

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Bradley Litzler</u>	<u>7045 Keeman St Rhinelander WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-24-11</u>
2. <u>Kurt Beyer</u>	<u>5925 Hwy 6 Eagle River P.O. BOX 422 E. R. WI</u>	<input type="checkbox"/> Town <u>54521</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>3-24-11</u>
3. <u>MIKE KARPINSKI</u>	<u>P.O. Box 354; Eagle River 311 ILLINOIS ST</u>	<input type="checkbox"/> Town <u>54521</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>	<u>3/24/11</u>
4. <u>TONY ERICKSON</u>	<u>2007 RIVER RD Tomahawk WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u> <u>Nokomis</u>	<u>3/24/11</u>
5. <u>Ben Andraschko</u>	<u>714 center st. Antigo WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/24/11</u>
6. <u>Jaimie Kossack</u>	<u>1815. Anderson St. Rhinelander, WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3/24/11</u>
7. <u>CASEY RABB</u>	<u>10772 HWY 17 S, Cleason WI 54433</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cleason</u>	<u>3/24/11</u>
8. <u>JASON LOKA</u>	<u>157. S. Anderson St. Rhinelander, WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander WI</u>	<u>3-24/11</u>
9. <u>Gregory Masquardt</u>	<u>34 E Anderson St. Rhinelander 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander WI</u>	<u>3-24-11</u>
10. <u>Bernadette M Stelbr</u>	<u>32W Brown St Rhinelander WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-24-11</u>

Certification of Circulator

I, Duane Schumacher, certify:

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

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

3-25-11

(date)

Duane Schumacher

(signature of circulator)

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1. <u>Joe Ben</u>	<u>2332 Bergman Rd Rhids, WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3/27/11</u>
2. <u>Mary Jo Perry</u>	<u>9675 Ross Lake Rd. Arbor Vitae VI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae, WI</u>	<u>3-27-11</u> 3-27-11
3. <u>Bob Thrall</u>	<u>8895 Skade tree Ln Woodruff 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff 54568</u>	<u>3-27-11</u> 3-27-11
4. <u>Bar Breitner</u>	<u>714 1/2 Birchwood St Bernan 54558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>3-27-11</u>
5. <u>Earl A. Ransen</u>	<u>6948 Northwoods Dr Lake Tomahawk 54589</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Northwoods Dr. Lake Tomahawk</u>	<u>3/27/2011</u>
6. <u>Lakene Mattick</u>	<u>1415 City F 54538</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lac Du Flambeau</u>	<u>3-27-2011</u>
7. <u>Mike Johnson</u>	<u>4044 Woods Ln MINOCQUIA WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUIA</u>	<u>10-27-11</u>
8. <u>Bob</u>	<u>2799 Little Pines Lac du Flambeau 54538</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lac du Flambeau</u>	<u>3-27-11</u>
9. <u>Diane A. Michal</u>	<u>8842 FRENCH LN. WOODRUFF, WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOODRUFF</u>	<u>3-27-11</u>
10. <u>Rita Jonett</u>	<u>1220-5th ave Woodruff, WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3-27-11</u>

Certification of Circulator

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.

3-28-11
(date)

Duane Schumacher
(signature of circulator)

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1. <i>John Johnson</i>	2075 Hwy 47 Lac du Flambeau WI 54558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City LAC DU FLAMBEAU	3/27/11
2. <i>Robert J. Schumacher</i>	705 S Birch St Lake Tremor WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TREMOR	3/27/11
3. <i>Frank Carlson</i>	Hixon Rd. 7730 Box 1203 MINOCQUA	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	3/27/11
4. <i>Lorraine Goodville</i>	12476 Lafane Rd Man. Waters 54545	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MANITOWISH	3/27/11
5. <i>Robert Goodville</i>	12476 LAFANE RD MANITOWISH WATER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MANITOWISH	3/27/11
6. <i>David Hains</i>	1720 Matche Rd Alden Vitae 54568	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ALDEN VITAE	3/27/11
7. <i>Ashley Garrow</i>	14203rd Ave Apt 2 Woodruff WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	3/27/11
8. <i>Joyce McNeill</i>	9825 Old Hwy 50 Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-27-11
9. <i>[Signature]</i>	918 Mud Lk Dr Lake Co, Presque Isle MI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PRESQUE ISLE	3-27-11
10. <i>[Signature]</i>	11656 Woodland Dr. Woodruff WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	3-27-11

Certification of Circulator

I, *Dwade 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)

Dwade Schumacher
(signature of circulator)

(10)

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1. <i>addy Arnold</i>	<i>501 Onsted St. Minocqua WI</i>	<input checked="" type="checkbox"/> Town <i>minocqua</i> <input type="checkbox"/> Village minocqua <input type="checkbox"/> City	<i>3/27/11</i>
2. <i>Ann M...</i>	<i>11797 Woodruff Hall Ct. Woodruff WI 54568</i>	<input checked="" type="checkbox"/> Town <i>Arbor Vitae</i> <input type="checkbox"/> Village Arbor Vitae <input type="checkbox"/> City	<i>3/27/11</i>
3. <i>Annie Peter</i>	<i>7925 Big Buck Cir Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town Woodruff <input type="checkbox"/> Village Woodruff <input type="checkbox"/> City	<i>3/27/11</i>
4. <i>Leslie Westerhausen</i>	<i>1222 Kelly Dr. Lake Tomahawk WI 54589</i>	<input checked="" type="checkbox"/> Town <i>Lake Tomahawk</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/27/11</i>
5. <i>Heather Cleland</i>	<i>10955 Chippewa Forest^{Dr} Arbor Vitae WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City	<i>3/27/11</i>
6. <i>Tara Rutek</i>	<i>1547 Englewood Dr. Arbor Vitae WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City	<i>3/27/11</i>
7. <i>Christy Wagner</i>	<i>1312 Lake Content Dr. St. Germain WI 54555</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>St. Germain</i> <input type="checkbox"/> City	<i>3/27/11</i>
8. <i>Mandi Black</i>	<i>503 Poplar Dr Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Woodruff</i> <input type="checkbox"/> City	<i>3/27/11</i>
9. <i>Lynette Wilson</i>	<i>7840 Woodlake Dr Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <i>Woodlake Dr.</i> <input type="checkbox"/> Village <i>WOODRUFF</i> <input type="checkbox"/> City	<i>3/27/11</i>
10. <i>Paul E. Palt</i>	<i>11025 Wolf Rd Arbor Vitae WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City	<i>3/27/11</i>

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3-28-11

(date)

Duane Schumacher

(signature of circulator)

10

RECALL PETITION

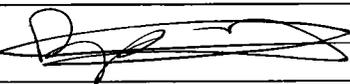
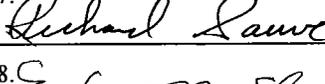
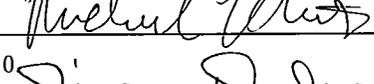
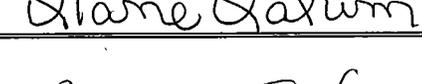
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1. 	1610 Birchwood Drive St Germain WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3/27/11
2. 	2822 Little Pines Rd Lac du Flambeau WI 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3-27-11
3. 	8620 Kenwood Terrace Minocqua WI 54558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/27/11
4. 	191 Makwa St Lac du Flambeau WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3-27-11
5. 	10043 Timber Lane Minocqua WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-2-11
6. 	191 Makwa Trail Lac du Flambeau WI 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3/27/11
7. 	1445 Greenleaf Ln Arbor Vitae WI 54528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3-27-11
8. 	11203 Tomia Dr. Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3-27-11
9. 	9878 #5 Morgan Oaks Minocqua WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/27/11
10. 	10860 Doect Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/27/11

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(date)



(signature of circulator)

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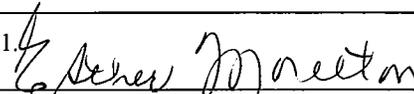
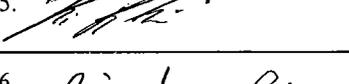
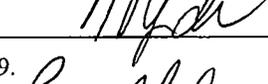
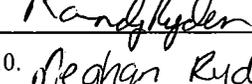
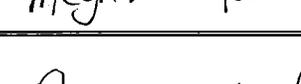
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1. 	10085 Blue Lake Rd Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/27/11
2. 	8536 W. Bodilac Dr. Minocqua, IL	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/27/11
3. 	8536 W Bodilac Dr. Minocqua, IL	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/27/11
4. 	333 Hwy 51 Arbor Vitae 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	03/27/11
5. 	116823 S. Newman Lk. Rd. Park Falls, WI 54552	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Park Falls	03/27/11
6. 	8701 Blumenstein Rd minocqua, WI, 54548.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City minocqua	3/27/11
7. 	410 Flambeau St Minocqua, WI, 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/27/11
8. 	6829 Hwy 51 Hazelhurst 54531	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/27/11
9. 	6829 Hwy 51 Hazelhurst	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	3/27/11
10. 	9501A Tamlik Rd Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/27/11

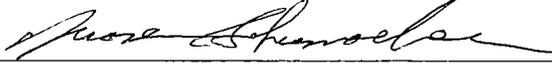
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3-28-11
(date)


(signature of circulator)

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

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1. <i>[Signature]</i>	<i>W3280 Askenette Rd.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3/28/11</i>
2. <i>[Signature]</i>	<i>NW38 Burnett Lane</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3/28/11</i>
3. <i>[Signature]</i>	<i>N1581 Rain Row Tr.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
4. <i>[Signature]</i>	<i>W2774 Settling Sun Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
5. <i>[Signature]</i>	<i>N1149 Round Lake Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
6. <i>[Signature]</i>	<i>W6731 N. ST</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>nequit</i>	<i>3-28-11</i>
7. <i>[Signature]</i>	<i>W1362 Blue Heron Tr</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
8. <i>[Signature]</i>	<i>N 490 Chit Soulgwey</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
9. <i>[Signature]</i>	<i>W2496 Chit Soulgwey</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
10. <i>[Signature]</i>	<i>W2900 Dugvain R</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>

Certification of Circulator

I, SHERRI FERRILL, 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.

3/28/11
(date)

Sherrie E. Ferrill
(signature of circulator)

RECALL PETITION

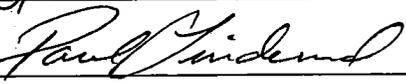
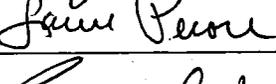
TO: Wisconsin Government Accountability Board

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

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

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1. 	W7121 St Paul Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crivitz</u>	3-28-11
2. 	N10617 St. Hwy 180	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Marinette</u>	3-28-11
3. 	9572 Rangleline Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Argonne</u>	3-28-11
4. 	9512 Rangleline Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Argonne</u>	3-28-11
5. 	N12071 Newton Lake Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Athelstone</u>	3/28/11
6. 	P.O. Box 517 N1007 Keshena (Spirit Island)	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	3/28/11
7. 	P.O. Box 347 N1531 Mallard Keshena WI Bay	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	3/28/11
8. 	N959 Old So Branch Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	28 mar 11
9. 	W20445 Keshena Cr Rd Keshena	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	3/28/11
10. 	W692 Keshena Rd WI 54135	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	3/28/11

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3/28/11 (date) Sherri E. Ferrill (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>David Anderson</i>	1505 W. 1st St Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/18/11
2. <i>Joyce K. Rost</i>	N 2398 County Rd. K Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-18-11
3. <i>Tommy L. Lyle</i>	300 East 5th St Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-18-11
4. David Anderson	1505 W. 1st St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-18-11
5. <i>Florence Hutcheson</i>	4873 Winhelman	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fuma	3-18-11
6. <i>Alan Runkel</i>	1009 E Revere	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-18-11
7. <i>Jim Rantke</i>	414 Esker Heights	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3-18-11
8. <i>Terrance Henry</i>	45477 Park Ave Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Scott	3-18-11
9. <i>Dickens Yerman</i>	N 2780 Tesh Rd 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menue	3/18/11
10. <i>Jim Lyle</i>	W5398 Taylors St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/18/11

Certification of Circulator

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

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3/18/11
(date)

Sherrie E. Ferrell
(signature of circulator)

RECALL PETITION

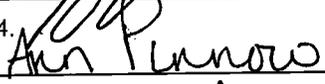
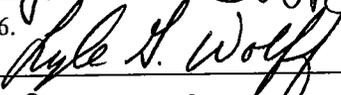
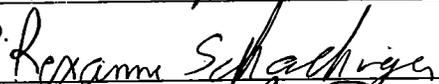
TO: Wisconsin Government Accountability Board

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1. 	N 4442 Hwy K	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/18-11
2. 	N1137 Hwy 64	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3/18/11
3. 	200 N. Mill St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-18-11
4. 	N975 Hwy W #4-7	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3-18-11
5. 	N465 Old Hwy W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3-18-11
6. 	2301 W JACKSON ST. #28 MERRILL WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	3-18-11
7. 	504 W Prospect St. Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-18-11
8. 	N2066 High Ridge Rd Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3-18-11
9. 	W6542 Hwy F Tomahawk WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3-18-11
10. 	2059 E. Main St. Merrill, WI. 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/18/11

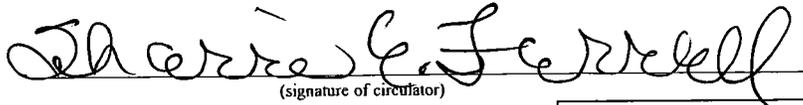
Certification of Circulator

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

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

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3/18/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Wayne Shroyer</i>	<i>W 4658 Prairie Crest Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-18-11</i>
2. <i>Step P. Wilby</i>	<i>1400 E. 10th St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/18/11</i>
3. <i>Dan Luedtke</i>	<i>906 W 7TH</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	<i>3-18-11</i>
4. <i>Julie Osmunson</i>	<i>W 3184 Stevenson Rd Fr.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Irma</i>	<i>3-18-11</i>
5. <i>Richard Osmunson</i>	<i>W-3184 STEVENSON RD IRMA</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>IRMA</i>	<i>3-18-11</i>
6. <i>Ann Lou</i>	<i>N 8523 City Hwy B Gleason W.T.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Gleason</i>	<i>3-18-11</i>
7. <i>Lae Lo</i>	<i>N 5315 Bradley St Gleason W.C.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Gleason</i>	<i>3-18-11</i>
8. <i>Jackie Peterson</i>	<i>107 N Genesee St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-18-11</i>
9. <i>Carrie Louk</i>	<i>1000 E 2nd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-18-11</i>
10. <i>Dulaine Haddock</i>	<i>N 4725 City Line</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Gleason</i>	<i>3-18-11</i>

Certification of Circulator

I, *SHERRI FERRELL*, certify:

I reside *224 BERKSHIRE DR COCOA FL 32922*
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3/18/11
(date)

Sherril E. Ferrell
(signature of circulator)

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1. <u>Mai Luedtke</u>	<u>206 W 7th St Merrill</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MERRILL</u>	<u>3-18-11</u>
2. <u>Rebecca Bechter</u>	<u>W3184 Stevenson Rd Irma</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Irma</u>	<u>3-18-11</u>
3. <u>Virginia Tritter</u>	<u>N5315 Bradley St. Gleason</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Gleason</u>	<u>3-18-11</u>
4. <u>Teresa Heinzen</u>	<u>N5389 Hwy 17 Gleason WI 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Gleason</u>	<u>3-18-11</u>
5. <u>Neil Grosskurth</u>	<u>101 E Friebuger Ave.</u>	<input type="checkbox"/> Town <u>Antigo</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-18-11</u>
6. <u>Anthony Kulawinski</u>	<u>W2210 Hwy 64 Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>3-18-11</u>
7. <u>Carrie Sims</u>	<u>N3203 City Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harding</u>	<u>3-18-11</u>
8. <u>Dore Schwartz</u>	<u>W2240 City Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3-18-11</u>
9. <u>Kenny Beckman</u>	<u>N3016 Roessler Rd Goodrich WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Ganning</u>	<u>3/18/11</u>
10. <u>Carl Amber</u>	<u>T716 Mich a/c Ln</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hewitt</u>	<u>3/18/11</u>

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(name of circulator)

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(date)

Herri E. Ferrell
(signature of circulator)

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1. <u>Steve A Soumus</u>	<u>Rhider</u> <u>3104 Spring Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stella</u>	<u>3-31-11</u>
2. <u>Ann Ann</u>	275 <u>ARGONNE, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARGONNE,</u>	<u>3-31-11</u>
3. <u>Danae G. Barrett</u>	<u>3055 Danphine Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Eagle River</u>	<u>3-31-11</u>
4. <u>David R. Hoff</u>	<u>612 Wisconsin Av</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3/31/11</u>
5. <u>Joseph Kulcs</u>	<u>2825 Woodkick Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RHINELAND</u> <u>MONROE</u>	<u>3-31-11</u>
6. <u>Debra Jof</u>	29532 <u>DAVIDSON W</u> <u>Davidson W</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Davidson</u>	<u>3-31-11</u>
7. <u>John Mankin</u>	<u>LONGPOINT LA.</u> <u>14225 Longpoint Ln</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Channahon</u>	<u>3-31-11</u>
8. <u>Rhonda Benell</u>	<u>4198 Ctry W</u> <u>Rhineland, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3/31/11</u>
9. <u>Karen Covert</u>	<u>1809 Renner Rd</u> <u>P</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Dennis</u>	<u>3/31/11</u>
10. <u>Nancy Whiting</u>	<u>812 Heathrow Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3/31/11</u>

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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)

Sherri E. Ferrell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Judith A. Kapalezynski</i>	<i>N 9341 Hwy 141</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Middleton</i>	<i>4/8/11</i>
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, *Judith A. Kapalezynski*, certify:
(name of circulator)

I reside *N 9341 Hwy 141 Middleton WI 53414*.
(circulator's residence - include number, street, and municipality)

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

4-8-2011
(date)

Judith A. Kapalezynski
(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>Russell E Lucht</i>	<i>N 9909 meadowlark LN CITY WISCONSIN 54114-8048</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>STEPHENSON</i>	<i>3/29/11</i>
2. <i>Eddy Lucht</i>	<i>N 9909 meadowlark CITY, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3/29/11</i>
3. <i>Carol M Strupp</i>	<i>W11656 Boatlanding 7 Rd Athelstone WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3/29/11</i>
4. <i>Donald R Strupp</i>	<i>W11656 BOATLANDING #7 RD. ATHELSTONE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>3/29/11</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, *Carol M Strupp* (name of circulator), certify:
X I reside *W11656 Boatlanding 7 Rd Athelstone Wis 54104* (circulator's residence - include number, street, and municipality) *STEPHENSON*

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

Carol M Strupp (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Thomas Kiehn</i>	<i>N 17060 Roth Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Beecher</i>	<i>4/2/11</i>
2. <i>Kay Kiehn</i>	<i>N 17060 Roth Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Beecher</i>	<i>4/2/11</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, *Kay Kiehn* (name of circulator), certify:

I reside *N 17060 Roth Lane, Beecher, WI, 54156* (circulator's residence - include number, street, and municipality)

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

4/8/11 (date)

Kay Kiehn (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>Margaret House</i>	<i>11610 Chief Shunien Rd. Keshena WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
2. <i>[Signature]</i>	<i>11026 Hwy 47 Neopit WI 54150</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>NEOPIT</i>	<i>3/28/11</i>
3. <i>Amber C. Johnson</i>	<i>116288 Cty Rd AA Spring WI 54174</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>BRANCHER</i>	<i>3-28-11</i>
4. <i>[Signature]</i>	<i>11674 Red Wing Way Keshena WI 54135</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
5. <i>Ammanai John</i>	<i>1174 Red Wing Keshena WI 54135</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
6. <i>Darryl J. Willer</i>	<i>11581 Dumett LN</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
7. <i>[Signature]</i>	<i>118840 Hwy 5E</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
8. <i>Edmund J. Barbaros</i>	<i>11086 OLD SO. BR. ROAD</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>KESHONA, WI</i>	<i>3-28-11</i>
9. <i>[Signature]</i>	<i>112783 Chief Littlewave Keshena</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>3-28-11</i>
10. <i>[Signature]</i>	<i>Neopit WI 113530 3rd Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Neopit</i>	<i>3/28/11</i>

Certification of Circulator

I, *SHERRI FERRER*, 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.

3/28/11
(date)

Sherrie E. Ferrer
(signature of circulator)

RECALL PETITION

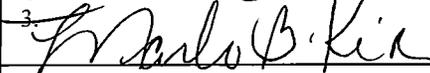
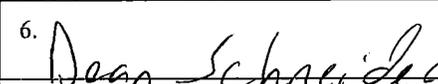
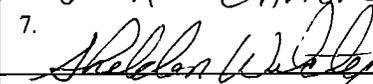
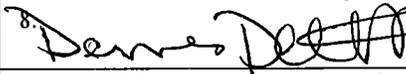
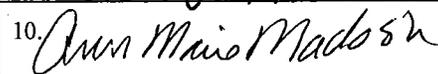
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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. 	N412 Chief Soulligney Rd	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	3/28/11
2. 	N. 1907 Midway Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Neopit	3/28/11
3. 	N3525 Riverview Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Neopit	3/28/11
4. 	5581 Kurda Kik Ct. Crandon, WI 54820	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	3/28/11
5. 	N1987 Bubernut Rd Neopit	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Neopit	3/28/11
6. 	Keshena 582 BURNETT LN	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KESHENA	3/28/11
7. 	Box 192 - N1415 Silver Keshena, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KESHENA	3/28/2011
8. 	N3526 15th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City neopit	3-28-11
9. 	N3338 Hwy 47 neopit, WI 54150	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City neopit	3-28-11
10. 	N3338 Hwy 47 Neopit, WI 54150	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Neopit	3-28-11

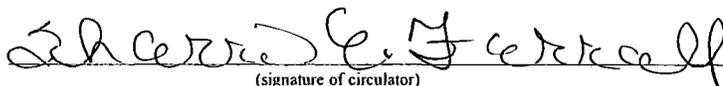
Certification of Circulator

I, SHERI 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.

3/28/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Steven P. Margitan</u>	<u>5230 CEDAR FALLS RD HAZELHURST, WI 54531</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LITTLE RICE</u>	<u>3-1-2011</u>
2. <u>Suzanne Margitan</u>	<u>5230 Cedar Falls Rd. Hazelhurst, WI 54531</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LITTLE RICE</u>	<u>3-1-2011</u>
3. <u>[Signature]</u>	<u>7171 Woodcrest Drive Kaneland, WI 54001</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u>	<u>3-1-11</u>
4. <u>[Signature]</u>	<u>116 WICKSY AVE TOMAHAWK WI 54487</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u>	<u>3/2/11</u>
5. <u>Jim Hoppe</u>	<u>2886 GREEN BASS ROAD Rhinelander, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u>	<u>3/2/11</u>
6. <u>Thomas C Lewandowski</u>	<u>Hazelhurst, WI 10352 LOWE DRIVE 54531</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hazelhurst</u>	<u>3-3-11</u>
7. <u>Penny S Lewandowski</u>	<u>10352 Lowe Drive Hazelhurst, WI 54531</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hazelhurst</u>	<u>3-3-11</u>
8. <u>Nick Fabron</u>	<u>1880 Strawberry St Rd Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lac Du Flambeau</u>	<u>3-3-11</u>
9. <u>Mary J. Jones</u>	<u>5072 Willow Stream Rd Hazelhurst, WI 54531</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Little Rice</u>	<u>3-11-11</u>
10. <u>Jackeline</u>	<u>8782 [unclear] Menomonie WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menomonie</u>	<u>3-11-11</u>

Certification of Circulator

STEVEN P. MARGITAN

(name of circulator)

certify:

reside at 5230 CEDAR FALLS ROAD HAZELHURST, WI 54531

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

TOWNSHIP OF LITTLE RICE

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

3-12-2011

(date)

Steven P. Margitan
(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 reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>James A. Halminiak</i>	<i>105 W. ITASCA ST.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER WISC. 54501</i>	<i>3/5/11</i>
2. <i>Mary Halminiak</i>	<i>105 W Itasca St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhuldr WI 54501</i>	<i>3-5-11</i>
3. <i>James A Halminiak Jr</i>	<i>105 W Itasca St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelanders WI 54501</i>	<i>3/6/11</i>
4. <i>Michael A. Schelke</i>	<i>3176 Wildflower Bay Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/9/11</i>
5. <i>Ulvesal Brunetto</i>	<i>Rhuldr. 198 Phillip St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelanders</i>	<i>3/13/11</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, *Joel Halminiak*, certify:
(name of circulator)
 I reside *606 Mason St. 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.

3-14-11
(date)

Joel Halminiak
(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.	109 E 10th Street Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-13-11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, La Donna Fermanich, certify:

I reside at 109 E 10th St. Merrill (City) 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.

3-13-11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>J.F. Punke</i> John F. Punke	<i>6875 Cty. Rd. H</i> <i>Athens Wis. 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halsey</i>	<i>3/5/11</i>
2. <i>Richard Paul</i>	<i>601 Elm St</i> <i>Athens, WI 54411</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>3/5/11</i>
3. <i>Kathy Punke</i>	<i>6875 Cty Rd. H</i> <i>Athens WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halsey</i>	<i>3/5/11</i>
4. <i>Sara Paul</i>	<i>601 Elm St</i> <i>Athens WI 54411</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>3/5/11</i>
5. <i>Harold Punke</i>	<i>6875 CITY RD H</i> <i>ATHENS, WI. 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HALSEY</i>	<i>3/6/11</i>
6. <i>Dorothy Punke</i>	<i>6875 Cty. Hwy H</i> <i>Athens WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halsey</i>	<i>3/6/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, John Punke, certify:

I reside 6875 Cty. Rd. H Athens, Wis. 54411 Town of Halsey
(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.

3/5/2011
(date)

J.P.
(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.	1638 W Davenport St Apt 2 Rhinelander 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	03-24-11
2.	1325 Dorothy Ct Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3-24-11
3.	1326 Cyran St. Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-21-11
4.	5116 Evergreen Ct Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-24-11
5.	4643 S Shore Dr. Rhinelander 54501	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Bellevue	3/25/11
6.	542 Horseshoe 1K Rd Harshaw, WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3/25/11
7.	5870 Meadow Dr Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Bow	3/25-11
8.	6636 FISHER LANE LAKE TOMAHAWK, WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK	3/25/11
9.	7050 Church St 7050 Church St. Hazelhurst, WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/25/11 3/25/11
10.	7050 Church St. Hazelhurst, WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/20/11

Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave; Detroit Lakes, MN 56501.

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

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

3-28-11

(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin 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>Mary Oberg</i>	892 SUNASTEIN RD. EAGLE RIVER, WI, 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	2-27-2011
2. <i>Mark R Oberg</i>	4319 DAISY LN EAGLE RIVER WI, 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	2/28/11
3. <i>Alvin E. Duenning</i>	1271 COVER RD Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	2/28/11
4. <i>Dawn A. St. Aubert</i>	1035 DEER TR. Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN COVERLAND	2/28/11
5. <i>Andrew J Ludwig</i>	421 River St Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	2-28-11
6. <i>William E. Pourer</i>	Eagle River WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EAGLE RIVER	2-28-11
7. <i>Edwin Kobay</i>	1000 FOX LN Eagle River	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City COVERLAND	2/28/11
8. <i>Bill Lewille</i>	916 LOOK LK RD EAGLE RIVER WISC	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	2/28/11
9. <i>Thomas Simon</i>	3747 FOREST LANE CONOVER WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	2/28/11
10. <i>Paul K...</i>	1035 DEER TRAIL Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City COVERLAND	2-28-11

Certification of Circulator

I, KAY LUDWIG, certify:
(name of circulator)

I reside at 421 RIVER ST - EAGLE RIVER, WISC. 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.

2-28-11
(date)

Kay Ludwig
(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>Thomas J Brah</i>	<i>16661 Tuttle Rd Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HILES</i>	<i>3-7-2011</i>
2. <i>Florence K. Brah</i>	<i>16661 Tuttle Rd Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hiles</i>	<i>3-7-2011</i>
3. <i>Nicole Brah Jernigan</i>	<i>801 Thayer St Rhinelander WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-7-2011</i>
4. <i>David Jernigan</i>	<i>807 Thayer St Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-7-2011</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 *Thomas J Brah*, certify:
(name of circulator)
 I reside *16661 Tuttle Rd Eagle River, WI 54521 HILES*
(circulator's residence - include number, street, and municipality)

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

3/7/2011 (date) *Thomas J Brah*
(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>Diana L. Nickel</u>	<u>7829 Agawak Road</u> <u>Minocqua WI-54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3/4/11</u>
2. <u>Kellie Chapman</u>	<u>2120 Wildcat Ln</u> <u>La Crosse WI-54538</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>La Crosse</u>	<u>3/5/11</u>
3. <u>Cathleen Costa</u>	<u>1269 W. Harbor Dr.</u> <u>Arbor Vitae, WI 54808</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3/5/11</u>
4. <u>JOHN CARLSON</u>	<u>1269 W. HARBOR DR.</u> <u>ARBOR VITAE, WI 54808</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBOR VITAE</u>	<u>3/5/11</u>
5. <u>ANGELA BROWN</u>	<u>11662 Sherwood Ln</u> <u>Arbor Vitae WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3-5-11</u>
6. <u>Jack Medved</u>	<u>8521 HOWER RD</u> <u>MINOCQUA, WISC</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3-5-11</u>
7. <u>Tom F. Spivak</u>	<u>7825 Agawak 54548</u> <u>Minocqua WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3/5/11</u>
8. <u>Tom Bettello</u>	<u>7825 Agawak Rd</u> <u>Minocqua WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3/5/11</u>
9. <u>[Signature]</u>	<u>297 [Signature]</u> <u>[Signature]</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBOR VITAE</u>	<u>5/11</u>
10. <u>Joe [Signature]</u>	<u>729 Lemna Crk Rd</u> <u>Woodruff WI 54569</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3/5/11</u>

I, Diana L. Nickel, **Certification of Circulator**, certify:
(name of circulator)
 I reside 7829 Agawak Road, Minocqua, WI 54548.
(circulator's residence - include number, street, and municipality)

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

March 6, 2011 (date) Diana L. Nickel (signature of circulator)

RECALL PETITION

To: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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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>Judith C. Phillips</i>	<i>4098 Lakeshore Dr. Rhinelander WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/3/11</i>
2. <i>Samuel Phillips</i>	<i>4098 LAKE SHORE DR RHINELANDER WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE LAKE</i>	<i>3/3/11</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

DARROLD L. PHILLIPS

(name of circulator)

, certify:

reside at 4098 LAKESHORE DR. RHINELANDER 54501

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

PINE LAKE

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

Samuel Phillips

(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>Angela Frick</i>	<i>1308 E 8th St. Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2/27/11</i>
2. <i>Ashley Frick</i>	<i>1308 E 8th St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2/27/11</i>
3. <i>Rena Rissmann</i>	<i>N3219 County Line Rd Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>2-27-11</i>
4. <i>Peggy J. Monte</i>	<i>W103 Co Rd C Gleason WI 54435</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>2-27-11</i>
5. <i>Kathryn Rold</i>	<i>W765 Co Rd J GLEASON, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>2/27/11</i>
6. <i>Jane F Helm</i>	<i>W4855 Hwy 17 Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>2/27/11</i>
7. <i>Perry L. Block</i>	<i>N2001 COUNCIL GRNDS DR MERRILL WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>2-28-11</i>
8. <i>Casey Block</i>	<i>N2001 COUNCIL GRNDS DR. MERRILL WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>3-4-11</i>
9. <i>Irene Leder</i>	<i>N4855 Hwy 17 Gleason, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>3-5-11</i>
10. <i>Kris Block</i>	<i>N2001 Council Grnds Dr Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-6-11</i>

Certification of Circulator

I, *Kris Block*, certify:

I reside at *N2001 Council Grounds Dr. - Merrill, WI 54452*
(circulator's residence - include number, street, and municipality)

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

March 6, 2011
(date)

Kris Block
(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. Donna Goeddacus	3757 Probst Road Conover, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2/25/11
2. Guy Rippel	2038 E. Anvil Lk Rd Eagle River, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	2-25-11
3. Madie S. Rippel	2038 E. Anvil Lake Rd. Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2-25-11
4. Megan Rippel	2038 E Anvil Lk Rd. Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2-25-11
5. Neil Robinson	3550 N. COUNTRY LANE CONOVER, WI 54519	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2-26-11
6. Carmel Hintz	4189 Monheim Rd Conover WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2-26-11
7. Wayne Hintz	4189 Monheim Rd CONOVER WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2-26-11
8. George Hintz	4824 Bear Crossing Ln Conover, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2-26-11
9. Robert Stealy	4824 Bear Crossing Ln Conover, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2-26-11
10. Ben [Signature]	180 W Hill Dr Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	2/26/11

Certification of Circulator

DONNA GOEDDACUS, certify:

, certify:

reside at 3757 PROBST ROAD 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.

2/27/11
(date)

Donna Goeddacus
(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. Paul M Bahr	N7861 W. LINE RD WITTENBERG, WI 54499	<input checked="" type="checkbox"/> Town BIRNAMWOOD <input type="checkbox"/> Village <input type="checkbox"/> City	2/27/11
2. <i>[Signature]</i>	N7861 W. LINE RD WITTENBERG WI 54499	<input checked="" type="checkbox"/> Town Birnamwood <input type="checkbox"/> Village <input type="checkbox"/> City	2/27/11
3. Phil A Bahr	705 S. Handerson ST WITTENBERG WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WITTENBERG <input type="checkbox"/> City	2/27/11
4. Tom Hance	N7823 W. LINE RD WITTENBERG, WIS 54499	<input checked="" type="checkbox"/> Town BIRNAMWOOD <input type="checkbox"/> Village <input type="checkbox"/> City	3/02/11
5. Donna Hance	N7823 W. LINE RD. WITTENBERG WI 54499	<input checked="" type="checkbox"/> Town Birnamwood <input type="checkbox"/> Village <input type="checkbox"/> City	3-02-11
6. Mike Bahr	N11447 W. Shore Dr. Elcho, WI. 54428	<input checked="" type="checkbox"/> Town ELCHO <input type="checkbox"/> Village <input type="checkbox"/> City	3-13-11
7. Susan Wieder	N4684 City Rd V Antigo, WI. 54409	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	3-13-11
8. Matt Blood	N4684 City Rd V antigo WI 54409	<input checked="" type="checkbox"/> Town ANTIGO <input type="checkbox"/> Village <input type="checkbox"/> City	3-13-11
9. <i>[Signature]</i>	W16736 ELAND RD WITTENBERG WI 54499	<input checked="" type="checkbox"/> Town ALMON <input type="checkbox"/> Village <input type="checkbox"/> City	3-14-11
10. <i>[Signature]</i>	W16736 ELAND ROAD WITTENBERG WI 54499	<input checked="" type="checkbox"/> Town ALMON <input type="checkbox"/> Village <input type="checkbox"/> City	3-14-11

Certification of Circulator

I, PAUL M Bahr, certify:

I reside N7861 W. LINE RD WITTENBERG, WI 54499 TOWN OF BIRNAMWOOD
(circulator's residence - include number, street, and municipality)

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

3/16/11 (date) Paul M Bahr (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>Nellie M. Ellenberger</i>	<i>1420 Watersmeet Lk Rd. Eagle River, Wi</i>	<input checked="" type="checkbox"/> Town <i>Lincoln</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-6-11</i>
2. <i>Lois M. Ellenberger</i>	<i>1246 Birch Lake Rd. Eagle River, Wi</i>	<input checked="" type="checkbox"/> Town <i>Lincoln</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-6-11</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, *Tharon D Benda*, certify:
(name of circulator)

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

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

3-23-11

(date)

Tharon D Benda

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>David Musch</u>	<u>12255 Kobart Pl.</u>	<input checked="" type="checkbox"/> Town <u>Minocqua</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-7-11</u>
2. <u>Wayne M. Fell</u>	<u>9991 Lower Kaubach Rd</u>	<input checked="" type="checkbox"/> Town <u>Hazelhurst</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-7-11</u>
3. <u>Jennie Kabata</u>	<u>3374 Candy Ln</u>	<input checked="" type="checkbox"/> Town <u>Pelican</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-7-11</u>
4. <u>Jan Babka</u>	<u>407 W. Desert</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Crandon</u>	<u>4-7-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

I reside 7271 NW 174 Ter. Hialeah, FL 33015
(circulator's residence - include number, street, and municipality)

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

4-7-11 (date) J Morales (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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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.	9078 Woodruff Rd W000	<input checked="" type="checkbox"/> Town Woodruff <input type="checkbox"/> Village <input type="checkbox"/> City	4/7/2011
2. Edward Kusch	7248 Sunset Ate W	<input checked="" type="checkbox"/> Town Lake Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4/7/11
3.	9729 BLUE IR RD.	<input checked="" type="checkbox"/> Town Monocqua <input type="checkbox"/> Village <input type="checkbox"/> City	4-7-11
4.	W 9971 CLIFF RD TOMAHAWK, WI	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4-7-11
5. Sharon Kusch	12255 Robert Rd Monocqua	<input checked="" type="checkbox"/> Town Monocqua <input type="checkbox"/> Village <input type="checkbox"/> City	4-7-11
6.	2813 Waterbury St	<input checked="" type="checkbox"/> Town Lac du Flambeau <input type="checkbox"/> Village <input type="checkbox"/> City L.D.F	4-7-11
7. Elisabeth Jowle	3971 Shepard Lake Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-7-11
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	

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

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

4-7-11
(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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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>William F. Radant</i>	<i>122 S Hwy 51 Manitowish Waters, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/3/11</i>
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

I, *William F. Radant* **Certification of Circulator**, certify:

I reside *122 S Hwy 51* (name of circulator) *Manitowish Waters* (circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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) *William F. Radant* (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>Jeanne M. Baker</u>	<u>4495 Fetke Lake Road</u> <u>Rhineland WI 54501</u>	<input checked="" type="checkbox"/> Town <u>Newbold</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/12/11</u>
2. <u>Ronald J. Robertson</u>	<u>5498 River Rd</u> <u>Rhineland WI 54501</u>	<input checked="" type="checkbox"/> Town <u>Newbold</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/13/11</u>
3. <u>Sandra Robertson</u>	<u>5498 River Rd</u> <u>Rhineland, WI</u>	<input checked="" type="checkbox"/> Town <u>Newbold</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-13-11</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, Jeanne M. Baker, certify:
(name of circulator)
 I reside 4495 Fetke Lake Road Rhineland, WI town of Newbold.
(circulator's residence - include number, street, and municipality)

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

March 12, 2011 Jeanne M. Baker
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	9778 OLD HWY 70	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-12-11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

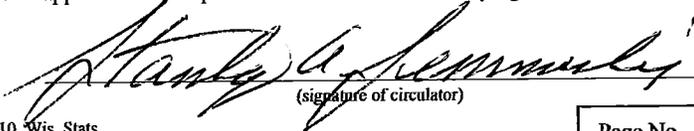
Certification of Circulator

I, STANLEY A SEMMERLING, certify:
(name of circulator)

I reside 9778 OLD HWY 70 MINOCQUA, WI
(circulator's residence - include number, street, and municipality)

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

3-12-11
(date)


(signature of circulator)

Page No. 3439

RECALL PETITION

to: Wisconsin Government Accountability Board

(official 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>Lucile Hillstead</u>	<u>1125 Timber Trail Court</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3-8-11</u>
2. <u>Donald Hillstead</u>	<u>1125 Timber Trail</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3/8/11</u>
3. <u>Dorothy Quinn</u>	<u>Postage, WI 535 S. Skifer St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Postage</u>	<u>3/8/11</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, Lucile T. Hillstead, certify:

(name of circulator)

I reside at 1125 Timber Trail Court Arbor Vitae, WI 54868

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 8, 2011

(date)

Lucile Hillstead

(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>Trent E Coppert</i>	<i>7004 500 LK Rd Rhinelander WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	<i>3/6/11</i>
2. <i>James Osborne</i>	<i>1209 ARROWHEAD DR. ARBOR VITAE WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>ARBOR VITAE</i> <input type="checkbox"/> City	<i>3/6/11</i>
3. <i>Sharon Osborne</i>	<i>1209 Arrowhead Dr. Arbor Vitae WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City	<i>3/06/2011</i>
4. <i>Cathy L. Whelan</i>	<i>10977 Lot 30 Hwy 70 E Arbor Vitae WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City	<i>3-5-2011</i>
5. <i>Richard C Johnson</i>	<i>10977 ST HWY 70E ARBOR VITAE, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City	<i>3-5-2011</i>
6. <i>Shawn L. Johnson</i>	<i>10977 ST H 70E-OFFICE Arbor Vitae WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City	<i>3/5/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JAMES OSBORNE, certify:

I reside 1209 ARROWHEAD DR. ARBOR VITAE WI. 54568
(circulator's residence - include number, street, and municipality)

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

3/8/2011
(date)

James Osborne
(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>Kristin Jarow</u>	<u>N9769 St Rd 55</u> <u>Pearson WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pearson</u>	<u>3-30-11</u>
2. <u>Florence Lumber</u>	<u>3367 main st</u> <u>Long Lake WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Long Lake</u>	<u>3-30-11</u>
3. <u>Cheryl Painter</u>	<u>8844 Keith Sidring Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Crandon</u>	<u>5-30-11</u>
4. <u>Emily Jamison</u>	<u>PO Box 283</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crandon</u>	<u>3-30-11</u>
5. <u>Kristen Hanson</u>	<u>1418 S Shore Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lebanon</u>	<u>3-30-11</u>
6. <u>Messy Deleh</u>	<u>1221 W. Stevens</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhinelander</u>	<u>3-30-11</u>
7. <u>Tracy E. Smith</u>	<u>1221 N. Stevens</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3/30/11</u>
8. <u>Daniel Borlich</u>	<u>3427 Pioneer Rd</u> <u>Conover, WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Vilas/Conover</u>	<u>3/30/11</u>
9. <u>Kieran Smith</u>	<u>327 Ewin Street</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Eagle River</u>	<u>3/30/11</u>
10. <u>Tanner Ger</u>	<u>1693 maple lake rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3/30/11</u>

Certification of Circulator

I, Jaqueline Morales, certify:
(name of circulator)
 I reside 7271 NW 174 Terr A/A Leah, FL 3305
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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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>Tony Earl</i>	<i>4833 Fifth St</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona</i>	<i>3-30-11</i>
2. <i>John M. Jensen</i>	<i>1257</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3. <i>Jill Hunt</i>	<i>1582 Lake Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MONICO</i>	<i>3-30-11</i>
4. <i>Marilyn Champagne</i>	<i>204 N Forest Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CRANDON</i>	<i>3-30-11</i>
5. <i>Carol Sheldon</i>	<i>1730 Sportsman Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bermsong Creek</i>	<i>3/30/11</i>
6. <i>Doris Kincopf</i>	<i>515 Crandon Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CRANDON</i>	<i>3/30/11</i>
7. <i>Harold Bell</i>	<i>1104 CIVIC A</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PHELPS</i>	<i>3/30/11</i>
8. <i>Walter Smith</i>	<i>4565 MAPLE LN</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RHINCLAND</i>	<i>3/30/11</i>
9. <i>Paul D.</i>	<i>15655 HWY 70</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Lac Du Flambeau</i>	<i>3-30-11</i>
10. <i>Bob</i>	<i>1545 Lucille Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>3-30-11</i>

Certification of Circulator

I, *Jaqueline Moraes*, certify:

I reside *7271 NW 174th Terr, Hialeah, FL 33015*
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

J Moraes
(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>[Signature]</i>	7022 Lakeview Cir Rhin-	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3-30-11
2. <i>[Signature]</i>	8995 E. Pioneer St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3-30-11
3. <i>[Signature]</i>	806 N PARK	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/30/11
4. <i>[Signature]</i>	903 E Lakeview	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3-30-11
5. <i>[Signature]</i>	4977 Hanson Ln Laona, WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-30-11
6. <i>[Signature]</i>	1133 Lincoln St Apt 114	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-30-11
7. <i>[Signature]</i>	3407 LAKE LUCERNE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	3-30-11
8. <i>[Signature]</i>	9930 Ranslem Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	3-30-11
9. <i>[Signature]</i>	5133 W. Silver Lk. Rd. Laona, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAONA	3-30-11
10. <i>[Signature]</i>	5226 W. Silver Lk. Rd. Laona	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-30-11

Certification of Circulator

I, Jaqueline Morales, certify:

I reside 7271 NW 174th - Hialeah, FL 33015
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Bene Meier</u>	<u>8212 Tillman Rd</u> <u>Winches</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Winchester</u>	<u>4-2-11</u>
2. <u>Wm E. Blank</u>	<u>10888 RIVER PINE RD.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>4/2/11</u>
3. <u>Richard Laedel</u>	<u>13123 SCHUMAKER RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ATHELSTANE</u>	<u>4/2/11</u>
<u>Danna Johnson</u>	<u>6025 North Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-2-11</u>
5. <u>Ronald Pabuk</u>	<u>W11514 ENTERPRISE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ECHO</u>	<u>4-2-11</u>
6. <u>[Signature]</u>	<u>233 ABBY AVE.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PARK FALLS</u>	<u>4-2-11</u>
7. <u>Mick A. Lee</u>	<u>1133 6th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4-2-11</u>
8. <u>[Signature]</u>	<u>5596 Ring Road</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Crandon</u>	<u>4-2-11</u>
9. <u>[Signature]</u>	<u>Main</u> <u>Camden WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Camden</u>	<u>4/2/11</u>
10. <u>[Signature]</u>	<u>226 E Monica St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Shivelton</u>	<u>4/2/11</u>

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

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. 	601 N 4TH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	3/29/11
2. 	601 N. 4TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3/29/11
3. 	240 Perench St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Autgo	3/30/11
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

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

I reside 228 Watson St, Autgo
(circulator's residence - include number, street, and municipality)

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

3/31/11 (date)  (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Gay Steenung</i>	N 7992 WARZELER LN	<input type="checkbox"/> Town LUY <input type="checkbox"/> Village <input type="checkbox"/> City	4-1-11
2. <i>C.M. Gindler</i>	R. 12405 River Rd 7709 WATER STREET	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kingle	4-1-11
3. <i>Russ Sedmore</i>	1709 WATER STREET	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City merrell	4-1-11
4. <i>Michael Shattuck</i>	5285 SPIDER LAKE RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4-1-11
5. <i>Wanda J. Hemmers</i>	410 John St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhody	4/1/11
6. <i>Kathy Jousch</i>	N8673 Pine River Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Summit Gleason	4-2-11
7. <i>Allye Johnson</i>	N11683 Maple Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-2-11
8. <i>David Krueger</i>	N1316 St. Rd 64 Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	4-2-11
9. <i>Robert J. J. J.</i>	600 East 9th St Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4/2/11
10. <i>Bruce Comstock</i>	5338 Linden St L	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	4-2-11

Certification of Circulator

I, Jaqueline Morales, certify:

I reside 7271 NW 174th
(circulator's residence - include number, street, and municipality)

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

4-2-11
(date)

J Morales
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	2337 River Dr Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Niagara	3/27/11
2. <i>[Signature]</i>	2217 Kraus Dr Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	3/27/11
3. <i>[Signature]</i>	25M Kraus Dr Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	3/27/11
4. <i>[Signature]</i>	1330 County Rd N Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	3/27/11
5. <i>[Signature]</i> <small>(MITCH NEUVENS)</small>	1330 County Rd N Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	3/27/11
6. <i>[Signature]</i>	2706 Miller Rd Florence, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead Aurora	3/27/11
7. <i>[Signature]</i>	2706 MILLER RD Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead	3/27/11
8. <i>[Signature]</i>	1611 Farm Rd Florence, WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead	3/27/11
9. <i>[Signature]</i>	1679 City Rd W Florence, WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead	3/27/11
10. <i>[Signature]</i>	1679 City Rd W Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead	3/27/11

Certification of Circulator

I, Lucille Anderson, certify:

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

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

March 27, 2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

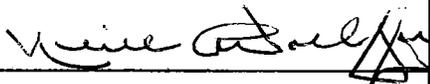
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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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. 	8827 LAKE SHORE DR. WOODRUFF WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
2. Margaret E. Woelffer	8827 Lake Shore Dr. Woodruff, WI 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> 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, NEIL C WOELFFER, certify:
(name of circulator)

I reside 8827 LAKE SHORE DR WOODRUFF WI 54568.
(circulator's residence - include number, street, and municipality)

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

3/31/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Box F 207 Jonathan	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4/6/11
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

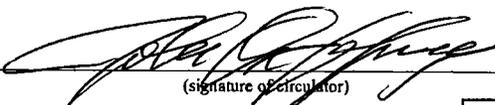
Certification of Circulator

I, , certify:

I reside Box F 207 Jonathan 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.

4/6/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Hynn L Olive</i>	<i>N11294 Clear Lk Rd Elcho, WI 54428</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/4/11</i>
2. <i>Robert M Olive</i>	<i>N11294 CLEARLAKE RD ELCHO WI 54428</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</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, *Hynn L Olive*, certify:
(name of circulator)

I reside *N11294 Clear Lake Road, Elcho, WI 54428*.
(circulator's residence - include number, street, and municipality)

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

4/5/11
(date)

Hynn L Olive
(signature of circulator)

RECALL PETITION

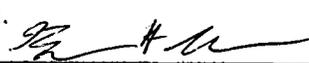
TO: Wisconsin Government Accountability Board

(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. 	W5414 Klapper Rd Pickeral WI 54465	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Langlade	3/29/11
2. <u>Marianne Clark</u>	W5414 Klapper Rd Pickeral WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Langlade	/ /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, Gary H. Clark (name of circulator), certify:

I reside W5414 Klapper Rd Pickeral WI 54465 LANGLADE (circulator's residence - include number, street, and municipality)

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

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin 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>Earl Parsons</i>	<i>2520 KILLARNEY DR LITTLE RICE WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LITTLE RICE</i>	<i>4/12/11</i>
2. <i>Out M. Sh...</i>	<i>8288 DRIFTWOOD PL MINOCQUA WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4/12/11</i>
3. <i>Keith Stone</i>	<i>ALCO WIS WI 54564</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pen Island</i>	<i>4/12/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Redolph A. Foye*, certify:

I reside at *5349 Island Lake Rd, Beaver 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.

April 12, 2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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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>David F. Bill</i>	<i>6833 North Shore Dr. Wabeno, WI 54566</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Freedom</i>	<i>3/21/2011</i>
2. <i>Sharon R. Bill</i>	<i>6833 North Shore Dr. Wabeno, WI 54566</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Freedom</i>	<i>3/21/2011</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	

I, David F. Bill **Certification of Circulator**, certify:
(name of circulator)
 I reside 6833 North Shore Dr., Wabeno, WI 54566 (Town of Freedom)
(circulator's residence - include number, street, and municipality)

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

3/21/2011 (date) David F. Bill (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.	1370 County Road A	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3/15/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, , certify:

(name of circulator)

I reside 1370 County Road A - Phelps.

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

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

March 18, 2011

(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Timothy E Willey</i>	<i>W 7965 Spencer Ave. P.O. Box 151</i>	<input checked="" type="checkbox"/> Town <i>Amberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/7/2011</i>
2. <i>Bruce Roush</i>	<i>P.O. Box 105</i>	<input checked="" type="checkbox"/> Town <i>Amberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-8-11</i>
3. <i>Norma Splanski</i>	<i>N15084 Grant St P.O. Box 57</i>	<input checked="" type="checkbox"/> Town <i>AMBERG</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-8-11</i>
4. <i>Lise W. Suzawick</i>	<i>N14690 WORTER ROAD</i>	<input checked="" type="checkbox"/> Town <i>Amberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-8-11</i>
5. <i>Donna R. Suzawick</i>	<i>N15195 ROCKY LN</i>	<input checked="" type="checkbox"/> Town <i>AMBERG</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-8-11</i>
6. <i>Bruce & Sylvia</i>	<i>N15084 GRANT ST P.O. Box 57</i>	<input type="checkbox"/> Town <i>AMBERG</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-10-11</i>
7. <i>Donna R. Suzawick</i>	<i>N15189 CARTER RD</i>	<input checked="" type="checkbox"/> Town <i>Amberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-10-11</i>
8. <i>Jimmy Suzawick</i>	<i>N15189 CARTER RD.</i>	<input checked="" type="checkbox"/> Town <i>Amberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-10-11</i>
9. <i>Marilee Klingman</i>	<i>W8971 Dow Dam Rd</i>	<input checked="" type="checkbox"/> Town <i>Amberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-11-11</i>
10. <i>George Kloppenburg</i>	<i>W7155 DEER TRAIL Amberg</i>	<input checked="" type="checkbox"/> Town <i>Amberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-11-11</i>

Certification of Circulator

I, *Timothy E Willey*, certify:
(name of circulator)
 I reside *W 7965 Spencer Ave P.O. Box 151, Amberg, Wis 54102*
(circulator's residence - include number, street, and municipality)

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

3/11/2011
(date)

Timothy E Willey
(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>Catherine Wiedersheim</i>	<i>10213 Arrowhead Drive Arbor Vitae WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4/5/11</i>
2. <i>Neal T. Kania</i>	<i>10332 BIL ARBOR DR ARBOR VITAE 54568</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBOR VITAE</i>	<i>4/5/11</i>
3. <i>Genea Rosta</i>	<i>9720 County Ln. Woodville WI 54568</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4/5/11</i>
4. <i>Jeff Schommer</i>	<i>10859 Besshard Circle Arbor Vitae WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-5-11</i>
5. <i>Tom Honechase</i>	<i>1047 Old 51, South Arbor Vitae WI 54568</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4/5/11</i>
6. <i>Cerdy Kupper</i>	<i>1763 Bayer Lake Arbor Vitae WI Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4/5/11</i>
7. <i>Barb Kellweg</i>	<i>1023 Donna Dr Arbor Vitae WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-5-11</i>
8. <i>John Kelling</i>	<i>1023 Donna Dr 1023 Arbor Vitae</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-5-11</i>
9. <i>Paul M. Wroblewski</i>	<i>10207 Upper Rd ARBOR VITAE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBOR VITAE</i>	<i>4-5-11</i>
10. <i>Jan Schlar</i>	<i>82 Pine Lane, Hawthorn Arbor Vitae, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-5-11</i>

Certification of Circulator

I, *Carol Cady*, certify:

I reside at *1885 Broken Bow Tr. Arbor Vitae, WI 54568*

I personally 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 indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holper.

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official re, 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. Teryl L Kanda	1360 Arbor Vitae 1360 0615-11 Arbor Vitae	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4-5-11
2. Claudia Wroblewski	10207 Upper Rd. Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4-5-11
3. Deborah Nicklaus	1844 Buckhorn Rd Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
4. Kathleen Wilke	11452 Lemna Creek Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
5. Marie Arnswald	1587 Marydare West Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
6. TERENCE TITOR	9984 WINAT ARBOR VITAE.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4/5/11
7. F. ANNA SEBASTIAN ENCKEN	1171 STATE WY 47 ARBOR VITAE 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4/5/11
8. Kathleen Altz	1295 Hwy 47 W Arbor Vitae, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4/5/11
9. Jamie Grebe	10540 Townline Rd. Arbor Vitae WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
10. Roger Burdick	2451 PINE ACRES ROAD ARBOR VITAE, WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Carol Cady, 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 jurisdic district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date inc opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable u §.12.13(3)(a), Wis. Stats.

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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.	W11784 CTY RRC	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Athelstane	3/8/11
2.	W13608 C Silver cliff	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver cliff	3/11/11
3.	W1440 Landmg 11 Rd Silver Cliff WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City silver cliff	3/11/11
4.	W1440 Boatlandmg 11 Rd Silver Cliff, WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver Cliff	3/14/11
5.	W14053 County C SILVER CLIFF WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SILVER CLIFF	3/14/11
6.	W14053 CTY. Rd. C Silver Cliff WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver Cliff	3/14/11
7.	W15375 Old J Rd Silver Cliff WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver Cliff	3/31/11
8.	W15375 Old J. Rd. Silver Cliff WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SILVER CLIFF	3/31/11
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, Georgiann Hui, **Certification of Circulator**, certify:
(name of circulator)
 I reside W15375 Old J Rd, Silver Cliff WI 54104.
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

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

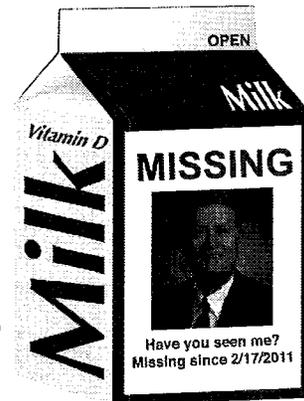
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Patricia Hansen</u>	<u>8695 Grays Lane</u> <u>Lac du Flambeau, Wi</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>4-1-11</u>
2.	<u>*(MAILING ADDRESS)*</u>	<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, Patricia Hansen, certify:
(name of circulator)

I reside at 8695 Sun Lane, Minocqua, Wisconsin
(circulator's residence - include number, street and municipality)

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

4-1-11
(date)

Patricia Hansen
(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. 346

RECALL PETITION

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

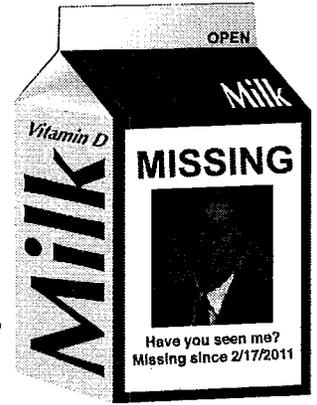
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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>Gordon Hesselberg</u>	<u>7998 Boardwalk Dr Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u>	<u>March 28 2011</u>
2. <u>Valeria Hesselberg</u>	<u>7998 Boardwalk Dr Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</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, Gordon D Hesselberg, certify:
(name of circulator)
 I reside at 7998 BOARDWALK DR, Eagle River, WI 54521
(circulator's residence - include number, street, and municipality) SUGAR CAMP

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

March 28, 2011
(date)

Gordon Hesselberg
(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. 3462

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Richard D. Indermuelle</u>	<u>397 Cranberry Blvd.</u> <u>Manitowish Waters, WI 54545</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/16/11</u>
2. <u>Richard D. Indermuelle</u>	<u>383 Cranberry Blvd</u> <u>Manitowish Waters, WI 54545</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/16/11</u>
3. <u>Patricia Indermuelle</u>	<u>383 Cranberry Blvd</u> <u>Manitowish Waters, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/16/11</u>
4. <u>Thomas M. Schwab</u>	<u>485 Alder Lake Rd</u> ⁵⁴⁵⁴⁵ <u>Manitowish Waters 54545</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/16/11</u>
5. <u>Jean Indermuelle</u>	<u>397 Cranberry Blvd</u> <u>Manitowish Waters, WI 54545</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/17/11</u>
6. <u>Matt C. Knicker</u>	<u>HWY 298 Hwy K</u> <u>MANITOWISH WATERS, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-21-2011</u>
7. <u>Sarah Sennett</u>	<u>48 Spider Lake Rd.</u> <u>Manitowish Waters, WI 54545</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
8. <u>J. Thomas Sennett</u>	<u>48 Spider Lake Rd</u> <u>Manitowish Waters, WI 54545</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3.29.11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Richard D. Indermuelle, certify:

(name of circulator)

I reside 397 Cranberry Blvd., Manitowish Waters, WI 54545.

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

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

March 31, 2011
(date)

Richard D. Indermuelle
(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.)

Leaving the state going to Illinois and not doing his job.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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>Loretta M. Johnson</u>	<u>2735 S. Star Rd., Eagle River, WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u>	<u>03/31/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
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, Loretta M. Johnson, certify:
(name of circulator)

I reside at 2735 S. Star Rd., Eagle River, WI 54521 in the town of Washington.
(circulator's residence - include number, street, and municipality)

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

03-31-11
(date)

Loretta M. Johnson
(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>Tammy Stiteley</u>	<u>W5863 Muskegon, JK Rd Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u>	<u>4-1-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Jerry L. Lunk certify:

(name of circulator)

reside at N 9062 Co Hwy B, Elkhorn, WI

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

54435

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 6, 2011

(date)

Jerry L. Lunk

(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.)

None fulfillment of elected duties.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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>Denise Guenther</u>	<u>W 7626 Edison Rd Bryant, WI 54418</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Polar</u>	<u>3/29/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>

Certification of Circulator

I, Denise Guenther, certify:
(name of circulator)

I reside W 7626 Edison Rd, Bryant, WI 54418 Polar.
(circulator's residence - include number, street, and municipality)

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

3/29/2011 Denise Guenther
(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>Dorothy Grawien</i>	<i>54452 WI 2004 River St Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/4/11</i>
2. <i>Becky Winkauf</i>	<i>11009 Shady Ln. Ave Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/4/11</i>
3. <i>Mod Wulff</i>	<i>11009 Shady Ln Ave Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/4/11</i>
4. <i>Rodney Grawien</i>	<i>2004 River St Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/4/11</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, *Dorothy Grawien*, certify:
(name of circulator)

I reside *2004 River St 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.

4.4.11
(date)

Dorothy Grawien
(signature of circulator)

RECALL PETITION

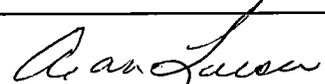
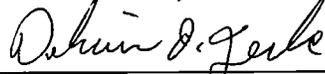
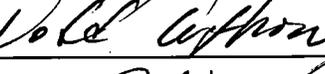
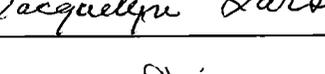
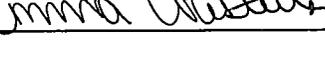
TO: Wisconsin Government Accountability Board

(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.

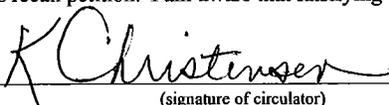
STATEMENT OF REASON FOR RECALL

(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. 	PO BOX 66 Retreat Dr. 1553 Golden ST. GERMAIN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN	3/7/11
2. 	7116 OLD HWY 70 ST GERMAIN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND ST GERMAIN	3/7/11
3. 	PO Box 2388 Raven Ln.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/7/11
4. 	8248 memorial Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/7/11
5. 	2388 Raven Ln. ST. Germain, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. Germain	3/8/11
6. 	10750 W D. WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	3/8/11
7. 	Brockwood DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cheverus	3-8-11
8. 	1553 Golden Retreat Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/14/11
9. 	1938 Four Corner Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/14/11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kim CHRISTENSEN **Certification of Circulator**, certify:
(name of circulator)
 I reside 1938 FOUR CORNER LN ST. GERMAIN
(circulator's residence - include number, street, and municipality)

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

3/17/11
(date)

(signature of circulator)

RECALL PETITION

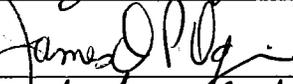
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	5910 North Ridgeway Ave Crandon, WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	2/28/11
2. 	207 E. Madison St Crandon WI 54520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	2-28-2011
3. 	324 Christopher St Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	2/28/2011
4. 	402 South Central Ave Crandon, WI 54520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	2/28/2011
5. 	6947 Hwy A Three Lakes WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	2/28/2011
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, Kristin Antosh, certify:
(name of circulator)
 I reside 8992 Balsam Ln. Three Lakes WI
(circulator's residence - include number, street, and municipality)

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

2/28/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Sheila Bernier</i>	4326 North Star Lane Land O'Lakes, WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O'Lakes	2-28-11
2. <i>Matt EBERT</i>	P.O. Box 260 Phelps, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	2-28-11
3. <i>[Signature]</i>	4930 Hwy 45 Conover WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2-28-11
4. <i>Rochelle LaVier</i>	2198 South Shore Rd Phelps, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3-5-11
5. <i>[Signature]</i>	2198 S. Shore Rd Phelps, WI 54554	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3-8-11
6. <i>Chris Hook</i>	5846 Little Village LOL	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LOL	3-8-11
7. <i>Margaret Burns</i>	7217 Goodrich LOL	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LOL	3-12-11
8. <i>Tom L. Burns</i>	LOL " "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LOL	3-12-11
9. <i>Lee Noffke</i>	6078 Hwy 45 Land O'Lakes WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LOL	3-14-11
10. <i>Nancy Noffke</i>	6078 Hwy 45 Land O'Lakes WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O'Lakes	3-14-11

Certification of Circulator

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

I reside 6078 Hwy 45, Land O'Lakes, WI 54540. (circulator's residence - include number, street, and municipality)

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

3-14-2011
(date)

L.A. Noffke
(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>Susan Q. Mueller</i>	<i>7159 Arbutus Dr Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>3-3-11</i>
2. <i>Sandy Mueller</i>	<i>7159 ARBUTUS DR EAGLE RIVER, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>3-3-11</i>
3. <i>Judy E. Esser</i>	<i>N2231 RAE DRIVE MERRILL, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SCOTT</i>	<i>3/3/11</i>
4. <i>Ben Hubel</i>	<i>N5251 Resort LA Irma WI 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Irma</i>	<i>3/3/11</i>
5. <i>Brod P. Mueller</i>	<i>7159 Arbutus Dr Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>3/4/11</i>
6. <i>Beverly J. Mueller</i>	<i>903 Boyce Dr. Rhinelander WI 54974</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>3/16/11</i>
7. <i>Le Roy Mueller</i>	<i>903 Boyce Dr. Rhinelander WI 54974</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>3/16/11</i>
8. <i>Judy E. Esser</i>	<i>N2231 RAE DR merrill wi. 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>3/17/11</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, *Sandy L Mueller* *GARY L MUELLER*, certify:
(name of circulator)

I reside at *7159 ARBUTUS DR, EAGLE RIVER WI 54521*
(circulator's residence - include number, street, and municipality)

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

03/18/2011
(date)

Sandy L Mueller
(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. EDWARD L GOOLD	3453 ROCKY SHORE RHINELANDER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT	3/5/2011
2. JAMES M. BOTTNEY	4152 SATUR LANE #4 RHINELANDER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/5/2011
3. Don Kenejor Jr	5177 Wilma Lane Rhinelander WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/5/2011
4. Paul J. Cahak	3600 Rivers End Rd Rhinelander WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/5/2011
5. George G. DUSCILL	2880 S. RIVER RD RHINELANDER WIS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3/5/2011
6. James G. SCHUH	5391 MANOR RD. RHINELANDER WIS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/5/2011
7. Daphne Schuh	5391 Manor Rd Rhinelander WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/5/2011
8. Judy Clark	1617 West Willow Pl Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/5/2011
9. Pam Resmeron	W. 3274 Grandway Rd Trind, WI 54442	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Trind, WI	3/5/11
10. THOS. P. NELSON	3016 Wausau Rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT	3/5/11

I, SPOTT CAMPBELL, certify:
(name of circulator)
 I reside 6005 FOREST LN Rhinelander, WI 54501 NEWBOLD
(circulator's residence - include number, street, and municipality)

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

3/5/11
(date)

Spott Campbell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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>Maree Schreiber</i>	<i>N1394 Cty Rd W Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>2/26/11</i>
2. <i>Roselin Hagedorn</i>	<i>W3750 Center Rd Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/1/11</i>
3. <i>John d. Hagedorn</i>	<i>W3750 Center Rd. Merrill, Wis. 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/1/11</i>
4. <i>Amy K. Dunley</i>	<i>W2857 Cty Rd P Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/1/2011</i>
5. <i>Mary Kyschawien</i>	<i>W6826 Edward Drive Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3/3/2011</i>
6. <i>Peter Fromm Wade</i>	<i>W7605 Joe Snow Rd. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Corning</i>	<i>3/3/2011</i>
7. <i>Carl P. Wade</i>	<i>W7605 Joe Snow Rd Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Corning</i>	<i>3/3/2011</i>
8. <i>Don V Palenzy</i>	<i>W6752 EDWARD DR. Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harding</i>	<i>3/3/2011</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, *Karen Courmaya*, certify:

(name of circulator)

I reside at *N691 Lake Rd, 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.

3/3/11

(date)

Karen Courmaya

(signature of circulator)

RECALL PETITION

Wisconsin Government Accountability Board

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

the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Ranee E. Kopetcky</i> RANEE' E. KOPETCKY	N 1608 BLUEBIRD LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MERRILL	4-4-11
2. <i>Virginia R. Gumb</i>	508 1/2 Grand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-4-11
3. <i>Ralph L. Leachson</i>	W 8204 CEDAR RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CORNING	4-4-11
4. <i>Lodd Podewitz</i>	N 3210 FRENCH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-4-11
5. <i>Crystal J. Dean</i>	110 52ND ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-4-11
6. <i>Beryl A. Arie</i>	B 309 B 370 Wagon	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-4-11
7. <i>Est. Heller</i>	N 5334 RIE LN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GLEASON	4-4-11
8. <i>Brian Kark</i>	W 577 Spring Brook Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-4-11
9. <i>Timothy Bartsch</i>	N 1028 Decatur Ave.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINEBLEN	4-4-11
10. <i>Joe Bzygnick</i>	N 3502 Hwy 17	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schley	4-4-11

Certification of Circulator

I, SHERRI FERRELL, certify:

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 13(3)(a), Wis. Stats.

4/4/11
(date)

Sherrie E. Ferrell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Michael P. Ferrall</i>	100 S. Foster St Merrill, WI 54	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	4-4-11
2. <i>Jimmy Haig</i>	W 4116 St Hwy 64 Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	4-4-11
3. <i>[Signature]</i>	1405 E. St Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	4-4-11
4. <i>Cecilia Ollhoff</i>	N. 1207 Menitago Rd. Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	4-4-11
5. <i>Lisa Wuege</i>	W 3092 Maple Rd Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE RIVE</i>	4-4-11
6. <i>Jim Plantz</i>	116431 Hwy W MT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	4-4-11
7. <i>Debra Cherney</i>	N7520 Hwy 107 Tomahawk WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	4-4-11
8. <i>Jessie MacQu</i>	1809 E. St Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	4-4-11
9. <i>Tina Donahue</i>	10764 Hwy 64 Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	4-4-11
10. <i>Justin Larson</i>	1322 W. Main St Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>merrill</i>	4-4-11

Certification of Circulator

I, STERRI FERRALL, certify:

I reside 224 BERKSHIRE RD 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)

Sherrin E. Ferrall
(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)

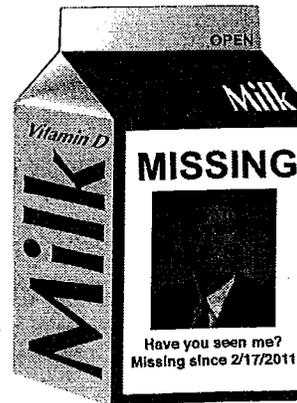
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District

(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>Stephanie Cundiff</i>	N2597 CTH S Antigo, WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Polar, WI	3/18/11
2. <i>JAMES L. TAYLOR</i>	P8091 Highland Dr Birnamwood, WI 54444	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Plover	3-19-11
3. <i>RICH ZABOLOCKY</i>	N6121 BUELEET LN. WHITE LAKE, WI 54491	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOLF RIVER	3-21-11
4. <i>Jeffrey Apfelbeck</i>	W7455 Carahn Medford, WI 54451	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Medford, WI	3/21/11
5. <i>JOE CSWALD</i>	CHERRY RD ANTIGO WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO WI	3-21-11
6. <i>Greg Breen</i>	N8060 Leeward Rd Deerbrook, WI 54424	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Deerbrook	3-21-11
7. <i>Ralph Hilgert</i>	315 Anderson Dr Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-21-11
8. <i>Gene Lank</i>	W629 E 3 rd Ave Bryant WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Plover	3-21-11
9. <i>Valdosta</i>	N4301 Hwy A Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deerbrook	3-21-11
10. <i>[Signature]</i>	212 Sunset Dr Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo, WI	3-21-11

Certification of Circulator

I, Cindy Corto (name of circulator), certify:

I reside at W4 School St (circulator's residence - include number, street, and municipality) White Lake WI WOLF RIVER

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

Cindy B Corto
(signature of circulator)

Please mail this form to:

Recall Jim

RECALL PETITION

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

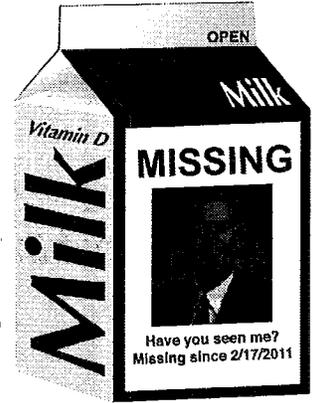
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim 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. <i>Oscar [Signature]</i>	<i>W6637 U & Hwy 8 Tomahawk, Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3-24-11</i>
2. <i>GK Smith</i>	<i>N11855 E. Deer Lake Rd Tomahawk Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3-24-11</i>
3. <i>Jen [Signature]</i>	<i>N11826 DEER LAKE RD TOMAHAWK, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3/24/11</i>
4. <i>Ran Suwe</i>	<i>N11853 DEER LAKE RD TOMAHAWK WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>3/24/11</i>
5. <i>Karen Suwe</i>	<i>N11853 Deer Lake Rd Tomahawk WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>3/24/11</i>
<i>Joe [Signature]</i>	<i>N11897 DEER LAKE RD TOMAHAWK WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3-24-11</i>
7. <i>Mary Puffin</i>	<i>N11989 Deer Lake Rd Tomahawk WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>3-24-11</i>
8. <i>Bob Puffin</i>	<i>N11989 DEER LAKE RD TOMAHAWK, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3-24-11</i>
9. <i>Sharon [Signature]</i>	<i>N12034 DEER LAKE RD TOMAHAWK, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3/24/2011</i>
10. <i>Carol Mae Heimerl</i>	<i>N12034 DEER LAKE RD TOMAHAWK, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRADLEY</i>	<i>3/24/2011</i>

Certification of Circulator

I, Barbara Beirke, certify:
(name of circulator)
 I reside at N11894 E. Deer Lake Rd, Tomahawk, WI 54487 BRADLEY
(circulator's residence - include number, street, and municipality)

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

3/26/2011
(date)
Barbara Beirke
(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.

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1. <i>W. James Erickson</i>	<i>459 Alder Lak. Rd</i>	<input checked="" type="checkbox"/> Town <i>Manitowish Waters</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
2. <i>Helen Erickson</i>	<i>459 Alder Lak. Road</i>	<input checked="" type="checkbox"/> Town <i>Manitowish Waters</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
3. <i>James Levaas</i>	<i>W 193 Wadco Rd</i>	<input checked="" type="checkbox"/> Town <i>Manitowish Waters</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
4. <i>Maribel Henstee</i>	<i>99B Forest Dr M.W</i>	<input checked="" type="checkbox"/> Town <i>Manitowish Waters</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/14/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

I, *Joe Birwin* **Certification of Circulator**
12 Deer Park Rd. Manitowish Waters, certify:
(name of circulator)

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

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

Joe Birwin
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Jerry J. Bybee</i>	<i>7835 Woodland Dr.</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/12/11</i>
2. <i>Samuel Bybee</i>	<i>7835 Woodland Dr</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/12/11</i>
3. <i>SC Dinger</i>	<i>148 ADAMS RD</i>	<input checked="" type="checkbox"/> Town <i>CONOVER</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/26/11</i>
4. <i>Mary Schroeder</i>	<i>138 Adams Rd</i>	<input checked="" type="checkbox"/> Town <i>CONOVER</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/26/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

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

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

3-26-2011
(date)

Allan J Bybee
(signature of circulator)

RECALL PETITION

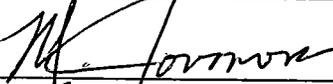
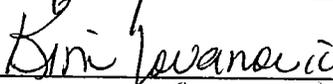
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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. 	6008 S. BLACK OAK LK. RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAND O' LAKES	3-13-2011
2. 	6008 S. Black Oak LK RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o Lakes	3-13-2011
3. 	5722 Stormy Point Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-13-2011
4. 	2945 E Shore Rd Phelps	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3/18/11
5. 	3305 Hwy 45 S	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3/19/11
6. 	3305 Hwy 45 S	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3/19/11
7. 	5524 E Big Portage	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o' Lakes	3/25/11
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	

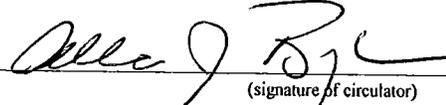
Certification of Circulator

I, Allan J. Bybee, certify:

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

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

3-26-2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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>Betty Gastrow</i>	<i>W 5072 Hillside Dr. Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill WI</i>	<i>2/25/11</i>
2. <i>Phil Gastrow</i>	<i>W 5072 Hillside Merrill, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill WI</i>	<i>2/25/11</i>
3. <i>Jed Gastrow</i>	<i>W 5072 Hillside DR Merrill WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill WI</i>	<i>2/25/11</i>
4. <i>Skilley Hajewski</i>	<i>N 5037 Wilderness Sh Ln Ionia, WI 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rock Falls</i>	<i>2/25/11</i>
5. <i>Robert W Borke</i>	<i>N 3972 S. Elm RD Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rock Falls</i>	<i>2-25-11</i>
6. <i>Daniel Hajewski</i>	<i>N 5037 Wilderness Sh Ln Ionia WI 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rock Falls</i>	<i>2-26-11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Daniel Hajewski*, certify: *TWN*
(name of circulator) *ROCK FALLS*
 I reside at *N 5037 Wilderness Sh Ln Ionia WI 54442*
(circulator's residence - include number, street, and municipality)

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

2-26-11
(date)

Daniel Hajewski
(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.	802 Shepard St. Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	2-27-11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Oliver A. TORGERSON, certify:

(name of circulator)

I reside 802 Shepard 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.

2-27-11

(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Tom R. Weyer</i>	<i>W4845 Mountain Drive Tomahawk, Wisc. 54487</i>	<input checked="" type="checkbox"/> Town King <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/1/11</i>
2. <i>Charlotte Weyer</i>	<i>W4845 Mountain Drive Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town King <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/1/11</i>
3. <i>Paul A. ...</i>	<i>W5795 Robinson Road Tomahawk, WI. 54487</i>	<input checked="" type="checkbox"/> Town BRADLEY <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/1/11</i>
4. <i>Sarah L. Wey</i>	<i>W5795 Robinson Road Tomahawk, WI. 54487</i>	<input checked="" type="checkbox"/> Town Bradley <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/1/11</i>
5. <i>Scott Borchardt</i>	<i>414 Bradley Farm Rd Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	<i>3-1-11</i>
6. <i>Maryfran Peckey</i>	<i>W4722 City Rd D Tomahawk, WI</i>	<input checked="" type="checkbox"/> Town King <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-1-2011</i>
7. <i>Diopla Borchardt</i>	<i>414 Bradley Farm Rd Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	<i>3-1-2011</i>
8. <i>Beverly Borchardt</i>	<i>1326 E. H. N 93 Rd Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	<i>3-1-2011</i>
9. <i>Bill ...</i>	<i>N8756 Belliveau Rd Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town Bradley <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-1-11</i>
10. <i>...</i>	<i>W8713 Eagle Waders Rd Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-2-11</i>

Certification of Circulator

I, Scott Borchardt, certify:
(name of circulator)
 I reside at 414 Bradley Farm Rd 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.

3-1-11
(date)

Scott Borchardt
(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>Aken</u>	<u>N 5367 Shimel Ln Bryant WI 54418</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neva</u>	<u>3/19/11</u>
2. <u>Sen Krause</u>	<u>N 5367 Shimel Bryant WI 54418</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neva</u>	<u>3-19-11</u>
3. <u>Chris Wild</u>	<u>93 Hudson St Antigo WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3-19-11</u>
4. <u>Jim Alfonso</u>	<u>312 Sunset Dr. Antigo, Wis</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3-19-11</u>
5. <u>Jennie Olson</u>	<u>1815 Lake Road Monico, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Monico</u>	<u>3-19-11</u>
6. <u>Shirley Jones</u>	<u>725 Clarendon Antigo WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo WI</u>	<u>3-19-11</u>
7. <u>Bob Wroblewski</u>	<u>1622 5th ave Antigo Wis</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3-19-11</u>
8. <u>Judy Jahnke</u>	<u>N6203 City Rd A Deerbrook WI 54424</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neva</u>	<u>3-19-11</u>
9. <u>Donald Jahnke</u>	<u>N6203 city Rd A Deerbrook WI 54424</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neva</u>	<u>3-19-11</u>
10. <u>Alex Everson</u>	<u>W10235 Koepenick Rd Deerbrook WI 54424</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Upham</u>	<u>3/19/11</u>

Certification of Circulator

I, JAMES R. BUCKLEY, certify:

(name of circulator)

I reside at 615 4th Ave Antigo, WI, 54409
(circulator's residence - include number, street, and municipality)

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

(date)

3-19-2011

(signature of circulator)

James R. Buckley

Please mail this form to: Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

Page No. 3485

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. Kristi Bryner	N21521 West Rd Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Niagara	4-4-11
2. JASON BJORKMAN	1925 LEDGE ST NIAGARA WI 54151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-4-11
3. Lisa Hanson	N19080 Rainbow Rd. Becherer WI 54156	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Becherer	4/4/11
4. Barbara Holperin	627630 North St Middle Inlet, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/4/11
5. Dan Kroese	510 Elvashan ⁵⁴¹⁵⁷ Wausaukee WI 54157	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausaukee	4-4-11
6. David Kruger	11027 Hwy 14 N11027 Hwy 14	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE	4-4-11
7. Nate Miller	W5653 Gravelly Brook Rd Porterfield WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE	4-4-11
8. Hobby Clark	6226 Main St Wausaukee, WI 54177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	4-4-11
9. Tammy Schlies	N10491 Schlies Rd WAUSAUKEE WI 54177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City middle Inlet	4-4-11
10. Deane Schumacher	514 xxxxxx 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menomonie	4-6-11

Certification of Circulator

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

I reside 13528 240 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.

4-5-11
(date)

Deane Schumacher
(signature of circulator)

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1. <i>Jordan Johnson</i>	4712 Hwy. 17 N. Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander 54501	3-23-11
2. <i>Carol Sullivan</i>	54562 3rd St. 7351 Lakeside Rd. Rhinelander 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Free Lake	3-23-11
3. <i>Debbie Bailey</i>	1403 N. Stevens Rhinelander 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/23/11
4. <i>[Signature]</i>	394 Woodland Hg. Tr. Rhinelander 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	7/29/11
5. <i>Delvin W. Hest</i>	201 W. Lincoln St Crandon WI 54520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/23/11
X 6. <i>Ellie Pope</i>	707 Broadway St. Eau Claire, WI 54603	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	3/23/11
7. <i>Jackie Wickham</i>	N11274 Wickham Rd Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander 54501	3/23/11
8. <i>Melissa Moore</i>	4190 Plannery Dr. Rd. Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/23/11
9. <i>Chris Wilh</i>	4190 Stella Lake Rd Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stella	3/23/11
10. <i>Wei Qing Jiang</i> ¹⁹⁰³	Lincoln St Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-23/11

Certification of Circulator

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

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

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

3-25-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

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

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1. <i>Lois Fick</i>	<i>N3314 Western Ave Antigo, WI 54407</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
2. <i>Rob Schellman</i>	<i>W10824 winter Rd 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-22-11</i>
3. <i>Mark Arrowood</i>	<i>W9330 Flight Rd Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
4. <i>BOB JELINICK</i>	<i>2747 Hanson Rd. Marathon</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5. <i>Rob Krummel</i>	<i>1222 3rd Ave Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
6. <i>Janielle Conella</i>	<i>W8807 Hwy 17 N Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-23-11</i>
7. <i>Caroly Conella</i>	<i>Rhineland WI 54501 397 Woodland Heights Terrace</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-23-11</i>
8. <i>K</i>	<i>1010 37th St Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-23-11</i>
9. <i>C</i>	<i>750 Balsam St Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-23-11</i>
10. <i>M</i>	<i>Tomahawk WI 1140 Kreedly Rd 54407</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>3-23-11</i>

Certification of Circulator

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

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

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

3-25-11
(date)

Duane Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Matthew Christenson</i>	10460 Krystal Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	4-19-11
2. Matthew Christenson	10460 Krystal Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	4/19/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4-19-11 (date) *J Morales* (signature of circulator)

RECALL PETITION

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

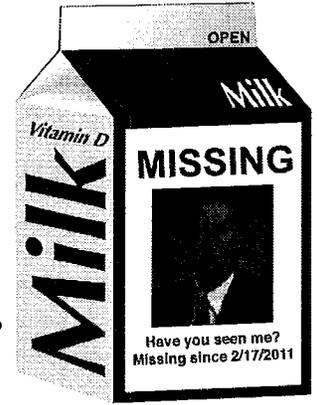
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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>John Vander Velde</i>	<i>W11312 Enterprise 12 Rd. Elcho WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3-17-11</i>
2. <i>Rich Roy</i>	<i>17151 Sunflower Ln Townsend WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Townsend</i>	<i>3-17-11</i>
3. <i>Touffryn</i>	<i>N6201 Chire Road Deerbrook WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neva</i>	<i>3-17-11</i>
4. <i>Janet Whilling</i>	<i>105 Enterprise Lake Rd Pelican Lake, WI 54403</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Enterprise</i>	<i>3-17-11</i>
5. <i>John Harweg</i>	<i>N11370 NORTHWOODS LN ELCHO, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ELCHO</i>	<i>3-18-11</i>
6. <i>Barbara Harweg</i>	<i>N11370 NORTHWOODS LN Elcho WI 54428</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ELCHO</i>	<i>3/18/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Herbert E. Schilling, certify:
(name of circulator)

I reside at 105 Enterprise Lk. Rd. Pelican Lake WI - Town of Enterprise
(circulator's residence - include number, street, and municipality)

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

3-18-2011
(date)

Herbert E. Schilling
(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. **3490**

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Theresa Jaco</i>	<i>N 8105 Grundy Rd. FRMA, WI 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SKANAWAN</i>	<i>3/24/11</i>
2. <i>Brian K. Williams</i>	<i>N 2355 Smith Rd. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/24/11</i>
3. <i>Dwight Master-Willie</i>	<i>N 2355 Smith Road Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-24-11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Brian Keith Williams*, certify:

(name of circulator)

I reside *N 2355 Smith Road, 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.

3-24-10
(date)

Brian K. Williams
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Shirley P. Herzo</i>	<i>605. W. BECKWITH RD</i>	<input checked="" type="checkbox"/> Town <i>Conover, WI</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>MARCH 25-2011</i>
2. <i>[Signature]</i>	<i>6760 City Rd Co. Eagle River</i>	<input checked="" type="checkbox"/> Town <i>Cloverland</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>March 26 2011</i>
3. <i>Bonnie Johnson</i>	<i>2375 Fringe Ln Eagle River</i>	<input checked="" type="checkbox"/> Town <i>Washington</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>March 27, 2011</i>
4. <i>Jessie Nysz</i>	<i>2050 Hwy 45 N Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i>	<i>Mar. 27, 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, *Mary Lou Hake*, certify:
(name of circulator)
 I reside at *5769 Hwy K W 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.

3-27-11 (date) *Mary Lou Hake* (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.

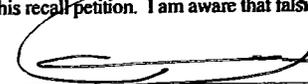
STATEMENT OF REASON FOR RECALL

(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. Stacy Sveda	W12254 Badger Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2/26/11
2. Coralee Sveda	W12254 Badger Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2/26/11
3. George Sveda	W12254 BADGER Rd DEERBROOK, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2/26/11
4. Chris Sveda	W12262 Badger Rd Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2-26-11
5. Mark Sveda	W12231 Badger Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2-26-11
6. Karen Sveda	W12231 Badger Rd. Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2-26-11
7. John Sveda	N 6214 Whitman Deerbrook Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2-26-11
8. Mike Sveda	N 6214 Whitman R.S.D. Deerbrook WI, 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2-26-11
9. Ronald Sveda	N 6214 Whitman Rd Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2-26-11
10. William Watson	W12175 Cr. "C" Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	2-26-11

I, JAMES D. NEVAK certify:
(name of circulator)
 I reside at 619 Gowan Rd Antigo Wis 54409
(circulator's residence - include number, street, and municipality)

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

2-26-11 (date)  (signature of circulator)

3494

RECALL PETITION

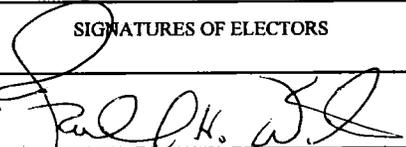
TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin 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. 	P.O. Box 429 Eagle River, Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/7/11
2. Sandra M. Winter	P.O. Box 429 Eagle River, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/7/11
3. 	234 7th St Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/7/11
4. 	234 7th St Eagle River WI: 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/7/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

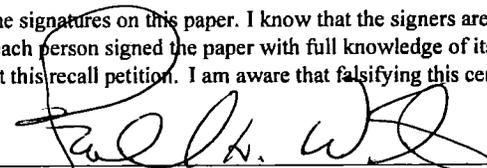
Certification of Circulator

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

I reside 130 McKinley Blvd, Eagle River, Wis 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.

4/7/11
(date)


(signature of circulator)

RECALL PETITION

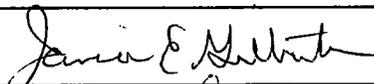
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	11201 Musky Bay Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/14/11
2. 	11201 Musky Bay Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/14/11
3. 	11201 Musky Bay Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/14/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

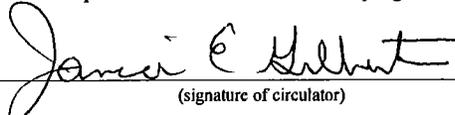
I, Janice E Gilbertson, certify:
(name of circulator)

I reside 11201 Musky Bay Lane, Minocqua, WI.
(circulator's residence - include number, street, and municipality)

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

4/14/11

(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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>Sandra L Miller</i>	<i>W13952 Ridgewood Lane Silver Cliff, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3/12/11</i>
2. <i>Beverly J. Miller</i>	<i>W10786 Co. Rd C Athelstane WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ATHELSTANE</i>	<i>3/13/11</i>
3. <i>Daniel P. Miller</i>	<i>Athelstane wis. 54104</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Athelstane</i>	<i>3/14/11</i>
4. <i>Dennis K. Hueston</i>	<i>W16199 Old Rd Silver Cliff, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>4/6/11</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, *Joseph A. Miller*, certify:

(name of circulator)

I reside *W13952 Ridgewood Lane, Silver Cliff, WI 54104*

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 15, 2011
(date)

Joseph A. Miller
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Gary A Mason</i>	<i>372 County Road F</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>3/31/11</i>
2. <i>Lee Mason</i>	<i>372 County Road F Oak Grove, WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>4/10/11</i>
3. <i>Jon A Mason</i>	<i>432 County F Hamburg, WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>4/13/11</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, *GARY A MASON* *Gary A Mason*, certify:

I reside *372 County Road F Hamburg WI 54411*
(circulator's residence - include number, street, and municipality)

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

4/13/2011
(date)

Gary A Mason
(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>Herbert Buettner</i>	<i>N 4297 Buettner Rd. White Lake, WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>3/29/11</i>
2. <i>Alfred Buettner</i>	<i>324 Church St. Apt 3 White Lake, WI 54491</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>White Lake</i>	<i>3/29/11</i>
3. <i>Gonovieve Buettner</i>	<i>N4297 Buettner Rd. White Lake WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>3/29/11</i>
4. <i>Keth Franke</i>	<i>N4530 Hwy 55 White Lake, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>4/7/11</i>
5. <i>Cindy Buettner</i>	<i>W2024 Buettner White Lake</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>W-River</i>	<i>4/7/11</i>
6. <i>Cindy Buettner</i>	<i>W2024 Buettner Lane White Lake WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>4/7/11</i>
7. <i>Greg Mader</i>	<i>642 Anderson White Lake WI 54491</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>White Lake</i>	<i>4/7/11</i>
8. <i>Ern B. Weitz</i>	<i>N2525 HWY 55 WHITE LAKE 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOLF RIVER</i>	<i>4/7/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, *Herbert Buettner*, certify:
(name of circulator)

I reside *N 4297 Buettner Rd. White Lake, WI 54491 Wolf 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.

March 29, 2011
(date)

Herbert Buettner
(signature of circulator)