, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2-26-11
10. 	4020 Hwy 45 CONOVER WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2-26-11

Certification of Circulator

I, Darrell R. Fliflet, certify:

(name of circulator)

I reside at 130 Spruce St, Eagle River, WI 54521

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

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

3/11/2011
(date)

Darrell R. Fliflet
(signature of circulator)

RECALL PETITION

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

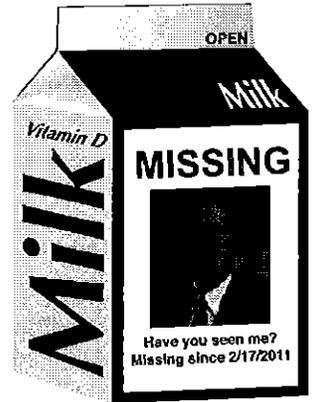
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <u>Judith Engelmann</u>	<u>N13013 Betts Rd</u> <u>Wausauke WI 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>3/16/11</u>
2. <u>Dana Ducese</u>	<u>N10905 Hwy XX</u> <u>Wausauke WI 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>3/16/11</u>
3. <u>Emily Tadiach</u>	<u>N10558 Hwy xx</u> <u>Wausauke, WI 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>3/16/11</u>
4. <u>Jeff Phillips</u>	<u>W6368 Trudger Rd</u> <u>Wausauke WI 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>3/16/11</u>
5. <u>Curtis Peruto</u>	<u>N12802 Lubka Rd</u> <u>Wausauke, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>3/16/11</u>
6. <u>Jan Peruto</u>	<u>N12802 Lubka Rd</u> <u>Wausauke, WI 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>3-16-11</u>
7. <u>Gray Engel</u>	<u>N13013 Betts Rd</u> <u>Wausauke WI 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>3-16-11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Judith Engelmann, certify:
(name of circulator)

I reside at N13013 Betts Rd Wausauke WI 54177
(circulator's residence - include number, street, and municipality)

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

3-17-11
(date)

Judith Engelmann
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Erin J Collins</u>	<u>4810 Hilltop Rd. Rhinelander</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u>	<u>3-2-11</u>
2. <u>[Signature]</u>	<u>W 12390 Moccasin Lk Rd Elcho WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elcho</u>	<u>3-10-11</u>
3. <u>[Signature]</u>	<u>979 Hwy 45 Pelican Lake WI 54463</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Schopke</u>	<u>3-11-11</u>
4. <u>Linda Rasmussen</u>	<u>2517 W. Main St Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-13-11</u>
5. <u>Brian [Signature]</u>	<u>2517 W. Main St Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/13/11</u>
6. <u>Shirley Freund</u>	<u>12302 Memorial Dr Merrill, WI 5</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/13/11</u>
7. <u>[Signature]</u>	<u>12302 Memorial Dr Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3-13-11</u>
8. <u>John Barkman</u>	<u>3808 Town Line Lk Rd Rhinelander WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Onida</u>	<u>3-13-11</u>
9. <u>Delores Beckman</u>	<u>3808 Town Line St Rd Rhinelander</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Onida</u>	<u>3-13-11</u>
10. <u>John H Beckman</u>	<u>1434 Upland AVE Rhinelander WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-13-11</u>

Certification of Circulator

[Signature] certify:

I reside at 4810 Hilltop Rd Rhinelander WI 54501
(circulator's residence - include number, street, and municipality)

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

3/27/11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

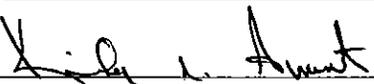
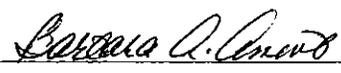
(official with whom nomination papers or declaration of candidacy for the office is filed)

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

STATEMENT OF REASON FOR RECALL

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

JIM HOLPERIN AVOIDED HIS RESPONSIBILITIES BY RUNNING OFF TO ILLINOIS AND SHOULD BE RECALLED. OUR SYSTEM DOES NOT WORK THAT WAY!

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	<u>2037 SABINOIS PT. RD. PELICAN LAKE, WI. 54403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SCHOEPKE</u>	<u>3/28/11</u>
2. 	<u>2037 Sabinois Pt. Rd. Pelican Lake WI 54403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Schoepke</u>	<u>3/28/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

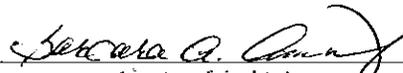
Certification of Circulator

I, Barbara A. Amund, certify:
(name of circulator)

I reside 2037 Sabinois Point Road, Pelican Lake, WI 54403 SCHOEPKE.
(circulator's residence - include number, street, and municipality)

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

3/28/11
(date)


(signature of circulator)

3360

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1.	W 11120 Maywood Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town Upham <input type="checkbox"/> Village <input type="checkbox"/> City	3-18-11
2.	337 SPRUCE LANE ANTIGO WI 54409	<input checked="" type="checkbox"/> Town ANTIGO <input type="checkbox"/> Village <input type="checkbox"/> City	3/18/2011
3.	N3484 Wagon Ave Antigo, WI	<input checked="" type="checkbox"/> Town ACKLEY <input type="checkbox"/> Village <input type="checkbox"/> City	3/18/2011
4.	1721 First Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-2011
5.	antigo, WI 54409 906 Elm St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
6.	N 5985 Hwy A Deerbrook WI 54424	<input checked="" type="checkbox"/> Town NEVA <input type="checkbox"/> Village <input type="checkbox"/> City Deerbrook	3-18-11
7.	W11556 MAYWOOD RD Summit Lake, WI 54407	<input checked="" type="checkbox"/> Town SUMMIT LAKE <input type="checkbox"/> Village <input type="checkbox"/> City	3-18-11
8.	711 Elm Street Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
9.	W 5329 CITY HWY Pickering, WI 54465	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Lilly <input type="checkbox"/> City	3-18-11
10.	112 Fairland St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/18/11

Certification of Circulator

I, Laurie Hottenstein, certify:
(name of circulator)
 I reside at N 3383 Meadow Rd, Antigo
(circulator's residence - include number, street, and municipality)

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

3-18-11
(date)
Laurie Hottenstein
(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.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ann Kowak</u>	<u>888 Elm Dr. Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2/24/11</u>
2. <u>Ann Kowak</u>	<u>888 Elm Dr. Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2-26-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Cade Halada

(name of circulator)

certify:

reside at 319 Silver Lake Rd, Eagle River, WI 54521

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

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

2/26/11

(date)

Cade Halada

(signature of circulator)

RECALL PETITION

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

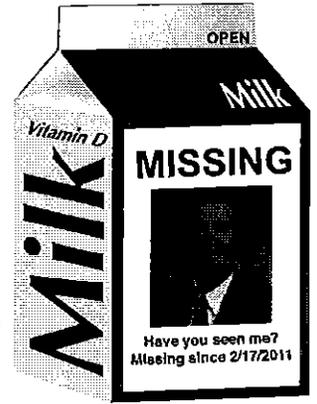
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Toby Flaming	W10085 Pike Plains Rd Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3/29/11
2. Bethany Remeika	W10085 Pike Plains Rd Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3-29-11
3. Matthew Burns	W10055 Pike Plains Rd Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3/29/11
4. Sam Rockstroh	W10085 Pike Plains Rd Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3/29/11
5. Derek Twigg	W10085 Pike Plains Rd Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3-29-11
6. James Kuhle	W10085 Pike Plains Rd Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3-29-11
7. Ginger Price	W10085 Pike Plains Rd. Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3-29-11
8. Aaron Hoffman	W10085 Pike Plains Rd. Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3-29-11
9. Brian Swank swank	W10085 Pike Plains Rd. Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3-29-11
10. A.J. Dressler	W10085 Pike Plains Rd Dunbar WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3-29-11

I, David Smail **Certification of Circulator**, certify:
(name of circulator)

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

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

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

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

Page No. 2657
 3312

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 608-266-5005, <http://gab.wi.gov> email: gab@wi.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Roger E Ollhoff</i>	<i>N 1147 County W</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/17/11</i>
2. <i>Frances G. Ollhoff</i>	<i>N1167 Hwy W</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>4/3/11</i>
3. <i>Chad M Jones</i>	<i>w 7056 School Ave Morrell WI 54455</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>4/3/11</i>
4. <i>R Ollhoff</i>	<i>N1207 Heritage Road Morrell, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>4/3/11</i>
5. <i>Cecilia Ollhoff</i>	<i>N.1207 Heritage Rd Morrell, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>4/3/11</i>
6. <i>Jennifer Schmidt</i>	<i>w 7056 School Ave Morrell WI 54455</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>4/6/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>

Certification of Circulator

I, *Roger E Ollhoff*, certify:
(name of circulator)

I reside *N 1147 County W Morrell WI Pine River*
(circulator's residence - include number, street, and municipality)

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

3 31 11 4/6/11
(date)

Roger Ollhoff
(signature of circulator)

RECALL PETITION

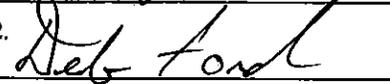
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	400 OSTERBERG PKWY NIAGARA WIS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
2. 	400 OSTERBERG PKWY NIAGARA WIS 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

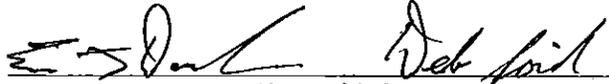
Certification of Circulator

I, ERIC S DANIELSON & DEB FORD, certify:
(name of circulator)

I reside 400 OSTERBERG PKWY NIAGARA WIS 54151
(circulator's residence - include number, street, and municipality)

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

3-29-11
(date)


(signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Michael P. Keintz	6473 Spruce Meadows Lane P.O. Box 966 Land O Lakes, WI 54540	<input checked="" type="checkbox"/> Town Land o Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	2/23/11
2 Susan G. Keintz	6473 SPRUCE MEADOWS LANE PO BOX 966 LAND O' LAKES, WISCONSIN 54540	<input checked="" type="checkbox"/> Town Land o Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	2/23/11
3 Jerry Rapp	5171 Eagles Rdg. Rd. Eagle River WI.	<input checked="" type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input type="checkbox"/> City	2/23/11
4 Judy Jendrusch	PO-BOX 224 MANITOWISH WIS 54545	<input checked="" type="checkbox"/> Town Manitowish Waters <input type="checkbox"/> Village <input type="checkbox"/> City	2/23/11
5 [Signature]	2742 US 51 N ARBUR VITAE, WI 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2/23/11
6 Robert [Signature]	2781 CEDAR AVE SAYNER WI 54560	<input checked="" type="checkbox"/> Town Sayner <input type="checkbox"/> Village <input type="checkbox"/> City	2/23/11
7 Terry [Signature]	W3585 Copenlake Av. Gleason, WI. 54435	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Gleason <input type="checkbox"/> City	2/23/11
8 John R. [Signature]	6100 LITTLE PORTAGE LAKE RD LAND O' LAKES WI 54540	<input checked="" type="checkbox"/> Town Land o Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
9 Stuart J. Hunt	5934 So. Black Oak Rd Land o Lakes, WI 54540	<input checked="" type="checkbox"/> Town Land o Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
10 Mary E. Hunt	P.O. Box 385 - Land o Lakes	<input checked="" type="checkbox"/> Town Land o Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11

CERTIFICATION OF CIRCULATOR

I, Michael P. Keintz, certify that I reside at 6473 Spruce Meadows Lane, Land o Lakes WI. 54540

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

2/25/11
(date)

Michael P. Keintz
(Signature of Circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Lawrence Berg</i>	<i>8506 E PINE LAKE RD HILES, WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HILES</i>	<i>3/16/2011</i>
2. <i>Bertie-Louise Berg</i>	<i>8506 E. PINE LAKE RD HILES, WI. 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HILES</i>	<i>3/16/2011</i>
3. <i>Ernest S. Hoelme</i>	<i>1201 N. LAKE AVE. CRANDON, WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRANDON</i>	<i>3-16-2011</i>
4. <i>Harold Jaeger</i>	<i>1301 9th Lake Ave. Crandon, WI. 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRANDON</i>	<i>3-16-2011</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

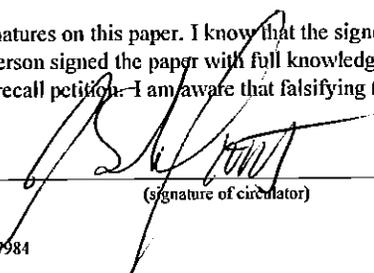
Certification of Circulator

I, *John J. Schaefer III (Jay Schaefer)*, certify:
(name of circulator)

I reside *8905 E. Pioneer St Crandon WI 54520*
(circulator's residence - include number, street, and municipality)

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

3-22-2011
(date)


(signature of circulator)

RECALL PETITION

TO: WISCONSIN Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Douglas Halverson</u>	<u>384 Cheryl White Lake</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>White Lake</u> <input type="checkbox"/> City	<u>3/16/11</u>
2. <u>Mark Schneider</u>	<u>402 Maple St Wausau, Wis</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	<u>3-16-11</u>
3. <u>Gladys M. NIXON</u>	<u>W 4769 Kenosha EITON 54430</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>EITON</u>	<u>4-12-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I Paula Visner certify:

(name of circulator)

reside at 6045 BEAVER TR TOWNSHIP OF CLOYFALLAND

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

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

4/13/2011
(date)

Paula Visner
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Peggy Victor</i>	<i>5157 Jaeger Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-18-2011</i>
<i>Chad Collins</i>	<i>Crandon WI 54520</i>	<i>Crandon</i>	
2. <i>Chad Collins</i>	<i>704 S. Prospect Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-18-11</i>
<i>Chad Collins</i>	<i>Crandon WI 54520</i>	<i>Crandon</i>	
3. <i>Whitney Collins</i>	<i>704 S. Prospect Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-18-11</i>
<i>Whitney Collins</i>	<i>Crandon, WI</i>	<i>Crandon</i>	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>M.A. Elke</i>	<i>1686 MOON RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ST. GERMAIN</i>	<i>4/1/11</i>
2. <i>Charmaine R Elke</i>	<i>1686 Moon Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4/1/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Charmaine R Elke*, certify:
(name of circulator)

I reside *1686 Moon Rd St Germain*.
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Charmaine R Elke
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Michael J Peterson	11868 Riverside Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/2/11
2. Daniel Peterson	11868 Riverside Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3-3-11
3. Lindsey Peterson	11868 Riverside Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/3/11
4. Denise Jihovic	12496 OLD HWY W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PRESQUE ISLE	3/3/11
5. Frank John	12496 OLD HWY W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/3/11
6. Marjorie Thoma	11602 COUNTY RD W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/3/11
7. Brenda M. Dye	11885 Thoma Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/3/11
8. Karen Swenson	8176 E. Bay Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/3/11
9. Mary Gehrig	11559 Hwy B	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/4/11
10. Chris Korbow	8062 crab CR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/4/11

I, Ronald D Borth **Certification of Circulator**, certify:

I reside at 1785 E Tippecanoe R.D. Lac Du Flambeau, Wis. 54538
(circulator's residence - include number, street, and municipality)

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

3-5-11
(date)

Ronald D Borth
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

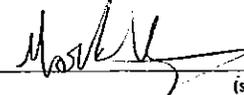
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mr. J. Calvert</i>	<i>248 MAX ROAD PELICAN LAKE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schoerke</i>	<i>04-12-11</i>
2. <i>Kathy Schreiber</i>	<i>600 farwell AVE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
3. <i>Pamela Biddell</i>	<i>1840 Clemont St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
4. <i>Jeff Wicker</i>	<i>1810 CLEMENT ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>4-12-11</i>
5. <i>John A. Blaszczak</i>	<i>716 North Ave Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
6. <i>Cell</i>	<i>1545 Clemont St. Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
7. <i>Brandon Vandenberg</i>	<i>1007 Lincoln St Apt 4</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
8. <i>Breann Miller</i>	<i>1007 Lincoln St Apt 4</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
9. <i>Roberta Trizay</i>	<i>1007 Lincoln St Apt 6 Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
10. <i>Sharon Glesner</i>	<i>911 Silver St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>

Certification of Circulator

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

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

4-12-11 (date)  (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>D.R. Robinson</i>	<i>203 Park St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>12 Apr 2011</i>
2. <i>Rope Losnovske</i>	<i>210 E 9th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
3. <i>Vincent & Mrs David & Zeh</i>	<i>425 E 6th Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
4. <i>Jim Zahn</i>	<i>425 E 8th Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
5. <i>Karen Steliga</i>	<i>W 9604 Hwy D</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ANTIGO</i>	<i>4-12-11</i>
6. <i>Paul Boss</i>	<i>1032 S 10th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Maunawee</i>	<i>4-12-11</i>
7. <i>Nolly L. Doers</i>	<i>511 Darr St. Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
8. <i>Luz Gilly</i>	<i>1232 N. Superior St Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
9. <i>Shantelle Jande</i>	<i>N3605 Hwy S Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
10. <i>Kerstin Fleischman</i>	<i>735 8th Ave Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>

Certification of Circulator

I, Mark Vigil *M.V.*, certify:

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

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

4-12-11
(date)

Mark Vigil
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Cody Marwin</i>	<i>1007 Lincoln St. Apt 8</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
2. <i>Amber Clemente</i>	<i>1007 Lincoln St Apt 8</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
3. <i>Sean Rector</i>	<i>921 Fulton St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
4. <i>Joe Infante</i>	<i>635 Sunset Dr Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Mark Vigil, certify:

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

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Walter Liza	N 8141 ST Hwy 13 Phillips WI	<input checked="" type="checkbox"/> Town Price <input type="checkbox"/> Village <input type="checkbox"/> City	4-9-11
2. Frank Messier	N3597 city rd P White Lake, Wis 54987	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/9/11
3. Tom Resch	N 12592 Sugarbush Road Fennimore, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4-9-11
4. Glenn Schultz	W 8844 State Hwy 47	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-9-11
5. Mike S	727 AR-VT Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/9/11
6. Jessi Dandane	3110 city rd nh	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/9/11
7. Zach Brown	908 Clement	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/9/11
8. Paul Matt	4546 State Hwy 52 Ariwa WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/9/11
9. Jeannette Papp	3204 County Y Antigo WI 54908	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/9/11
10. Dale Zimmerman	106 E 8th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/9/11

Certification of Circulator

I, Mark Vigil, certify:

(name of circulator)

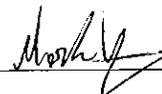
I reside 4620 W. Cedar ave. Denver Colorado 80219

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

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

4-12-11

(date)



(signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Michele M Fawcett	1033 Walnut St. Eagle River, WI 54521	Town Village <input checked="" type="checkbox"/> City	2-23-11
2 Gary Fawcett	1033 Walnut St Eagle River WI 54521	Town Village <input checked="" type="checkbox"/> City	2-23-11
3 Jan Winters	1651 Oak Ln Eagle River, WI, 54521	Town <input checked="" type="checkbox"/> Village CLOVELAND <input checked="" type="checkbox"/> City	02/25/11
4 Betsy Winters	1651 Oak Lane Eagle River, WI 54521	Town <input checked="" type="checkbox"/> Village CLOVELAND <input checked="" type="checkbox"/> City	2/25/11
5 Heidi Fawcett	1400 Everest Road Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village WASHINGTON <input type="checkbox"/> City	2-23-11
6 Tracy Fawcett	2941 Owls Nest Lane Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2-26-11
7 Shona P. Foster	4886 ARBUTHN LANE EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2-26-11
8 Marcia Pless	1459 Silver Lake Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City	2-26-11
9 Patricia R. Miller	10672 1/2 Mill Pond Rd Eagle River WI 54521	Town <input type="checkbox"/> Village <input type="checkbox"/> City	2-26-11
10 Sandy Anderson	2456 P 1486 Guggenheimer Eagle River WI 54521	Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2-26-11

CERTIFICATION OF CIRCULATOR

I, Michele Fawcett, certify that I reside at 1033 Walnut St. Eagle River, WI 54521

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

2-23-2011
(date)

Michele M. Fawcett
(Signature of Circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Lucille P. Albrecht</i>	<i>9794 NORWAY LANE WOODRUFF, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOODRUFF</i>	<i>2/28/11</i>
2. <i>Dorothy Schmitz</i>	<i>9798 NORWAY LANE WOODRUFF, WI 54568</i>	<input checked="" type="checkbox"/> Town <i>WOODRUFF</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
3. <i>Harold W. Wilkie</i>	<i>9798 NORWAY LANE WOODRUFF, WI 54568</i>	<input checked="" type="checkbox"/> Town <i>WOODRUFF</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
4. <i>Rays. Meascher</i>	<i>9494 Boehm Dr. Hazelhurst WI 54553</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Hazelhurst</i> <input type="checkbox"/> City	<i>3/2/11</i>
5. <i>Charles Schmitt</i>	<i>9770 Norway Ln.</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/2/11</i>
6. <i>John Schmitt</i>	<i>9770 Norway Lane Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/2/11</i>
7. <i>Carol J Schaefer</i>	<i>9778 Norway Lane Woodruff WI 54568-9462</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/2/11</i>
8. <i>Robert Schaefer</i>	<i>9778 Norway Ln Woodruff WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>3/2/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Lucille P. Albrecht*, certify:
(name of circulator)

I reside *9794 Norway Lane, Woodruff, WI*
(circulator's residence - include number, street, and municipality)

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

March 3, 2011
(date)

Lucille P. Albrecht
(signature of circulator)

RECALL PETITION

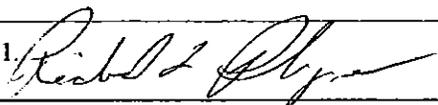
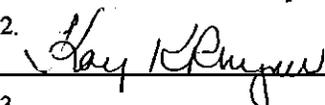
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	9819 North Yawkey Lake Rd P.O. Box 305	<input checked="" type="checkbox"/> Town Hazelhurst <input type="checkbox"/> Village <input type="checkbox"/> City	3/2/11
2. 	9819 North Yawkey Lake Rd P.O. Box 305	<input checked="" type="checkbox"/> Town Hazelhurst <input type="checkbox"/> Village <input type="checkbox"/> City	3/2/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

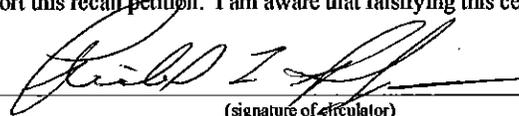
Certification of Circulator

I, Richard L. Rhymer, certify:
(name of circulator)

I reside 9819 North Yawkey Lake Road / Hazelhurst, Wis 54531
(circulator's residence - include number, street, and municipality)

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

3/2/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Janetuskell</i>	<i>4319 Chain O Lakes Rd EAGLE RIVER, WI 54521</i>	<input checked="" type="checkbox"/> Town WASHINGTON <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/4/2011</i>
2. <i>Craig Reiche</i>	<i>1899 Loop River Rd Eagle River, WI</i>	<input type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-4-11</i>
3. <i>Phil Johnson</i>	<i>7320 Hwy 45N Three Lakes</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	<i>3/4/11</i>
4. <i>Jacqueline Thompson</i>	<i>8050 Hwy 46N. Lot #20 Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	<i>3/4/11</i>
5. <i>William J. Dawson</i>	<i>2348 Strong Rd. Pheasant WI 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pheasant	<i>3/4/11</i>
6. <i>Eugene Wilson</i>	<i>818 Adams rd Eagle River, WI 54521</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	<i>3/4/11</i>
7. <i>Kathleen Merrill</i>	<i>1570 Maple Leaf Ln Eagle River, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lincoln	<i>3/4/11</i>
8. <i>Earl R. Pankore</i>	<i>8129 N. Carpenter Ave Rd Eagle River WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	<i>3/4/11</i>
9. <i>Michael S. Dwy</i>	<i>1434 Maple Leaf Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O Lakes	<i>3/4/11</i>
10. <i>Anna Hiles</i>	<i>1434 Maple Leaf Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O Lakes	<i>3/4/11</i>

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

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

3-4-2011 (date) Lloyd G. Black (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Vivian Reel</i>	200 N Scott St Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-30-11
2. <i>Virginia Bergman</i>	W 105 Pepper Cr Dr. Kleason WI 54435	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	3-30-11
3. <i>Dale Klug</i>	900 Johnson St. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-30-11
4. <i>Molly Black</i>	1403 E. First St. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/30/11
5. <i>Brittany Pedersen</i>	N 394 Deer Run Ave Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/30/11
6. <i>Eugene F. Yahn</i>	704 Gottaag St. Merrill Wis 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-30-11
7. <i>Richard Lentz</i>	W 6801 Sunset Dr. Merrill 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-30-11
8. <i>Dee O'Leary</i>	1001 Pine Bluff Ave Merrill 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/30/11
9. <i>Tracy Bunn</i>	700 Hollywood Dr. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/30/11
10. <i>Angel Daley</i>	1909 E main st Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-30-11

I, Duane Schumacher, certify:

I reside 3528 290 Ave, Detroit Lakes, MN 56501
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Doreen McComagle</i>	1739 Seren Oaks Ln LAC DU FLAMBEAU WI 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAC DU FLAMBEAU	3/25/11
2. <i>Rebecca H</i>	PO Box 208 / 208 E Division St Eagle River WI 54521	<input checked="" type="checkbox"/> Town 208 E DIVISION ST <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	3/25/11
3. <i>Andy Cella</i>	9815 Sky Pines Rd Minocqua, WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MINOQUA	3/25/11
4. <i>Chris Ullius</i>	8307 Fawn Lk Rd Harshaw WI 54529	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Harshaw	3/25/11
5. <i>Melissa Patterson</i>	8000 Kenwood Ter Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA	3/25/11
6. <i>Mark A Koch</i>	10379 HOWARDS END MINOQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA	3/25/11
7. <i>John Bena</i>	8453 Hwy 70 W St. Germain WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/25/11
8. <i>RODOLFO</i>	8170 PARKERS DR. MINOQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA	3/25/11
9. <i>James Chapman</i>	15520 INDIAN VILLAGE PT Lac du Flambeau WI 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3/25/11
10. <i>Pat Somel</i>	4689 Grand View Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3/25/11

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

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

3-28-11 (date) *Doane Schumacher* (signature of circulator)

(10)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sherry Towne</i>	1307 Tracy St Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-30-2011
2. <i>Blaine Appala</i>	5194 Spaulford Rd Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-30-11
3. <i>Carley Ford</i>	22 Maple St Rt B Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
4. <i>John Olson</i>	4679 County P	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
5. <i>Fred Elroy</i>	2345 Pichls Pt Road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stella	3/30/11
6. <i>Al Eakin</i>	4823 Chickadee Park Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/30/11
7. <i>Art Johnson</i>	11275 Elmo St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3/30/11
8. <i>Walter Hays</i>	WS405 Kaphorn Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomehawk	3/30/11
9. <i>David Vandenberg</i>	2512 County RD 6 Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/30/11
10. Amber McSteel	506 N Brown St Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/30/11

Certification of Circulator

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

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

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

3-30-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

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

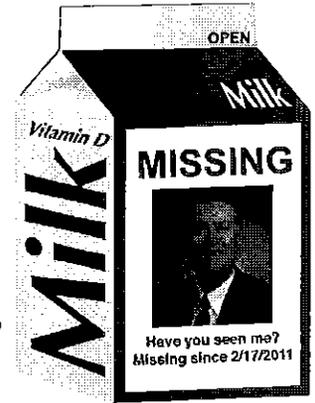
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Roger Troske</i>	<i>6081 Roy Lane Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/25/11</i>
2. <i>Karen Jorde</i>	<i>6081 Roy Lane Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/25/11</i>
3. <i>Howard Kalkofen</i>	<i>3302 Johnson Rd Rhinelander 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>3/25/11</i>
4. <i>Victoria C. Kalkofen</i>	<i>3302 Johnson Rd Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>3/25/11</i>
5. <i>Ronald P. Skallernud</i>	<i>3317 EDWARDS AV RHINELANDER, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PELICAN</i>	<i>3/25/11</i>
6. <i>Donna L. Stallard</i>	<i>3317 Edwards Av Rhinelander, WI. 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/25/11</i>
7. <i>Maisha Wickham</i>	<i>111276 William Road Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/25/11</i>
8. <i>Beck West</i>	<i>4479 Cty P Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/25/11</i>
9. <i>Jack L. Wales</i>	<i>6324 Lost Lk. Rd. RHINELANDER WI. 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>3/25/11</i>
10. <i>Suzanne Poret</i>	<i>4479 COUNTY P RHINELANDER WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>PELICAN</i>	<i>3/25/11</i>

Certification of Circulator

I, PETER BILO, certify:
(name of circulator)

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

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

3/25/11
(date)

Peter Biló
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Brittany Jeltner</u>	<u>4030 county Hwy W</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>4/13/11</u>
2. <u>Robert Folz</u>	<u>4574 Shore Ln</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sage Fork Riv</u>	<u>4/13/11</u>
3. <u>Ashley Rauch</u>	<u>3511 Highway A</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u>	<u>4/13/11</u>
4. <u>Brett Roberts</u>	<u>W9668 County Road K</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elcho</u>	<u>4/13/11</u>
5. <u>Kyle McRoy</u>	<u>4 S. Brown St., Apt. 6</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>4/13/11</u>
6. <u>Jason Weber</u>	<u>583 marble rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Florence</u>	<u>4-13-11</u>
7. <u>Alyson Dugan</u>	<u>2777 CT C</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>4-13-11</u>
8. <u>Larry Kuyumkian</u>	<u>2777 CT C</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>4/13-11</u>
9. <u>Paul Ryan</u>	<u>3118 S. Riple Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>4/13/11</u>
10. <u>Alison Su</u>	<u>5790 Hwy 17 N. Rhineland, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RHINELAND</u>	<u>4/13/11</u>

Certification of Circulator

I, SHERRI FERRELL, certify:

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

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

4/13/11
(date)

Sherrie E. Ferrell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Helli Eruleen	5021 ISLE VIEW RHINELANDER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE	4-13-11
2. Greg Hargraves	5021 ISLE VIEW RHINELANDER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pine lake	4-13-11
3. Pam Kubish	341 Woodland Dr. Ten. Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/13/11
4. Jana Ring	322 Dahl St. Apt C Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4-13-11
5. Dennis Stafford	322 Dahl St Apt C Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4-13-11
6. Lynn Olson	5919 Redpine Ct Rhinelander, WI 5489	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newburg	4/13/11
7. David Ritchie	421 N. Stevens St Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhine	4/13/11
8. Jean Ritchie	421 N. Stevens St Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhine	4/13/11
9. Terry Wehler	4290 Cordw Rhine WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pine Lake	4-13-11
10. Louis Soja	1435 Glenwood Av. Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhine	4/13/11

I, SHERRI FERRELL, Certification of Circulator, 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.

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

RECALL PETITION

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

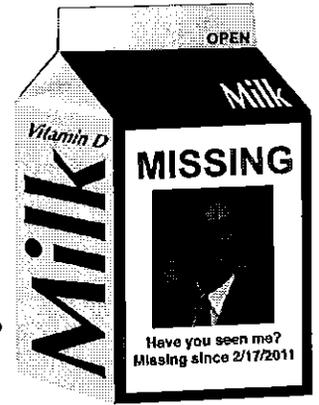
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Dave & Joyce</i>	<i>1420 SHIELDS RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
2. <i>Carol Hindinger</i>	<i>8684 Pinewood Dr</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
3. <i>Judy Waldmann</i>	<i>1320 Henlock Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
4. <i>Joan T. Rohrer</i>	<i>8085 Palm Rd St. Germain</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
5. <i>Donald R. H...</i>	<i>8085 Palm Rd St. Germain, Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
6. <i>Donald R. Elvinn</i>	<i>2290 Hwy 155 St. Germain, Wis, 54558</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
7. <i>Kathleen Elvinn</i>	<i>2290 Hwy 155 St. Germain, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
8. <i>See Wagner</i>	<i>8120 Hearts Lane St. Germain, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
9. <i>Betty H. McKinnis</i>	<i>1619 Pine Tree Ln. St</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4-5-11</i>
10. <i>Julius Schell</i>	<i>8166 Melody St. Germain</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>St. Germain</i>	<i>4/5/11</i>

Certification of Circulator

I, PETER BILO, certify:

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

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

4/5/11
(date)

Peter Bilò
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

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

We, the undersigned qualified electors of the _____
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Robert J Lind</i>	<i>1750 META LAKE ROAD EAGLE RIVER, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>THREE LAKES</i>	<i>2/27/2011</i>
2. <i>Kathy Lind</i>	<i>1750 Meta Lake Rd Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i>	<i>2/27/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

* I, *Robert J Lind*, certify:
(name of circulator)
 I reside at *1750 META LAKE ROAD EAGLE RIVER WI 54521*
(circulator's residence - include number, street, and municipality) *THREE LAKES (TWN)*

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

* *FEB 27/2011* (date) * *RJ Lind* (signature of circulator)

RECALL PETITION

Government Accountability Board

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	725 Cherry St Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-15-11
2. <i>[Signature]</i>	715 5th Ave ANTIGO	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	4-15-11
3. <i>[Signature]</i>	511 Wausau Rd Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/15/11
4. <i>[Signature]</i>	511 Wausau Rd Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/15/11
5. <i>[Signature]</i>	Antigo 329 7th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/15/11
6. <i>[Signature]</i>	W 2492 Sherry Rd 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BROADVIEW WI	4/15/11
7. <i>[Signature]</i>	1490 Old 26 Rd Aniwa WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aniwa WI	4/15/11
8. <i>[Signature]</i>	Monica, WI 415 Bruner St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MONICIA, WI	4/16/11
9. <i>[Signature]</i>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	4/16/11
10. <i>[Signature]</i>	6511 Westwood Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREELAKES	4/16/11

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.

4/16/11
(date)

Sherrill 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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Paul Smitton	1020 3rd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	4-15-11
2. Phila Wick	101435 Maple Rd Barronwood, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Barronwood</u>	4-15-2011
3. Mary Poch	N. 039 Wilson Rd Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	4-15-2011
4. Charles Melick	129 Milton	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	4-15-2011
5. Mary Koprek	N9955 Norwood Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Norwood</u>	4/15/11
6. Jessica Paschke	230 5th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	4/15/11
7. Shaelyn Kern	339 Virginia St Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	4-15-11
8. Charles Melick	1331 R 3rd Ave Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	4-15-11
9. Kevin R Anwood	N969 Old Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	4-15-11
10. Jeff Wenz	425 Lincoln St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	4-15-11

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(1)(a), Wis. Stats.

4/15/11 (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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Barbara Gartmann NP</u>	<u>522 Wisconsin Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhineland</u>	<u>3/3/11</u>
2. <u>James Holperin</u>	<u>522 Wisconsin Ave</u> <u>Rhineland Wi.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, BARBARA GARTMANN, certify:

I reside 522 Wisconsin Ave. Rhineland, WI 54501
(circulator's residence - include number, street, and municipality)

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

3/4/11
(date)

Barbara Gartmann
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Amunda Novici</i>	23021 STURDEVANT ST MERRILL, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-16-11
2. <i>Shawn Montfort</i>	1302 Jackson Street Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4/16/11
3. <i>Phyllis [Signature]</i>	1302 JACOBSON ST. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4/16/11
4. <i>Krystal Ranff</i>	111 LIBERTY ST MERRILL, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4/16/11
5. <i>John Milot</i>	408 N. SCOTT Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4/16/11
6. <i>William Rankin</i> Charles Rankin	1804 Logan Ave Apt 3 Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-16-11
7. <i>Christy [Signature]</i>	1404 E. 7th ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-16-11
8. <i>NICHELE SEFTON</i>	W1323 PRAIRIE PINES DR GLEASON, WI 54435	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CALESON	4-16-11
9. <i>Brenda [Signature]</i>	111 E. 10th St. Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City merrill	4-16-11
10. <i>Irina [Signature]</i>	506 E 4th St. Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-16-11

Certification of Circulator

I, SHERRI FERRELL, certify:
(name of circulator)
 I reside 224 BERKSHIRE DR SEF 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 represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/16/11 [Signature]
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Catherine Nelson	111298 Hwy 45 Elcho WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	4-15-11
2. Grace Jean	604 CHARLES TOMAHAWK WI 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-16-11
3. Mary Cox	46 E. Birchwood #14 Tomahawk WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-16-11
4. Johnny Cook	11106 1/2 River Rd Tomahawk WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-16-11
5. Jim Bosterud	1808 E Second St Merrill Wisconsin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-16-11
6. Jim Bosterud	Julia Bosterud 1508 E 2nd St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-16-11
7. James J. Mag	W4658 Phipps Crater Merrill WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-16-11
8. Maria Smith	12304 STURDEVANT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-16-11
9. Ken Mark	1207 W. Taylor St M	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-16-11
10. Deane Bonke	N 2671 Hwy 107 Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-16-11

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.

4/16/11 Sherrie E. Ferrell
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Warren Kennedy</i>	<i>N 7821 TYNER L.R. DEERBROOK WI.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>UPHAM</i>	<i>4-12-11</i>
2. <i>John Bell</i>	<i>431 Watson Street Antigo WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
3. <i>Janie Manna</i>	<i>617 Willard Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
4. <i>Joy Shields</i>	<i>2695 AA Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>4/12/11</i>
5. <i>Joyce Shields</i>	<i>6125 Clermont</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
6. <i>Cheryl Smoke</i>	<i>W 9195 Cherry Rd ANTIGO, WI 53009</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ANTIGO</i>	<i>4/12/11</i>
7. <i>Thomas Woldholz</i>	<i>W18997 STAT 52 A</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Anawa</i>	<i>4/12/2011</i>
8. <i>Diana Wicker</i>	<i>309 N. West St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2/12/11</i>
9. <i>Debra Mank</i>	<i>W2480 CTY M White Lake</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>4/12/11</i>
10. <i>Michelle Mank</i>	<i>W3530 S. ST AVE Neopit</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neopit</i>	<i>4-12-11</i>

Certification of Circulator

I, SHERRI FERRELL, certify:

I reside 224 BERKSHIRE DR COCOA FL 32922

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

4/12/11
(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)

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Fred Berg</i>	<i>205 Caroline St Athens WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2-26-11</i>
2. <i>Marge Berger</i>	<i>7170 13th Ln ATHENS WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>ATHENS</i>	<i>2/26/11</i>
3. <i>Charles Komack</i>	<i>105 CAROLINE ST ATHENS, WI 54411</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>ATHENS</i>	<i>2-26-11</i>
4. <i>Mary Komack</i>	<i>Athens, WI 54411</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2-26-11</i>
5. <i>Kenno CAMERAN</i>	<i>Athens Wisconsin 54411</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Johnson</i>	<i>2-26-11</i>
6. <i>Randy Auner</i>	<i>6159 Hwy 1M Athens Wis</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BERN</i>	<i>2-26-11</i>
7. <i>David Manecke</i>	<i>6568 Bungalow Rd Athens WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halsey</i>	<i>2-26-11</i>
8. <i>Denise Manecke</i>	<i>6568 Bungalow Rd Athens WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halsey</i>	<i>2-26-11</i>
9. <i>David L. Augustini</i>	<i>508 Pine St Athens WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ATHENS</i>	<i>2-26-11</i>
10. <i>Jim Holperin</i>	<i>413 Mueller Rd Athens WI 54411</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2-26-11</i>

Certification of Circulator

I, *Michael Berger*, certify:
(name of circulator)

I reside at *7170 13th Ln Athens 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.

2/26/11
(date)

Michael Berger
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Stacy K...</i>	1021 Lincoln St Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO	4-16-11
2. <i>Janeane Jyl</i>	N4989 Singer Rd. Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	4-15-11
3. <i>Milt Mosher</i>	N5109 Rosedale Deerbrook WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	4-15-11
4. <i>Carolyn Culik</i>	W451 Foward Rd Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4/15/11
5. <i>Josann Pappas</i>	White Lake WI 1612 W PRICE POINTE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City White Lake	4/15/11
6. <i>Tim Hodgen</i>	659 South Gate Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-15-11
7. <i>MIKE GITSWALK</i>	Antigo WI 301 N Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-15-11
8. <i>Amy D Vesely</i>	N4930 Old 26 Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Aniwa	4-15-11
9. <i>Katrina Vesely</i>	N493 Old 26 Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Aniwa	4-15-11
10. <i>Jason Parker</i>	912 9th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-15-11

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.

4/16/11 (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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1. <u>Waylon Eades</u>	<u>5642 Moonlight Bay Rd.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u>	<u>4-11-11</u>
2. <u>Shari Schloemer</u>	<u>557 Evergreen Ct</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>4-11-11</u>
3. <u>J. Bush</u>	<u>6725 Parkway Lane</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u>	<u>4-11-11</u>
4. <u>Jerry Trunk</u>	<u>316 Highland Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhineland</u>	<u>4-11-11</u>
5. <u>Maxine Shepley</u>	<u>2620 Chaloth St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-12-11</u>
6. <u>Cinaley Reich</u>	<u>W10494 City T Summit Lake</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Summit Lk.</u>	<u>04-12-11</u>
7. <u>Kathleen Kennedy</u>	<u>N7821 TURNER DR DEERBROOK</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>DEERBROOK</u>	<u>4-12-11</u>
8. <u>Zorie Holbrook</u>	<u>W4001 Roberts Rd White Lake WI 54491</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>White Lake</u>	<u>4-12-11</u>
9. <u>Norma McMullen</u>	<u>N-1121 Co Rds Antigo WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4-12-11</u>
10. <u>John McMillen</u>	<u>N-1121 Co WI Antigo WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4-12-11</u>

Certification of Circulator

I, SHERRI FERRELL, certify:

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

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4/12/11
(date)

Sherrie E Ferrell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Dhelia J. Jalsinski</i>	<i>11078 Interlocken Road, Hazelhurst, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	<i>7-11-11</i>
2. <i>Theresa Hagelin</i>	<i>703 Arbutus St Rhineland</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	<i>4-11-11</i>
3. <i>Debra M. Schindler</i>	<i>1645 McKinley Blvd Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	<i>4-11-11</i>
4. <i>Wendy Krueger</i>	<i>Tireoli, WI 5097 Willow Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Soma	<i>4-11-11</i>
5. <i>Charli Larson</i>	<i>10990 County Hwy B</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	<i>4-11-11</i>
6. <i>Amber Gee</i>	<i>3908 Trails End Loop</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	<i>4/11/11</i>
7. <i>Pamela Dittler Pina Rothloff</i>	<i>4725 Spafford Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhine	<i>4-11-11</i>
8. <i>Buddy Shavelle Ken</i>	<i>4562 Hwy 47 N</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	<i>4/11/11</i>
9. <i>Tyler Boman</i>	<i>6844 Pine Shadow Ln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	<i>4/11/11</i>
10. <i>Gregory J. J.</i>	<i>785 Patowahoni Trail</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	<i>4/12/11</i>

Certification of Circulator

I, SHERRI FERRELL, certify:

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

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4/12/11 (date) Sherrin E Ferrell (signature of circulator)

RECALL PETITION

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

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1. <u>Melissa Stuckbaum</u>	<u>633 1/2 Lincoln St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-11-11</u>
2. <u>Ryan Filbert</u>	<u>332 Aurora St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-12-11</u>
3. <u>Ray Lewis</u>	<u>128 Burner St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4/12/11</u>
4. <u>Tim Haw</u>	<u>1999 Old 26k</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo W.</u>	<u>4/12/11</u>
5. <u>Juli Olson</u>	<u>N8002 Raspberry Rd.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Birnamwood</u>	<u>4/12/11</u>
6. <u>Tim Bowen</u>	<u>W 4982 Harman Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>E/Ton</u>	<u>4-12-11</u>
7. <u>Way Idy</u>	<u>344 Fre. burger dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-12-11</u>
8. <u>Bummy Sigwald</u>	<u>406 8TH AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4/12/11</u>
9. <u>Frankie</u>	<u>W1394 Hwy Y</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-12-11</u>
10. <u>Kelley L. Spencer</u>	<u>121 Milton St. Antigo</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-12-11</u>

Certification of Circulator

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

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4/12/11
(date)

JERRIE SHERI FERRELL
(signature of circulator)