

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

Mr. Holperin left his constituents without representation for 3 weeks by fleeing ~~the~~ from his duties. He is not qualified to represent me.

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>Phil Archdale</i> | <i>5995 LAC DU LUNE Rd.</i> | <input checked="" type="checkbox"/> Town <i>LAND O' LAKES</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4/7/11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

I, *Phil Archdale* **Certification of Circulator**, certify:
(name of circulator)
 I reside *5995 LAC DU LUNE Rd LAND O' LAKES Township*
(circulator's residence - include number, street, and municipality) *54540*

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

April 7, 2011 (date) *Phil Archdale* (signature of circulator)

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|---|--|---|-----------------|
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| 1. Catherine Kraeger | 5069 Linden St | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona WI 54541 | 4/9/11 |
| 2. Loui Deeluyck | 1035 1/2 Forest Rd | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Langlade | 4/9/11 |
| 3. Amber Wiedenroth | 222 10th Ave W10254 1st Ave | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Langlade | 4/9/11 |
| 4. John Cody | W10654 1st Ave | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Adrian | 4-9-11 |
| 5. Eric Kalke | W9990 Krag M Dr Night Rd | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deerbrook | 4-9-11 |
| 6. Corbin Walrath | 1421 Edison St | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 4-9-11 |
| 7. Ashley Walrath | 1421 Edison St | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4/9/11 |
| 8. Monveta Gonzalez | 700 Maple Ave | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mattoon | 4/9/11 |
| 9. Caitlyn Stembering | 2399 Pawik | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bryant | 4/9/11 |
| 10. Amya Ripke | 2599 Pawik Rd | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bryant | 4/9/11 |

I, Richard A Madritt, **Certification of Circulator**, certify:
(name of circulator)
 I reside 1065 S Ames St Lakewood Colorado 80226
(circulator's residence - include number, street, and municipality)

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

4-12-11
(date)

Richard A Madritt
(signature of circulator)

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| 1. <i>John Warren</i> | 2405 Charlotte Court apt 3 Antigo | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 4-10-11 |
| 2. <i>Perry [Signature]</i> | 754 Deresch St Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-10-11 |
| 3. <i>Liz Andres</i> | 2405 Charlotte Antigo | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-10-11 |
| 4. <i>Eileen Bentley</i> | 2413 Charlotte Ct Antigo 8 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-10-11 |
| 5. <i>Mandy Runch</i> | 2413 Charlotte Ct #5 Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4/10/11 |
| 6. <i>Helen Luster</i> | 2413 Charlotte Ct #7 Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-10-11 |
| 7. <i>[Signature]</i> | 2417 #5 Charlotte Ct Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-10-11 |
| 8. <i>B. Kelso</i> | 2417 #4 Charlotte Ct Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-10-11 |
| 9. <i>[Signature]</i> | 2417 #4 Charlotte Ct | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-10-11 |
| 10. <i>Nicole Lsham</i> | 2417 Charlotte Ct Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-10-11 |

I, Richard A Madril, certify:
(name of circulator)
 I reside 1065 S Ames St Lakewood Colorado 80226
(circulator's residence - include number, street, and municipality)

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

4-12-11 (date) Richard A Madril (signature of circulator)

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| 1. DANIEL KEEPSAS | 1230 NANTASKAT ST APT. 8 ANTIGO, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | APRIL 12, 2011 |
| 2. Gayle Scholz | N5468 Hwy 0 TOMAHAWK, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK | April 12, 2011 |
| 3. Paul Schob | N 8968 Hwy 0 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK | 12, 2011 April |
| 4. Saul Schaefer | 885 Lake River Rd Pelican Lake WI 54463 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pelican Lake <input type="checkbox"/> City | 12, 2011 April |
| 5. Amy Mueser | N3441 N Langlad Rd. Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | April 12, 2011 |
| 6. Scott Drexler | 820 1/2 5th ave Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | April 12, 2011 |
| 7. Mary Reiber | 1016 STRAHO #305 ANTIGO, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | APRIL 12-11 |
| 8. Sue Fischer | 1002 5th Antigo | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-12-11 |
| 9. Craig Cegel | 525 5th ave Antigo | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-12-11 |
| 10. Linda W. Baus | 309 5th Av | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-12-11 |

I, Richard A Madril, Certification of Circulator, certify:
(name of circulator)
 I reside 1065 S Ames St Lakewood Colorado 80226
(circulator's residence - include number, street, and municipality)

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

4-12-11 (date) Richard A Madril (signature of circulator)

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| 1. <i>Joice Koppal</i> | <i>W 536 5th Ave. S. Bryant WI 54418</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar</i> | <i>4-9-11</i> |
| 2. <i>Karibel</i> | <i>W 5762 ST HWY 64 BRYANT WI 54418</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BRYANT</i> | <i>4-12-11</i> |
| 3. <i>Adrian M...</i> | <i>929 Arctic St Antigo, WI, 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4-12-11</i> |
| 4. <i>Nathan Willet</i> | <i>929 Arctic St Antigo, WI, 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4-12-11</i> |
| 5. <i>Thomas Brand</i> | <i>201 Robbins St White Lake, 54491</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>White Lake Antigo</i> | <i>4-12-11</i> |
| 6. <i>Jimmy J...</i> | <i>830 2nd Ave Antigo, WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4-12-11</i> |
| 7. <i>Andrew Th...</i> | <i>W 6492 Sherry Rd Bryant WI</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Price-</i> | <i>4-12-11</i> |
| 8. <i>Don N...</i> | <i>W 5403 Oak Rd Bryant WI 54408</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar</i> | <i>4-12-11</i> |
| 9. <i>Catisha Lenzner</i> | <i>Antigo WI 54409 245 S. E. 1st St</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>4-12-11</i> |
| 10. <i>John Mayby</i> | <i>2433 Clea St. Antigo WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4-12-11</i> |

I, Richard A Madrill Certification of Circulator, certify:
(name of circulator)
 I reside 1065 S Ames St Lakewood Colorado 80226
(circulator's residence - include number, street, and municipality)

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4-12-11 (date) Richard A Madrill (signature of circulator)

RECALL PETITION

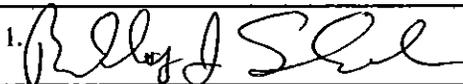
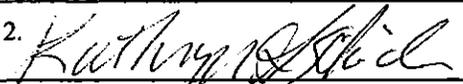
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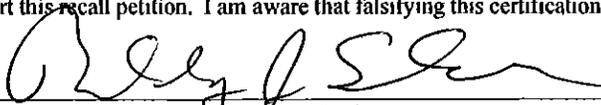
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| 1.  | 4274 CIRCLE DR RHINELANDER WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PELICAN | 3-12-2011 |
| 2.  | 4274 CIRCLE DR RHINELANDER, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PELICAN | 3-12-11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, BRADLEY J SCHNEIDER, certify:
(name of circulator) TOWN OF PELICAN
 I reside 4274 CIRCLE DR RHINELANDER WI 54501
(circulator's residence - include number, street, and municipality)

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

MARCH 12, 2011
(date)


(signature of circulator)

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(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

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|------------------------|---|--|-----------------|
| 1. Helen Albert | 4216 CHAIN O' RKS. RD. EAGLE RIVER, WI 54531 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington | 3/11/11 |
| 2. Cynthia D. Hamming | 4216 CHAIN O' RKS. RD. EAGLE RIVER, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington | 3-12-11 |
| 3. Dawn Wirtz | 2279 TOWN HALL EAGLE RIVER, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City " | 3/12/11 |
| 4. Ruth Wirtz | 2279 TOWN HALL EAGLE RIVER, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City " | 3/12/11 |
| 5. Lydia Belletieri | 4784 HWY K, EAST CONOVER WI 54519 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON | 3/12/11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Helen R Albert **Certification of Circulator**

I, Helen R. Albert (name of circulator), certify:
reside at 4216 Chain o' Rks. Rd. Eagle River, WI 54531
(circulator's residence - include number, street, and municipality)
WASHINGTON TOWN

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

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| 1. <u>Robert C. Klobner</u> | <u>7867 Cameron Dr.</u> <u>Minocqua WI 54548</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4-5-11</u> |
| 2. <u>Ken W. See</u> | <u>130 LAKESHORE DR</u> <u>MINOCQUA WISCONSIN</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u> | <u>4-5-11</u> |
| 3. <u>Jordan M. Masbach</u> | <u>7428 Trailwood Drive</u> <u>Minocqua WI 54598</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4-5-11</u> |
| 4. <u>ANTON J. FRISCH</u> | <u>MINOCQUA WI</u> <u>9823 SYLVANSHIRE</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4-5-11</u> |
| 5. <u>John Grunell</u> | <u>8715 Parkview</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4-5-11</u> |
| 6. <u>Cecile Semrau</u> | <u>10912 S. Fork Rd.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4/5/11</u> |
| 7. <u>John Holcomer</u> | <u>11563 BACK Bay</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4-5-11</u> |
| 8. <u>Steve Panko</u> | <u>0425 City J apt 10</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4-5-11</u> |
| 9. <u>Jim Trapp</u> | <u>9248 Bark</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4-5-11</u> |
| 10. <u>Danah Gould</u> | <u>1411 Eric Dr</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>4-5-11</u> |

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:
(name of circulator)
 I reside 2511 So. 59th W. Ave, DULSA OK 74107
(circulator's residence - include number, street, and municipality)

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

4-6-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>James R. Sieve</i> | 9743 HAZELHURST LEP LEP RD. ST | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST | 4-5-11 |
| 2. <i>Sharon L. Sieve</i> | 18457 E. SAUNDERS Lac du Flambeau, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4-5-11 |
| 3. <i>John A. McElroy</i> | 76876 Marie Ln. | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4-5-11 |
| 4. <i>Bob Reub</i> | 8169 MINOCQUA | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4-5-11 |
| 5. <i>Michael J. Sieve</i> | 7179 OWENS RD MINOCQUA, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4/5/11 |
| 6. <i>Harold Lemmon</i> | 10912 S. EDNA RD HAZELHURST WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4/5/11 |
| 7. <i>Jay Cyp</i> | 4758 West Lake Minocqua, WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4/5/11 |
| 8. <i>Dahlman</i> | 9763 S. HINGSON Minocqua WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4-5-11 |
| 9. <i>Guene Braun</i> | 8486 ROGERS DR. MINOCQUA, WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4-5-11 |
| 10. <i>Robert V. Armstrong</i> | 516 MENOMINEE MINOCQUA WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 4-5-11 |

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

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

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

4-6-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Barbara Kampfer</i> | <i>8655 Parkview</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>4/5/11</i> |
| 2. <i>Paul Brokman</i> | <i>5506 Weber Lk Rd</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mercer</i> | <i>4/5/11</i> |
| 3. <i>Sherald P. Pason</i> | <i>11524 Walsh Rd Hauptst, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>4-5-11</i> |
| 4. <i>Julia Schwede</i> | <i>78436 Mast Dr Minocqua, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>4-5-11</i> |
| <i>Phillip Elm</i> | <i>8991 Parkshore Dr Minocqua WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>4-5-11</i> |
| 6. <i>Jim John</i> | <i>10257 Robert Johnson Minocqua, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i> | <i>4/5/11</i> |
| 7. <i>Patt Smith</i> | <i>11233 Muskogee LA.</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i> | <i>4-5-11</i> |
| 8. <i>Pam Greedy</i> | <i>7286 McCoy Rd</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>minocqua</i> | <i>4-5-11</i> |
| 9. <i>Margaret Schiner</i> | <i>7971 Owens Rd Minocqua</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>4/5/11</i> |
| 10. <i>Susan S. Rassen</i> | <i>9759 Island City Pkwy Minocqua</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>4-5-11</i> |

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

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

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

4-6-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Fred Spornberg</i> | <i>12010 Heritage Ct. P-54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4/18/11</i> |
| 2. <i>Tom Sommer</i> | <i>215 Park Place 54407</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>7-18-11</i> |
| 3. <i>Dennis Bone</i> | <i>2550 Riverside Dr 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4/18/11</i> |
| 4. <i>Jane Wiegand</i> | <i>310 Prospect St 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 5. <i>John Zeff</i> | <i>301 Bluff St Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 6. <i>Mike Russo</i> | <i>114 N State St Merrill, WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 7. <i>Channon Riddle</i> | <i>2211 E. Main Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4/18/11</i> |
| 8. <i>Gay Zell</i> | <i>1100 S. CENTER AVE MERRILL, WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i> | <i>4/18/2011</i> |
| 9. <i>Sherrie Nick</i> | <i>1814 W 2nd St Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4/18/11</i> |
| 10. <i>Bob Cortright</i> | <i>N5388 Bradley Merrill WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i> | <i>4/18/11</i> |

Certification of Circulator

I, CHRISTOPHER T. BAXTER, certify:

I reside 1470 AVONDALE AVE, JACKSONVILLE, FL 32205
(circulator's residence - include number, street, and municipality)

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

4/19/11
(date)

[Signature]
(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>Amy Jones</i> | <i>601 Elm Street Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 2. <i>Joel Kuprecht</i> | <i>1408 1/2 7th St Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 3. <i>Kathleen L. Ziesemer</i> | <i>301 N. General Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 4. <i>Heidi B. Binkley</i> | <i>511 Dole Ave. St Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 5. <i>Jay Block</i> | <i>W4639 (4y Rd H Irma, WI 54442</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Birch</i> | <i>4-18-11</i> |
| 6. <i>Jennifer Hudson</i> | <i>303 Wisconsin St. Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 7. <i>Danny Dalton</i> | <i>2304 River St Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 8. <i>Dorothy M Hagedorn</i> | <i>2307 1/2 River St 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i> | <i>4-18-11</i> |
| 9. <i>Chris Williams</i> | <i>2306 Sturdevant St 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-19-11</i> |
| 10. <i>Scott Schuler</i> | <i>2302 Sturdevant 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4-17-11</i> |

Certification of Circulator

I, *CHRISTOPHER J. BAXTER*, certify:

(name of circulator)

I reside *1470 AVONDALE AVE, JACKSONVILLE, FL 32205*

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

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

4/19/11
(date)

[Signature]
(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. | 213 W. Phillips St Rhinelander WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander | 4-18-11 |
| 2. Ashley J. Walker | 12701 Suncle Rd Merrill WI, 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4-18-11 |
| 3. Carl P. ... | 2211 R. ... Merrill WI 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4-18-11 |
| 4. Arthur ... | N2403 Lake Park Cir Merrill WI 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4-18-11 |
| 5. Newell Heckerich | 2210 River St. Merrill, WI 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4/18/11 |
| 6. Jane Rainville | 2210 River St. Merrill, WI 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4/18/11 |
| 7. Dill ... | W5574 Tug Lake Cir WI, 54441 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4/18/11 |
| 8. Katrina Swan | 2306 River St Merrill WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4/19/11 |
| 9. ... | 2306 River St Merrill WI 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4/19/11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, CHRISTOPHER J. BAXTER, certify:

(name of circulator)

I reside 1470 AUDNALE FUL., JACKSONVILLE, FL 32205

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

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

4/19/11
(date)

(signature of circulator)

RECALL PETITION

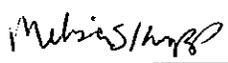
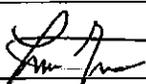
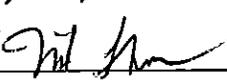
TO: Wisconsin Government Accountability Board

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

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| 1.  | 2111 River St 59452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4-18-11 |
| 2.  | 2109 River St 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4-18-11 |
| 3.  | 2103 Sturdevant St 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4-18-11 |
| 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, CHRISTOPHER J. BAXTER, certify:

(name of circulator)

I reside 1470 AVONDALE AVE, JACKSONVILLE, FL 32205

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

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(date)


(signature of circulator)

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|---|--|--|--------------------|
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| 1. Shirlyn Krull <i>Shirlyn Krull</i> | 436 Wauwax St Birnawood, WI 5414 | <input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Birnawood <input type="checkbox"/> City | 4-19-11 |
| 2. <i>W. J. Jodice</i> <i>W. J. Jodice</i> | <i>1311 County Rd D</i> <i>Birnawood</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Birnawood <input type="checkbox"/> City | 4-19-11 |
| 3. Dana Koster <i>Dana Koster</i> | <i>Box 77</i> <i>Birnawood WI 5414</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Birnawood <input type="checkbox"/> City | 4/19/11 |
| 4. <i>Ch. F. Fahl</i> <i>Ch. F. Fahl</i> | <i>375 5th St</i> <i>13</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Birnawood <input type="checkbox"/> City | 4/19/2011 |
| 5. Diane Smith <i>Diane Smith</i> | 363 High St Birnawood | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Birnawood <input type="checkbox"/> City | 4/19/11 |
| 6. <i>Sue Kohne</i> <i>Sue Kohne</i> | <i>442 Birch St</i> <i>Birnawood</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. Sue Kohne <i>Sue Kohne</i> | 442 Birch St Birnawood | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Birnawood <input type="checkbox"/> City | 4-19-11 |
| 8. Jacqueline M. Dalsky-Wadymiec <i>Jacqueline M. Dalsky-Wadymiec</i> | N7938 4th St ELAND, WI. | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Birnawood <input type="checkbox"/> City | 4-19-11 |
| 9. Diane Tessmer <i>Diane Tessmer</i> | N712 Mile Square Ave Merrill, WI 54452 | <input checked="" type="checkbox"/> Town Top Pine River <input type="checkbox"/> Village <input type="checkbox"/> City | 4-19-11 |
| 10. HENRY MEROUK <i>Henry Merouk</i> | 341 Church St BIRNAWOOD | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village BIRNAWOOD <input type="checkbox"/> City | 4-19-11 |

Certification of Circulator

I, JAY TAYLOR, certify:

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

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

4-19-11
(date)

Jay Taylor
(signature of circulator)

RECALL PETITION

TO: 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 of district or 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>Jim R. Zarembla</u> | <u>6228 CATTAIL COVE BOULDER JET, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |
| 2. <u>Bill Madson</u> | <u>8070 Frontier Rd Presque Isle WI</u> | <input checked="" type="checkbox"/> Town: Presque Isle <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |
| 3. <u>Mary E. Madson</u> | <u>8070 Frontier Rd Presque Isle WI</u> | <input checked="" type="checkbox"/> Town: Presque Isle <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |
| 4. <u>Marelyn Marbler</u> | <u>7824 W Musher Presque Isle, WI</u> | <input checked="" type="checkbox"/> Town: Presque Isle <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |
| 5. <u>Robert Schauss</u> | <u>10305 Main St. Boulder Jet</u> | <input checked="" type="checkbox"/> Town: Boulder Jet <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |
| 6. <u>Jill Busch</u> | <u>11240 Honey K BJ</u> | <input checked="" type="checkbox"/> Town: Boulder Jet <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |
| 7. <u>Christina Simma</u> | <u>4852 Wildcat Rd Presque Isle</u> | <input checked="" type="checkbox"/> Town: Presque Isle <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |
| 8. <u>Carl J. Busby</u> | <u>7353 MAPLE RIDGE - PRESQUE ISLE RD BOX 944 - BOULDER JET, WI</u> | <input checked="" type="checkbox"/> Town: PRESQUE ISLE <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/13/11</u> |
| 9. <u>Barbara A. Jones</u> | <u>9513 RUFFED CB</u> | <input checked="" type="checkbox"/> Town: PRESQUE IS <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |
| 10. <u>Ingeborg Grass</u> | <u>9513 RUFFED GOOSE</u> | <input checked="" type="checkbox"/> Town: PRESQUE ISLE <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-13-11</u> |

Certification of Circulator

I, Alan J. Bybee, certify:

(name of circulator)

I reside at 4429 Hwy B Londolake 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.

4-13-2011
(date)

Alan J. Bybee
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|---|---|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Maria L Bltten</i> | <i>5323 BABEUCK</i> | <input checked="" type="checkbox"/> Town <i>LAND O LAKES</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>5-5-11</i> <i>4/5/11</i> |
| 2. <i>Bruce Garrison</i> | <i>6127 Red Pine Ln</i> | <input checked="" type="checkbox"/> Town <i>Land o Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4-5-11</i> |
| 3. <i>Paul E. Means</i> | <i>4063 RIVER RD L.O.L.</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAND O LAKES</i> | <i>4-5-11</i> |
| <i>Charlei Hovey</i> | <i>4385 DUCK LK Rd</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes</i> | <i>4/5/11</i> |
| 5. <i>Michael J. [Signature]</i> | <i>6514 Pine St</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes</i> | <i>4/5/11</i> |
| 6. <i>[Signature]</i> | <i>6744 Pulney L + Rd</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes</i> | <i>4/5/11</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, *Allan 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.

4-7-2011
(date)

Allan 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. Valinda Carstensen | W2931 County Road D | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King | 2/27/2011 |
| 2. Scott C. Carstensen | W2931 City Rd D | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King | 2/27-2011 |
| Branne Busterud | W2931 County Road D | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King | 3/1/2011 |
| 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, Valinda Carstensen **Certification of Circulator** KING, certify:
(name of circulator)
 I reside W2931 County Road D, Tomahawk, WI
(circulator's residence - include number, street, and municipality)

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

Feb 27, 2011 (date) Valinda Carstensen (signature of circulator)

RECALL PETITION

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

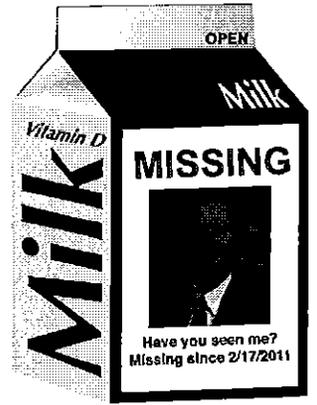
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Pamela Termon</i> | <i>N11887 Pratt Rd Elcho WI 54428</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i> | <i>3-19-11</i> |
| 2. <i>Anthony P. Mefurbski</i> | <i>1005 SUPERIOR ST. ANTIGO, WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i> | <i>3/19/11</i> |
| 3. <i>Gene & DeAnn</i> | <i>W21231 Eads Beaver Kempster WI 54424</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Upham</i> | <i>3/19/11</i> |
| 4. <i>Dennis Hardy</i> | <i>535 3RD AVE ANTIGO, WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i> | <i>3/19/11</i> |
| 5. <i>Todd Wiegert</i> | <i>N5424 Cty Rd E Deerbrook, Wis.</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neua</i> | <i>3/19/11</i> |
| 6. <i>Kim Wiegert</i> | <i>N5424 Cty E Deerbrook Wps</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neua</i> | <i>3/19/11</i> |
| 7. <i>Roger W. Roche</i> | <i>329 Forrest ave. Antigo, Wis.</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>3-19-11</i> |
| 8. <i>Jessal Roche</i> | <i>329 Forrest ave Antigo wis</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>3-19-11</i> |
| 9. <i>Neil Starnes</i> | <i>11403 Hwy 45 Antigo WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>3-19-11</i> |
| 10. <i>P. Parker</i> | <i>W342A 5th Ave Rd POLAR, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>POLAR</i> | <i>3/19/11</i> |

I, JAMES R. BUCKLEY, certify:
(name of circulator)
 I reside at 615 4TH AVE ANTIGO, WI 54407
(circulator's residence - include number, street, and municipality)

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

3-19-2011
(date)
James R. Buckley
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Jany Maddix</i> | <i>N2955 E 1st Rd White Lake, WI</i> | <input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i> | <i>4-1-11</i> |
| 2. <i>Jim Miller</i> | <i>W 10429 Co. Rd. T Summit Lake</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Summit Lk</i> | <i>4-1-11</i> |
| 3. <i>Chris Polo</i> | <i>W6081 Hwy A Pickeral</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Camdenworth</i> | <i>4-1-11</i> |
| 4. <i>Don Hilgen</i> | <i>724 Detesch St Antigo WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4-1-11</i> |
| 5. <i>Robert Fleischer</i> | <i>N5571 Cty Rd A Deerbrook WI 54424</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>N 5511 Cty Rd A Neve</i> | <i>4-1-11</i> |
| 6. <i>Robert Fleischer</i> | <i>N5511 Cty Rd A Deerbrook WI 54424</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neve</i> | <i>4-1-11</i> |
| 7. <i>Scott</i> | <i>W8230 Hwy 64 Antigo WI 54409</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>4-1-11</i> |
| 8. <i>Donnelly</i> | <i>W10460 Cty J Deerbrook WI 54424</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Upham</i> | <i>4/1/11</i> |
| 9. <i>Jean Rydberg</i> | <i>W10460 City Road J Deerbrook, WI 54424</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Upham</i> | <i>4/1/11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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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 J. Stephens</i> | <i>510 E PINE ST EAGLE RIVER 54521</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>3-28-11</i> |
| 2. <i>[Signature]</i> | <i>1965 Hwy 45 north Eagle River 54521</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>3/28/11</i> |
| 3. <i>Mike Stevens</i> | <i>620 Hirtzel Ln Eagle River Wis 54521</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>3/28/11</i> |
| 4. <i>Oliver [Signature]</i> | <i>718 Ripco Road Fork River, WI 54521</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Sugar Camp</i> | <i>3/28/11</i> |
| 5. <i>[Signature]</i> | <i>10119 Koenigke Rd Dreabrook WI 54424</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>UPHAM</i> | <i>3/28/11</i> |
| 6. <i>Anna Meacham</i> | <i>100 Adams Rd Eagle River, WI 54521</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>3-28-11</i> |
| 7. <i>David J. Seland</i> | <i>EAGLE RIVER WI 54521</i> | <input type="checkbox"/> Town <i>207 MAPLE ST.</i> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>3-28-11</i> |
| 8. <i>Bill Men</i> | <i>631 HIRTZEL RD. EAGLE RIVER, WI. 54521</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>3-28-11</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, *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.

4-1-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| 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 Minn</i> | <i>206 1/2 West WI. Ave. APT. #1 Tomahawk 54481</i> | <input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3-29-11</i> |
| 2. <i>Doree Cant</i> | <i>310 W Leather Ave Lot 37 Tomahawk 54489</i> | <input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3-29-11</i> |
| 3. <i>Judith Mahan</i> | <i>2005 East Mohawk Drive Tomahawk WI.</i> | <input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3-29-11</i> |
| 4. <i>DM</i> | <i>11646 Back Bay Rd Minocqua WI 54548</i> | <input checked="" type="checkbox"/> Town Minocqua <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 5. <i>Glenn Johnson</i> | <i>N 10580 CR 44 545 84 WITKIN</i> | <input checked="" type="checkbox"/> Town SOMO <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3-29-11</i> |
| 6. <i>Janice Hein</i> | <i>W 7635 HERMANSBAY TOMAHAWK</i> | <input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 7. <i>STEVE DUNSON</i> | <i>N 11890 City Rd L TOMAHAWK, WI</i> | <input checked="" type="checkbox"/> Town Bradley <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 8. <i>Wayne F. Allen</i> | <i>N 10189 ANGLERS AVE TOMAHAWK, WI</i> | <input checked="" type="checkbox"/> Town KING <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 9. <i>Adam Sorka</i> | <i>N 9486 Hwy H Tomahawk WI</i> | <input checked="" type="checkbox"/> Town SKANAWAN <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 10. <i>[Signature]</i> | <i>N 9979 Mohawk Cir TOMAHAWK</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Duane Schumacher, Certification of Circulator, 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.

4-1-11 (date) *Duane Schumacher* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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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>Sue Sorley</i> | <i>W1011 CTY D. Coleman Wis 54435</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i> | <i>3/25/11</i> |
| 2. <i>Sue Fritzsche</i> | <i>9310 N. SHORE DR HARSHAW WI 54539</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARSHAW</i> | <i>3/25/11</i> |
| 3. <i>[Signature]</i> | <i>[Signature]</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>[Signature]</i> |
| 4. <i>Hazel Bogart</i> | <i>Lake Tomahawk WI 54539 7453 Wolf Rd</i> | <input checked="" type="checkbox"/> Town <i>Lake Tomahawk</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/25/11</i> |
| 5. <i>Walter Fugh</i> | <i>609 Thayer St. Rhinelander, WI 54501</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i> | <i>3/25/11</i> |
| 6. <i>Dean Jure</i> | <i>8017 Alta Vista Lake Tomahawk</i> | <input checked="" type="checkbox"/> Town <i>Lake Tomahawk</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>54539</i> | <i>3/25/11</i> |
| 7. <i>Amy Hansen</i> | <i>2141 Patricia Ln. Rhinelander WI 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i> | <i>3-25-11</i> |
| 8. <i>[Signature]</i> | <i>2045 N. Shore Dr Lake Tomahawk, WI 54539</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i> | <i>3-25-11</i> |
| 9. <i>Roger L. Jones</i> | <i>2119 Plum Creek Ave St. Germain, WI 54558</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Saint Germain</i> | <i>3-25-11</i> |
| 10. <i>[Signature]</i> | <i>6462 SOYCK CT Lake Tomahawk WI 54539</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i> | <i>3-25-11</i> |

I, Deane Schumacher, **Certification of Circulator**, 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) *Deane Schumacher* (signature of circulator)



RECALL PETITION

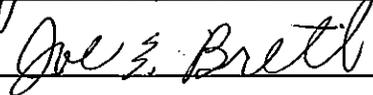
TO: Wisconsin Government Accountability Board

(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.  | 514 VIRGINIA ST | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO, WI | 4/2/11 |
| 2.  | 514 VIRGINIA ST. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO, WI | 4/2/11 |
| 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 |

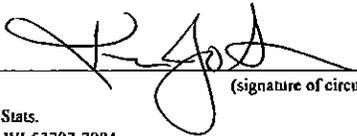
Certification of Circulator

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

I reside 3860 Kula Vista Dr. Eagle Run, WI 54524 Lincoln.
(circulator's residence - include number, street, and municipality)

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

4/2/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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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. Betty Wild | N 1940 City | <input checked="" type="checkbox"/> Town Rolling <input type="checkbox"/> Village Waukegan <input type="checkbox"/> City | 3/4/11 |
| 2. Ray Wild RW | N 1940 City | <input checked="" type="checkbox"/> Town Rolling <input type="checkbox"/> Village Waukegan <input type="checkbox"/> City | 3/4/11 |
| 3. Thomas J. Matricardi | W 2122 Co RF Antigo WI | <input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City | 3/4/11 |
| 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, EUGENE JACOBUS, certify:

I reside W 10081 CTY B DEER BROOK WI 54424 TOWN of NEVA
(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.

3-10-11 (date) Eugene Jacobus (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>Louis A. Bell</u> | <u>W1450 1st Ave</u> <u>Gleason, WI 54435</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u> | <u>3/18/11</u> |
| 2. <u>Regenia Haller</u> | <u>W1445 1st Ave</u> <u>Gleason WI 54435</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u> | <u>3/18/11</u> |
| 3. <u>Ervester Knies</u> | <u>W-1445 1st Ave</u> <u>Gleason W, 54435</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u> | <u>3/18/11</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 | |

I, Louis A. Bell **Certification of Circulator**, certify:
(name of circulator)
 I reside W1450 1st Ave, Gleason, WI 54435 RUSSELL (TWN)
(circulator's residence - include number, street, and municipality)

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

3/18/11
(date)

Louis A. Bell
(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

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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. Theodore Bachar | N1261 Briarwood Lane Merrill, WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River | 3/4/11 |
| 2. Jean Lange | W1482 1st Ave Gleason, WI 54435 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RUSSELL | 3/4/11 |
| 3. Carl Lange | W.1482 1st Ave Gleason, Wis. 54435 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RUSSELL | 3/4/11 |
| 4. Blufford Olson | Gleason WI 54435 215428 H212/19 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Russell | 3/4/11 |
| 5. Johanna Doyle | 1001 E. Riverside Ave Merrill WI 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 3/5/11 |
| 6. Jim Doyle | 1001 E. Riverside Ave Merrill, WI 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 3/5/11 |
| 7. [Signature] | W1446 1st Ave GLEASON, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RUSSELL | 3/9/11 |
| 8. Leona M Vanderpanden | W1446 1st Ave Gleason WI 54435 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Russell | 3/9/11 |
| 9. John Bell | N3331 Cty K Merrill, WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 3/12/11 |
| 10. Deane Rell | N3331 Cty K Merrill WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 3/12/11 |

Louis A. Rell Certification of Circulator

certify:

reside at W1450 1st Ave Gleason, WI 54435 RUSSELL (TW)

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

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

March 15, 2011

(date)

Louis A. Rell

(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

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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>JEREMY SCHWETTER</u> | <u>307 N. CENTER AVE. MERRILL WI. 54452</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>2/26/11</u> |
| 2. <u>Jay Grohman</u> | <u>305 N. Center Ave Merrill WI 54452</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>2/26/11</u> |
| 3. <u>VOID</u> | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. <u>Bea Ann Johnson</u> | <u>W710 2nd Ave Gleason WI 54435</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u> | <u>3/1/11</u> |
| 5. <u>VOID</u> | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. <u>Darlene Albrecht</u> | <u>W1309 Dudley Rd Gleason WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u> | <u>3/3/11</u> |
| 7. <u>Mike Antess</u> | <u>W1445 1st Ave Gleason Wis</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Russell</u> | <u>3/3/11</u> |
| 8. <u>Don Rippon Gle</u> | <u>2500 1st Ave Merrill WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>3/4/11</u> |
| 9. <u>Randy Witt</u> | <u>1604 E 3rd St Merrill WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>3/4/11</u> |
| 10. <u>Rick Beyer</u> | <u>2500 RIO GRANDE DR Merrill, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>3/4/11</u> |

Louis A. Rell **Certification of Circulator**

reside at W1450 1st Ave (name of circulator)

RUSSELL (TWN), certify:

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

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

March 15, 2011

(date)

Louis A. Rell

(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small> | DATE OF SIGNING |
| 1. <i>J. A. Leitcher</i> | 1330 2nd Ave Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4/5/11 |
| 2. <i>Charles E. Steen</i> | 322 Delong St Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4/5/11 |
| 3. <i>Minda Steens</i> | 322 Delong St Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4/5/11 |
| 4. <i>Mary Fredrickson</i> | 133 Churnet Dr Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4/5/11 |
| 5. <i>Rose Williams</i> | 1905 Edison St Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4/5/11 |
| 6. <i>Pat Child</i> | Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-5-11 |
| 7. <i>Rick Alexander</i> | 234 Lincoln Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO | 4-5-11 |
| 8. <i>Cheryl Alexander</i> | 234 Lincoln St Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4/5/11 |
| 9. <i>Mindy De</i> | 919 Clermont St Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-5-11 |
| 10. <i>Rudith Messer</i> | 719 Clermont St Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-5-11 |

Certification of Circulator

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

I reside at N 3383 Meadow Rd Antigo
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Laurie Hottenstein
(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)

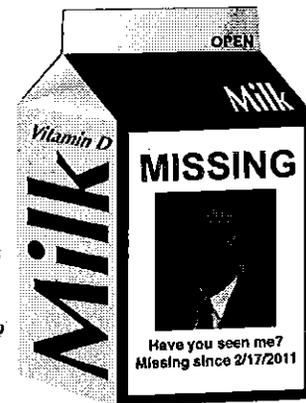
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Dianne Buettner</u> <u>Dianne Buettner</u> | <u>1227 Arctic St</u> <u>Antigo, WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>4/5/11</u> |
| 2. <u>Care Buettner</u> | <u>1227 Arctic St</u> <u>Antigo, WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u> | <u>4/5/11</u> |
| 3. <u>Carol Humphres</u> | <u>824 Graham Ave</u> <u>Antigo WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>4/5/11</u> |
| 4. <u>Anna Lurd</u> | <u>730 CLERMONT ST</u> <u>Antigo WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u> | <u>4/5/11</u> |
| 5. <u>Dee Macevick</u> | <u>223 Fischer St</u> <u>Antigo</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>4/5/11</u> |
| 6. <u>Harold Kruger</u> | <u>603 Kaplanek</u> <u>Antigo</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>4-5-11</u> |
| 7. <u>Butterfield</u> | <u>118 Redjise St.</u> <u>antigo</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>antigo</u> | <u>4-5-11</u> |
| 8. <u>Ronald Rauch</u> | <u>W16477 PINETREE LN</u> <u>WITTENBERG</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALMON</u> | <u>4-5-11</u> |
| 9. <u>Paul Stang</u> | <u>W16477 Pine Tree Ln</u> <u>wittenberg WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALMON</u> | <u>4-5-11</u> |
| 10. <u>Eugene J. Smith</u> | <u>1430 N Superior</u> <u>Antigo</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u> | <u>4-5-11</u> |

Certification of Circulator

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

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

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

4-5-11
(date)

Laurie Hottenstein
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Nancy Hall</i> | <i>333 5th Ave Antigo, WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| 2. <i>Rah Anderson</i> | <i>1028 Freiburger Ave Antigo WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| 3. <i>Michael Tatro</i> | <i>608 Freiburger Ave. Antigo WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| 4. <i>Linda Hennessy</i> | <i>802 North Ave Antigo, WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| 5. <i>Nancy Morales</i> | <i>9336th Street #102 Antigo</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| 6. <i>E. J. Miller</i> | <i>1252 N Superior Antigo</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| <i>E. J. Miller</i> | <i>1252 N Superior Antigo</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| 8. <i>Mary Krueger</i> | <i>229 E. Main Ave Antigo, WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| 9. <i>Tom Krueger</i> | <i>428 Edison St Antigo WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |
| 10. <i>Mary Krueger</i> | <i>611 S. Superior St Antigo WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>4/5/11</i> |

Certification of Circulator

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

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

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

4-5-11
(date)

Laurie Hottenstein
(signature of circulator)

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

RECALL PETITION

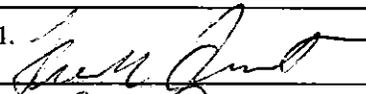
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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.  | 900 W 10th | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4/2/11 |
| 2.  | 110410 Pichevel Lk. Rd. Pichevel, WI 54465 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ainsworth | 4/2/11 |
| 3.  | N3159 Cardinal Ridge Ln. Merrill WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4/2/11 |
| 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, Julie Engelbreiten, certify:
(name of circulator)

I reside 2502 Rid Grande Dr - Merrill
(circulator's residence - include number, street, and municipality)

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

4/3/11
(date)


(signature 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>Adeline B. Elverson</i> | <i>2625 Manuel Lake Lane</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i> | <i>3/30/11</i> |
| 2. <i>Carl Elverson</i> | <i>2625 Manuel Lake Lane Phelps, WI 54554</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i> | <i>3/30/11</i> |
| 3. <i>Charles W. Elverson</i> | <i>2645 Manuel Lake Phelps, WI 54554</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i> | <i>4/7/11</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, *Charles W. Elverson*, certify:
(name of circulator)

I reside *2645 Manuel Lake Road, Phelps, Wisconsin 54554*.
(circulator's residence - include number, street, and municipality)

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

4/7/11
(date)

Charles W. Elverson
(signature of circulator)

RECALL PETITION

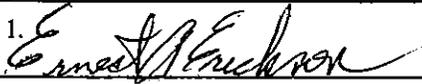
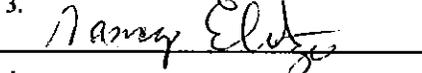
TO: Wisconsin Government Accountability Board

(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.  | 8218 EVERGREEN DR. | <input checked="" type="checkbox"/> Town 54558 <input type="checkbox"/> Village ST. GERMAIN <input type="checkbox"/> City | 3/29/11 |
| 2.  | 8218 Evergreen Dr. | <input checked="" type="checkbox"/> Town St. Germain <input type="checkbox"/> Village WI <input type="checkbox"/> City 54558 | 3/29/11 |
| 3.  | 453 Scenic Lane | <input checked="" type="checkbox"/> Town St. Germain <input type="checkbox"/> Village WI <input type="checkbox"/> City | 4/5/11 |
| 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 |

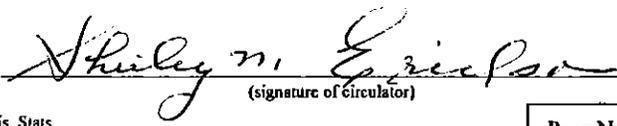
Certification of Circulator

I, Shirley M. Erickson, certify:
(name of circulator)

I reside 8218 Evergreen Dr. W St. Germain, WI 54558.
(circulator's residence - include number, street, and municipality)

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

4/5/11
(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>John Easker</i> | <i>JOHN EASKER 375 Maple Dr. ELAND, WI 54427</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ELAND</i> | <i>4-4-2011</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *JOHN EASKER*, certify:

I reside *375 MAPLE DRIVE ELAND, WI 54427*
(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.

4-4-2011
(date)

John Easker
(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 |
| Phyllis M. McDaniel | W14848 Kimball Ln Silver Cliff WI 54104 | <input checked="" type="checkbox"/> Town Silver Cliff <input type="checkbox"/> Village <input type="checkbox"/> City | 3/31/11 |
| | W14927 Kimball Ln Silver Cliff WI 54104 | <input checked="" type="checkbox"/> Town Silver Cliff <input type="checkbox"/> Village <input type="checkbox"/> City | 3/31/11 |
| 3. Elly Sutton | H12665 Hemlock St Silver Cliff WI | <input checked="" type="checkbox"/> Town SILVER CLIFF <input type="checkbox"/> Village <input type="checkbox"/> City | 4/5/11 |
| 4. William Kiepert | W15629 Linberg Ln Silver Cliff | <input checked="" type="checkbox"/> Town SILVER CLIFF <input type="checkbox"/> Village <input type="checkbox"/> City | 4/5/11 |
| 5. Dean Wheelal | N13494 Wheelock Ln Athelstone 54104 | <input checked="" type="checkbox"/> Town Silver Cliff <input type="checkbox"/> Village <input type="checkbox"/> City | 4/16/11 |
| 6. Mary Wagner | W15040 Kimball Ln Athelstone WI 54104 | <input checked="" type="checkbox"/> Town Silver Cliff <input type="checkbox"/> Village <input type="checkbox"/> City | 4/16/11 |
| 7. Peter Wagner | W15040 Kimball Ln Athelstone WI 54104 | <input checked="" type="checkbox"/> Town SILVER CLIFF <input type="checkbox"/> Village <input type="checkbox"/> City | 4/16/11 |
| 8. Gerald Leber | W14927 Kimball Lane Silver Cliff WI 54104 | <input checked="" type="checkbox"/> Town Silver Cliff <input type="checkbox"/> Village <input type="checkbox"/> City | 4/16/11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/11 |

Certification of Circulator

I, Mary J. Margurs, certify:

I reside W14927 Kimball Ln, 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.

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.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Chris Skaggs | W 7807 SD RD T | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ainsworth | 03/31/11 |
| 2. Mike Steimant | 10540 ANNIL RD MOWATD WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ROSS | 03/31/11 |
| 3. Glee Mathwig | 1040 US Highway 45 Pelican Lake WI 54463 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schoepke | 4/7/11 |
| 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, Frederick A. Mathwig, certify:
(name of circulator)

I reside 1040 US Highway 45 Pelican Lake, WI, 54463 SHOEPKE
(circulator's residence - include number, street, and municipality)

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

04/07/2011
(date)

Frederick A. Mathwig
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|---------------------------|--|---|-----------------|
| 1. <i>Patricia Malesa</i> | <i>9786 Norway Ln</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i> | <i>4/5/11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |

Certification of Circulator

I, *Patricia Malesa*, certify:
(name of circulator)

I reside *9786 Norway Ln 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.

4-5-11
(date)

Patricia Malesa
(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>Daniel Lefler</i> | <i>5124 Keyes Lake Dr Florence, W. 54121</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Commonwealth</i> | <i>3/29/11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |

Certification of Circulator

I, *Daniel Lefler*, certify:

I reside *5124 Keyes Lake Dr. Commonwealth*
(circulator's residence - include number, street, and municipality)

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

3-29-2011
(date)

Daniel Lefler
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|--|------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Gene M. Grubbi</u> | <u>3024 WAUSAU RD Rhineland, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u> | <u>3-29-2011</u> |
| 2. <u>Mary R. Holcomb</u> | <u>2779 County Road K E Conover, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PHELPS</u> | <u>3-29-2011</u> |
| 3. <u>Gary J. Dell</u> | <u>4061 Sunset Dr Rhinelander WI 54501</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u> | <u>3-29-2011</u> |
| 4. <u>Perry B. Jensen</u> | <u>24 EAST TIMBER DR Rhinelander WI 54507</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u> | <u>3-29-2011</u> |
| 5. <u>Sally Smith</u> | <u>2285 Circle Dr LDF WI 54538</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lac du Flambeau</u> | <u>3-29-2011</u> |
| 6. <u>Russ Babigby</u> | <u>7623 Elma Lk Rd Rhinelander WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Cassian</u> | <u>3/29/2011</u> |
| 7. <u>[Signature]</u> | <u>10820 MAJAN RD ARBOR VITAE WI 54568</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBOR VITAE</u> | <u>3-29-2011</u> |
| 8. <u>Debbie Krueger-Wentz</u> | <u>1653 N Chippewa Rhinelander, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhineland</u> | <u>3-29-2011</u> |
| 9. <u>Patricia L. Hager</u> | <u>1872 Red Oak Trail Arbor Vitae, WI 54568</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u> | <u>3/29/2011</u> |
| 10. <u>Donald J. Hager</u> | <u>1872 Red Oak Trail ARBOR VITAE WI 54568</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBOR VITAE</u> | <u>3-29-2011</u> |

I, Andrew Lodona, Jr., certify:
(name of circulator)
 I reside at 5505 Mohawk Road, Rhinelander, WI, 54501
(circulator's residence - include number, street, and municipality) TWN PINE LAKE

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

3/29/11
(date)
[Signature]
(signature of circulator)

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

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

RECALL PETITION

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

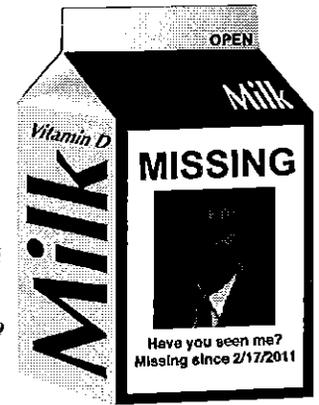
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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>Greg A. Low</u> | <u>224 Harman Hill Ct. Rhinelander WI 54501</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u> | <u>3-31-11</u> |
| 2. <u>Jean Luchterhand</u> | <u>11617 Woodland Knight Rd Hampden, Wis. 54531</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u> | <u>3-31-11</u> |
| 3. <u>Wanda Stogel</u> | <u>4754 GURIE LAKE RD HARSHAW WI 54529</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CASSAN</u> | <u>4-1-11</u> 3-31-11 |
| 4. <u>Paul F. Hoosen</u> | <u>6434 Pine Ln. Rhinelander 54501</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u> | <u>4/1/11</u> |
| 5. <u>John F. Seiff</u> | <u>5857 S. Musky Bay Rhinelander</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u> | <u>4/1/11</u> |
| 6. <u>Bob Seiff</u> | <u>5852 S Musky Bay Rhinelander</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u> | <u>4-1-11</u> |
| 7. <u>Ruec Lill</u> | <u>1614 West Wind Drive Rhinelander, WI 54501</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>4-1-11</u> |
| 8. <u>Toni Nohry</u> | <u>6573 Ort Dr. Rhinelander, WI 54501</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>4-1-11</u> |
| 9. <u>Mina Skid</u> | <u>Rhinelander, WI 54501 344 N. BAIRD AVE.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>4-2-11</u> |
| 10. <u>Eric R. Antner</u> | <u>3929 US Hwy 45 Conover WI 54519</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Conover</u> | <u>4-2-11</u> |

I, Andrew Woduna Sr., certify:
(name of circulator)
 I reside at 5505 Mohawk Road, Rhinelander, WI 54501
(circulator's residence - include number, street, and municipality) TWN PINE LAKE

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

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>William E. Bondar</i> | <i>6348 Journeys End Rd Rhinelander, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i> | <i>3-23-11</i> |
| 2. <i>Jay Skeland</i> | <i>5247 Dundee Rd Rhinelander, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i> | <i>3/23/11</i> |
| 3. <i>[Signature]</i> | <i>4160 Hwy 17N Rhinelander, WI 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i> | <i>3-23-11</i> |
| 4. <i>Daniel Bonucher</i> | <i>889 Woodlands Dr RHINELANDER WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RHINELANDER</i> | <i>3-23/11</i> |
| 5. <i>Chris Zerk</i> | <i>5545 Mohawk St Rhinelander, WI 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i> | <i>3-23-11</i> |
| 6. <i>Doug Herrmann</i> | <i>3839 Woodhaver Ln Rhinelander WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i> | <i>3-23-11</i> |
| 7. <i>Roger Mikolowsky</i> | <i>5655 SILENT DR RHINELANDER WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE LAKE</i> | <i>3-23-11</i> |
| 8. <i>Mark A Stein</i> | <i>350 HIGHVIEW PKY RHINELANDER, WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RHINELANDER</i> | <i>03/23/11</i> |
| 9. <i>Dean W. Maguire</i> | <i>16 A EAST DAVENPORT ST RHINELANDER, WI 54501</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RHINELANDER</i> | <i>3/23/11</i> |
| 10. <i>Larry Fish</i> | <i>4977 Dead End Rd Rhinelander, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lk</i> | <i>3/24/11</i> |

Certification of Circulator

I, ANDREW WODUTA, Jr., certify:

I reside at 5505 Mohawk Road, Rhinelander, WI 54501
(circulator's residence - include number, street, and municipality)

TWN PINE LAKE

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

4/2/11

(date)

[Signature]

(signature of circulator)

RECALL PETITION

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

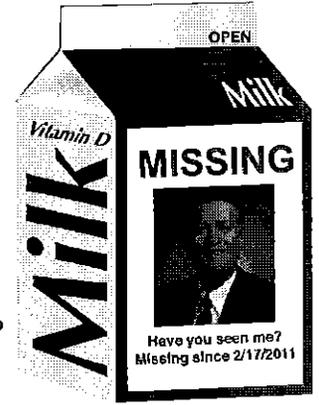
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Megan Ball</i> | <i>113 S Oneida Ave Rhinelander WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i> | <i>5/8/11</i> |
| 2. <i>Kevin Muller</i> | <i>4747 BARBARA ST Rhinelander WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PELICAN</i> | <i>4/8/11</i> |
| 3. <i>William Wamby</i> | <i>1025 THAYER RHD</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i> | <i>04/08/11</i> |
| 4. <i>Robbery Warner</i> | <i>5713 BLACK LAKE RD Rhinelander WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i> | <i>4/8/11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Andrew Losoya, Jr., certify:
(name of circulator)
 I reside at 5505 Mohawk Road, Rhinelander, WI 54501
(circulator's residence - include number, street, and municipality)

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

4/9/11
(date)
[Signature]
(signature of circulator)

RECALL PETITION

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

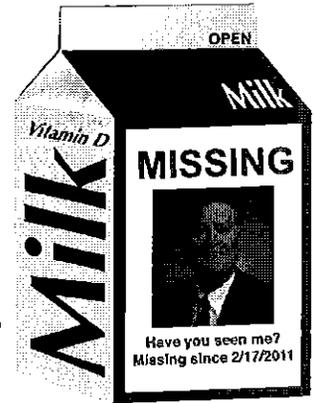
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



| 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> | 2406 Hwy 115 Rt 115 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT | 04/06/11 |
| 2. <i>[Signature]</i> | 614694 PINE RD GLEASON 54435 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PARISH | 4-6-11 |
| 3. <i>[Signature]</i> | 3655 Summit Rhinelander, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent | 4-6-11 |
| 4. <i>[Signature]</i> | 7192 Woodcrest Dr Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent | 4-6-11 |
| 5. <i>[Signature]</i> | 5229 S. Cherry St Rt. 5445011 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican | 4-6-11 |
| 6. <i>[Signature]</i> | 21 KANAWA Ave. Rhinelander, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander | 4/6/11 |
| 7. <i>[Signature]</i> | 3663 County Rd Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent | 4-6-11 |
| 8. <i>[Signature]</i> | 2345 PINE POINTE RD | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STELLA | 4/8/11 |
| 9. <i>[Signature]</i> | 4488 Bucktail Lane | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Newbold | 4/8/11 |
| 10. <i>[Signature]</i> | 113 S. Oneida Ave | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oneida | 4/8/11 |

I, ANDREW LEDUHA, Jr., certify:
(name of circulator)

I reside at 5505 MOHAWK ROAD, Rhinelander, WI 54501
(circulator's residence - include number, street, and municipality)

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

4/9/11
(date)
[Signature]
(signature of circulator)

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

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>Jim Basso</i> | 4101 City W Rhinelander | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine lake | 4/5/11 |
| 2. <i>Leann Kelly</i> | 5440 Riverview DR RHINELANDER | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE | 4/5/11 |
| 3. <i>Patricia Perlberg</i> | 5440 Riverview Rhinelander, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake | 4/5/11 |
| 4. <i>William R Hill</i> | 5628 WOOD PARK DR RHINELANDER, WI 54501 | <input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE | 4-5-11 |
| 5. <i>Mildred Klamal</i> | Rhldn, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE | 4-5-11 |
| 6. <i>Michelle</i> | 4154 Shady Lane Rhinelander WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake | 4-5-2011 |
| 7. <i>Debut</i> | 1813 Hwy C Rhinelander 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pichl | 4/5/2011 |
| 8. <i>Debra Groom</i> | 3445 Rasmussen Rd Rhinelander WI 5450 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Monaco | 4/6/11 |
| 9. <i>Delores Kramer</i> | 3899 City A Rhldn WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp | 4/6/11 |
| 10. <i>Jodi's Alban</i> | 16522 1st Street Irona, WI 54442 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch | 4/6/11 |

Certification of Circulator

Andrew Ludwick, Jr., certify:
(name of circulator)

5505 Mohawk Road, Rhinelander, WI 54501
(circulator's residence - include number, street, and municipality)

TOWN PINE LAKE

I circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or jurisdiction by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated above. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under Wisconsin laws.

4/9/11
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. | 5505 MOHAWK RD. Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE | 3/2/11 |
| 2. Lisa Loducha | 5505 Mohawk Rd. Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake | 3-5-11 |
| 3. | 5504 Mohawk Rd Rhinelander WI, 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake | 3/8/11 |
| 4. | 5509 Mohawk Rd Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake | 3/8/11 |
| 5. Joseph Dean | 5549 Mohawk Rd Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake | 3-8-11 |
| 6. | 4441 Maple Ridge Dr Rhinelander | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 3-10-11 |
| 7. | 4441 Maple Ridge Dr Rhinelander | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 3/10/11 |
| 8. | 6513 Numa Rd. Hazelhurst, WI 54531 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst | 3-11-11 |
| 9. | 4389 S Valley Rd Rhinelander WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake | 4-1-11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Andrew J. Woducka, Jr., certify:

I reside at 5505 MOHAWK ROAD, RHINELANDER, WI 54501
(circulator's residence - include number, street, and municipality)

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

4/2/11 (date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <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.  | 4082 RIVER RD RHINELANDER, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE | 3/02/11 |
| 2. Debra Court | 338 Woodland HO Rhinelander | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander | 3-31-11 |
| 3. Wayne Swenson | 337 Woodland H* Tern Rhinelander | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander | 3/31/11 |
| 4. Neve Micheay | 4568 Jamie Ct Rhinelander, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander | 3-31-11 |
| 5. Jennifer Johnson | 1305 Tracy St Rhinelander | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander | 3/31/11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

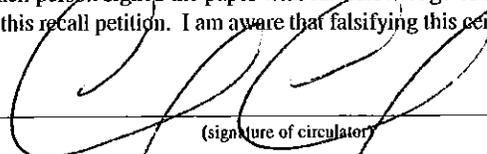
Certification of Circulator

I, Andrew Woducka Jr., certify:

I reside at 5505 Mohawk Road, Rhinelander, WI 54501
(circulator's residence - include number, street, and municipality)
TOWN PINE LAKE

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

4/1/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>A. Chanter</i> | <i>97337 Hwy 8 West Rhinelander, WI 54501</i> | <input checked="" type="checkbox"/> Town <i>Woodboro</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4/1/11</i> |
| 2. <i>Chuck Franklin</i> | <i>3181 Hwy 175 Rhinelander WI 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Crescent</i> <input type="checkbox"/> City | <i>4-1-11</i> |
| 3. <i>Nick Guselin</i> | <i>10750 Madison Rd Woodruff WI 54568</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Woodruff</i> <input type="checkbox"/> City | <i>4-2-11</i> |
| 4. <i>[Signature]</i> | <i>1226 Walck Rd Arbor Vitae WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City | <i>4-2-11</i> |
| 5. <i>[Signature]</i> | <i>Woodruff 724 Elm St.</i> | <input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4-2-11</i> |
| 6. <i>Kim Gille</i> | <i>203 Front Street Woodruff, WI 54568</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Woodruff</i> <input type="checkbox"/> City | <i>4-2-11</i> |
| 7. <i>Patrick Quinn</i> | <i>923 Lemna Creek Rd Woodruff, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Woodruff</i> <input type="checkbox"/> City | <i>4-2-11</i> |
| 8. <i>Jean James</i> | <i>377 Milwaukee St. Minocqua WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Minocqua</i> <input type="checkbox"/> City | <i>4-2-11</i> |
| 9. <i>Emily Mangen</i> | <i>9484 Toboren Rd Hazelhurst</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Hazelhurst</i> <input type="checkbox"/> City | <i>4/2/11</i> |
| 10. <i>Walter Bond</i> | <i>Arbor Vitae 161 Franklin Rd</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City | <i>4/2/11</i> |

Certification of Circulator

I, Larry W. Schumacher, certify:

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

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

4-4-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Dalrymple</i> | 503 Douglas St Rhinelander, WI 54501 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander | 3-31-11 |
| 2. <i>MDH</i> | 6395 W KRAFT RD TOMAHAWK | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK | 3-31-11 |
| 3. <i>MAN RBH</i> | 823 N-4th St TOMAHAWK WI. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK | 3-31-11 |
| 4. <i>Michelle</i> | 11087 River Rd. Tomahawk WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk | 3-31-11 |
| 5. <i>Wendy Sousek</i> | 310 Leather Ave #31 Tomahawk WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK | 3-31-11 |
| 6. <i>Paula Fier</i> | 111925 City Rd K Tomahawk WI 54487 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Bradley | 3/31/11 |
| 7. <i>Paul Bennett</i> | 102 E LINCOLN AVE TOMAHAWK WI 54487 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK | 3/31/11 |
| 8. <i>Sam Langle</i> <i>Sara Langle</i> | 1607 Timm Street Apt 7 Tomahawk WI 54487 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk | 3/31/11 |
| 9. <i>Alex Jacobson</i> | Tomahawk WI 54487 10151 Myre Rd. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk | 3-31-11 |
| 10. <i>Heidi Greil Imm</i> | 1395 E Kings Rd Tomahawk WI 54487 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk | 3-31-11 |

Certification of Circulator

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

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

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

3-31-11 (date) Lobby W. Schumacher (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Thomas Ptaceynski</i> | <i>W 6929 Forest Rd, Pearson</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ainsworth</i> | <i>3-4-11</i> |
| 2. <i>Don Jeff</i> | <i>W 5326 CLARK LANE Pickeral</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LANGLADE</i> | <i>3-4-11</i> |
| 3. <i>Dennis Young</i> | <i>W 6449 Pickeral Lk Rd.</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ainsworth</i> | <i>3-2-11</i> |
| 4. <i>Thomas Knoble</i> | <i>W 5475 cork pickeral, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Langlade</i> | <i>3-9-11</i> |
| 5. <i>Alan Oddy</i> | <i>N 10357 Pickeral Dr Pickeral WI 54465</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>AINSWORTH</i> | <i>3-9-11</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, *Helmut Kiesling*, certify:
(name of circulator)

I reside at *W 5164 City Rd A Lily WI 54481*,
(circulator's residence - include number, street, and municipality) *LANGLADE*

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

4-6-2011
(date)

Helmut Kiesling
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>William Manting</i> | <i>N3575 Polar Evergreen Rd POLAR WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3-22-11</i> |
| 2. <i>Brane Boginski</i> | <i>W10637 CTY RD Y Antigo, WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>3-23-11</i> |
| 3. <i>Karl Schult</i> | <i>6975 AMERON ANTIGO WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>3-24-11</i> |
| 4. <i>Leonard Pulchek</i> | <i>12238 Fox Rd Spring Wis 54174</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mountain Wis</i> | <i>3-28-11</i> |
| 5. <i>Chris Clough</i> | <i>W11183 Hwy 64 ANTIGO WI 54409</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>3-28-11</i> |
| 6. <i>Chris Clough</i> | <i>6401 CW Smith Rd Three Lakes WI 54562</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i> | <i>3-28-11</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, *Cindy Coult*, certify:
(name of circulator)
 I reside at *614 School St White Lake WI 54491*
(circulator's residence - include number, street, and municipality)

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

3/28/2011 (date) *Cindy Coult* (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. *3555*

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>John R. Tropea</i> | <i>1994 Larson Dr Rhinelanders</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i> | <i>2/28/11</i> |
| 2. <i>Nancy Otto</i> | <i>4110 Royalwood Cir. Rhinelanders</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i> | <i>3/14/11</i> |
| 3. <i>Mark Cornelius</i> | <i>6836 Tree Top Ct. Rhinelanders</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i> | <i>3/14/11</i> |
| 4. <i>JRL</i> | <i>5997 Forestwood Lane Woodruff</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i> | <i>3/17/11</i> |
| 5. <i>Nick Mhuon</i> | <i>4271 Islandview Rd Rhinelanders</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i> | <i>3/17/11</i> |
| 6. <i>Alyssa Cornelius</i> | <i>6836 Tree Top Court Rhinelanders</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i> | <i>3/30/11</i> |
| 7. <i>Michelle Cornelius</i> | <i>6836 Tree Top Ct Rhinelanders</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i> | <i>3/30/11</i> |
| 8. <i>David Cornelius</i> | <i>4519 Camp Four RD Rhinelanders, WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i> | <i>3/31/11</i> |
| 9. <i>Jay Bell</i> | <i>N5560 Hwy 52 Bryant 54418</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bryant</i> | <i>3-31-11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Mark Cornelius, certify:
(name of circulator)
 I reside at 6836 Tree Top Ct. Rhinelanders, 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.

3/31/11
(date)

Mark Cornelius
(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>Tim Case</i> | 608 W 2nd St | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill WI</i> | 4/1/11 |
| 2. <i>Beim Smith</i> | W5761 Hwy 64 Polar WI 54418 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar, WI</i> | 4/4/11 |
| 3. <i>Paul Salzman</i> | 16022 Center Rd Cleveland WI 53005 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Cleveland WI</i> | 4/5/11 |
| 4. <i>Lynn Leuchte</i> | 202 Arnold St Rothschild, WI 54474 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rothschild, WI</i> | 4/5/11 |
| 5. <i>Mike Foster</i> | 5903 Pine Terrace Weston, WI 54476 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Weston, WI</i> | 4/5/11 |
| 6. <i>Ken Fu</i> | 5903 PINE TERRACE WESTON, WI 54476 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>WESTON, WI</i> | 4/5/11 |
| 7. <i>Debra</i> | 1004 E. 7th St. Merrill WI 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 4/5/11 |
| 8. <i>Theresa Orthoff</i> | W6855 State Hwy 86 Tomahawk, WI 54487 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i> | 4/5/11 |
| 9. <i>Dave Mueller</i> | 1720 ORCHID LN WAUSAU, WI 54981 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Red Kis Mtn</i> | 4/6/11 |
| 10. <i>Eric Johnson</i> | 224 JOES COURT Jct. CITY, WI 54443 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Jct. City</i> | 4/6/11 |

Certification of Circulator

I, Tim Case, certify:

(name of circulator)

I reside 608 W 2nd 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.

4/7/11

(date)

Tim Case

(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>Ronnette M. Klade</i> | <i>W 6118 Forest 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> |
| 2. <i>Rowe Klade</i> | <i>10261 18 Forest Dr Merrill, WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i> | <i>3-1-11</i> |
| 3. <i>Audrey B. Rasmussen</i> | <i>W2625 CTHwy 8 Merrill, WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i> | <i>2-28-11</i> |
| 4. <i>Dale Rasmussen</i> | <i>Merrill WI 54452 W2625 CTHwy 8</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i> | <i>3-1-11</i> |
| 5. <i>Colin R Klade</i> | <i>N2693 TOWNHALL RD Merrill WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i> | <i>3/2/11</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, *Stacy Pettit*, certify:

(name of circulator)

I reside *W6210 Forest Drive, Town of Merrill*

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

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

3-15-11

(date)

Stacy Pettit

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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| 1. <i>Stacy Pettit</i> | <i>W6210 Forest Dr Merrill WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i> | <i>3-1-11</i> |
| 2. <i>Gayle Schaefer</i> | <i>W6876 Scusey Dr. Merrill, WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i> | <i>3-1-11</i> |
| 3. <i>Parula Hoffmann</i> | <i>W4291 Smith Rd Merrill WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i> | <i>3-2-11</i> |
| 4. <i>Chris Smith</i> | <i>W2209 River Rd Merrill WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i> | <i>3-2-11</i> |
| 5. <i>Connie Drotz</i> | <i>25722 Diana Circle Merrill, WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i> | <i>3-2-11</i> |
| 6. <i>Hi R. Zan</i> | <i>1103 Michler Crest Merrill, WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3-8-11</i> |
| 7. <i>And Remain</i> | <i>1103 Michler Crest Merrill, WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3-8-11</i> |
| 8. <i>Hi R. Zan</i> | <i>1103 Michler Crest Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3-8-11</i> |
| 9. <i>Agued Remann</i> | <i>1103 Michler Crest Merrill, WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3-8-11</i> |
| 10. <i>Stacy Pettit</i> | <i>W6210 Forest Drive Merrill WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i> | <i>3-15-11</i> |

Certification of Circulator

I, *Stacy Pettit*, certify:
(name of circulator)

I reside *W6210 Forest Drive Town of Merrill*.
(circulator's residence - include number, street, and municipality)

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

3-15-11
(date)

Stacy Pettit
(signature of circulator)

RECALL PETITION

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

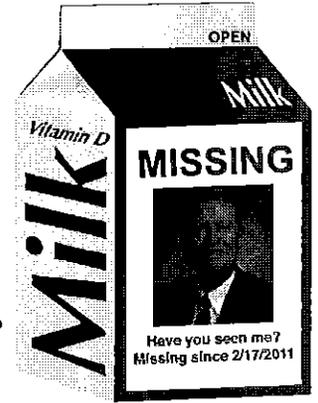
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Gary G. Grant</i> | <i>5493 PINECREST RD RHINELANDER, WI 54501</i> | <input checked="" type="checkbox"/> Town <i>PELICAN</i> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <i>3/27/11</i> |
| 2. <i>Virginia Grant</i> | <i>5493 Pinecrest Rd. Rhinelander WI 54501</i> | <input checked="" type="checkbox"/> Town <i>PELICAN</i> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <i>3/27/11</i> |
| 3. <i>Vernon Grant</i> | <i>N10608 Hwy 17 Bleason Wisconsin 54435</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Harrison</i> | <i>3/30/11</i> |
| 4. <i>Carol Grant</i> | <i>N10608 Hwy 17 Bleason WI 54435</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i> | <i>3/30/11</i> |
| 5. <i>Jean Goodell</i> | <i>N10127 Hwy 17 Bleason, WI 54435</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Harrison</i> | <i>3-30-11</i> |
| 6. <i>Jean Payne</i> | <i>W1549 Co. D. Bleason WI 54435</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Parrish</i> | <i>3-30-11</i> |
| 7. <i>Janet Carlson</i> | <i>6666 Holly DR Rhinelander, WI 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i> | <i>4-2-11</i> |
| 8. <i>Scott a Grant</i> | <i>1644 Davenport ST APT Rhinelander WI 54501 #6</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i> | <i>4-2-11</i> |
| 9. <i>Jay Coleman</i> | <i>2094 Crescent CR. Rhinelander</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i> | <i>4-2-11</i> |
| 10. <i>Paula J. Coleman</i> | <i>2094 Crescent Creek Rhinelander WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i> | <i>4-2-11</i> |

Certification of Circulator

I, GARY P. GRANT, certify:

I reside at 5493 PINECREST RD, RHINELANDER, TOWN OF PELICAN
(circulator's residence - include number, street, and municipality)

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

Apr 4, 2011
(date)

Gary G. Grant
(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. 3560

RECALL PETITION

to: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

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

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|-----------------------------|--|---|-----------------|
| 1. <u>MARIAN ROZWENE</u> | <u>2984 S. SHORE Rd</u> <u>PHELPS</u> | <input checked="" type="checkbox"/> Town <u>PHELPS</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>03-02-11</u> |
| 2. <u>KATHERINE ROZWENE</u> | <u>2984 S. SHORE Rd</u> <u>PHELPS</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>PHELPS</u> <input type="checkbox"/> City | <u>03-02-11</u> |
| 3. <u>Scott Semling</u> | <u>16853 Hahn Rd.</u> <u>Eagle River Wis.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Eagle River</u> <input type="checkbox"/> City | <u>3/3/11</u> |
| 4. <u>Michael Errington</u> | <u>2985 Hwy 70 E</u> <u>Eagle River WI 54521</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>washington</u> <input type="checkbox"/> City | <u>3/3/11</u> |
| 5. <u>Joan Raymond</u> | <u>1678 W Carpenter LRP</u> <u>Eagle River WI 54521</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>washington</u> | <u>3/3/11</u> |
| 6. <u>Sharon Stapleton</u> | <u>8106 Huff Lane</u> <u>Alvin, WI 54542</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Alvin</u> <input type="checkbox"/> City | <u>3/4/11</u> |
| 7. <u>Paul R. Paulits</u> | <u>2500 Dm Road</u> <u>Eagle River, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASHINGTON</u> | <u>3/4/11</u> |
| 8. <u>Paul Jones</u> | <u>P.O. Box 121</u> <u>EAGLE RIVER</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASHINGTON</u> | <u>3/4/11</u> |
| 9. <u>Pat</u> | <u>18983 Hwy 55</u> <u>ALVIN WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALVIN</u> | <u>3/4/11</u> |
| 10. <u>Paul</u> | <u>3485 020 Hwy 70 E</u> <u>Eagle River WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASHINGTON</u> | <u>3/5/11</u> |

Certification of Circulator

Brent Mathew Haber

(name of circulator)

certify:

reside at 1770 Open Arms Lane Eagle River WI 54521 (Washington)

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

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

4-3-11

(date)

Brent Mathew Haber

(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>Fred Hofer</u> | <u>1735 Open Acres Ln Eagle River WI 54521</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u> | <u>3/1/11</u> |
| 2. <u>Brenda L. Bradner</u> | <u>1770 Open Acres Ln Eagle River WI 54521</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u> | <u>3/1/11</u> |
| 3. <u>Barbara Hofer</u> | <u>1735 Open Acres Ln Eagle River, WI 54521</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u> | <u>3/1/11</u> |
| 4. <u>Steph...</u> | <u>983 Lake River Rd Pelican Lake WI 54463</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Shoopke</u> | <u>3/3/11</u> |
| 5. <u>Paul J. Zink</u> | <u>8431 Cty. Rd. H Eagle River, WI 54521</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u> | <u>3/07/11</u> |
| 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

Brant Mathew Hofer certify:

(name of circulator)

reside at 1770 Open Acres Lane Eagle River WI 54521 (Washington)

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

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

4-3-11

(date)

Brant Mathew Hofer

(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. | 1230 W Superior St Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | 4/1/2011 |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

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

I reside 1230 W Superior St Antigo, WI 54409
(circulator's residence - include number, street, and municipality)

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

4/1/2011
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

FAILURE TO SHOW UP AT JOB HE WAS ELECTED TO PERFORM.
RUNNING AWAY FROM THE JOB IS NOT AN OPTION FOR ANY ELECTED OFFICIAL

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 Holperin</u> | <u>211563 LAKESHORE DRV</u> <u>TOMAHAWK, WI 54487</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BRADLEY TOWNSHIP</u> | <u>3-10-11</u> |
| 2. <u>[Signature]</u> | <u>WS124 KOTA ROAD</u> <u>TOMAHAWK, WI 54487</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BRADLEY</u> | <u>3-10-11</u> |
| 3. <u>Cathy [Signature]</u> | <u>1124 E King Rd</u> <u>Tomahawk WI 54487</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>3-10-11</u> |
| 4. <u>Shannon Alley</u> | <u>1335 E Kings Rd</u> <u>Tomahawk WI 54487</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>3-10-11</u> |
| 5. <u>Kathleen M Galloway</u> | <u>202 Chandler St</u> <u>Tomahawk, WI 54487</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>3-10-11</u> |
| 6. <u>[Signature]</u> | <u>2075 HAZY BAY RD</u> <u>TOMAHAWK, WI 54487</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NOKOMIS</u> | <u>3/10/11</u> |
| 7. <u>Kathleen Schmit</u> | <u>1010 Theiler Drive</u> <u>Tomahawk 54487</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>3-10-11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, DAVID HAWKINSON Certification of Circulator
(name of circulator)
 I reside 211563 LAKESHORE DRIVE TOMAHAWK WI 54487, certify:
(circulator's residence - include number, street, and municipality) Bradley Township

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

3-10-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



| 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. Caleb Nedimyer | W10085 Pike Plains Rd P Dunbar WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3/29/11 |
| 2. Julie Olsen | W10085 Pike Plains Rd Dunbar, WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3/29/11 |
| 3. Kaitlyn Colgrove | W10085 Pike Plains Rd Dunbar, WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3/29/11 |
| 4. Joseph Thomas | W10085 Pike Plains Rd Dunbar, WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3/29/11 |
| 5. Romni Matson | W10085 Pike Plains Rd Dunbar, WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3-29-11 |
| 6. Andrew Martin | W10085 Pike Plains Rd Dunbar, WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3-29-11 |
| 7. Ben Steward | W10085 Pike Plains Rd Dunbar, WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3-29-11 |
| 8. Christopher O'Reilly | W10085 W10085 Pike Plains Rd Dunbar WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3-29-11 |
| 9. Beth Herron | W10085 Pike Plains Dunbar WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3/29/11 |
| 10. Rachel Laube | W10085 Pike Plains Rd Dunbar, WI 54119 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar | 3/29/11 |

I, David Smail **Certification of Circulator**, certify:
(name of circulator)
 I reside at David Smail 209 Mill St Goodman WI 54125
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
4/4/2011 David Smail
(date) (signature of circulator)

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

Page No. 3565

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-5005, <http://gab.wi.gov> email: gab@wi.gov

RECALL PETITION

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

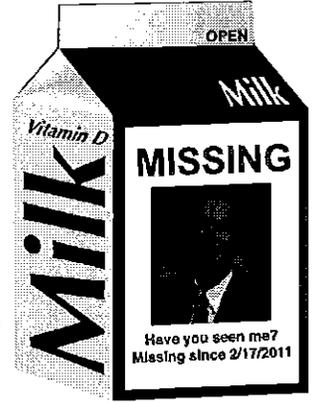
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>[Signature]</i> | <u>W1120 HURSE ST & BOND</u> <u>DEARBORN 54424</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>UPHAM</u> | <u>3-24-11</u> |
| 2. <i>[Signature]</i> | <u>737 DERESCH</u> <u>ANT160 WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANT160</u> | <u>3-24-11</u> |
| 3. <i>[Signature]</i> | <u>480 EIM</u> <u>ANTIGO WI 54407</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u> | <u>3-30-11</u> |
| 4. <i>[Signature]</i> | <u>N 3380 Norwegian</u> <u>Merrill WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u> | <u>4/7/11</u> |
| 5. <i>[Signature]</i> | <u>1351 Transquidity Lane</u> <u>St. Germain, WI 54558</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain Town Hall</u> | <u>4/8/11</u> |
| 6. <i>[Signature]</i> | <u>438 Woodhaven Lane</u> <u>Pickarel, WI 54465</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Nashville</u> | <u>4/8/11</u> |
| 7. <i>[Signature]</i> | <u>438 Woodhaven Ln.</u> <u>Pickarel, Wis 54465</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Nashville</u> | <u>4-8-11</u> |
| 8. <i>[Signature]</i> | <u>W 7017 Price-Polar</u> <u>Bryant, WI 54418</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Polar</u> | <u>4-8-11</u> |
| 9. <i>[Signature]</i> | <u>Antigo</u> <u>538 3 Ave 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>4-10-11</u> |
| 10. <i>[Signature]</i> | <u>710 COEY LN</u> <u>TOMAHAWK, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u> | <u>4-10-11</u> |

Certification of Circulator

I, Laurie Hottenstein, certify:
(name of circulator)
 I reside at N3383 Meadow RD Antigo
(circulator's residence - include number, street, and municipality)

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

4-10-11 Laurie Hottenstein
(date) (signature of circulator)

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

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.10 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wi.gov> email: gab@wi.gov

RECALL PETITION

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

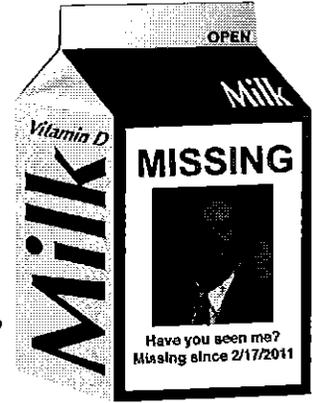
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

petition for the recall of Jim 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. ^{THROM} | Box 542 500 FLORENCE AVE | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City FLORENCE, WI | 4-7-11 |
| 2. Cynthia Throm | Box 542 Florence 500 FLORENCE AVE | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City FLORENCE, WI | 4-7-11 |
| 3. Ellamae Herman | Box 50 325 FLORENCE FLORENCE, Wis. | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FLORENCE | 4-7-11 |
| 4. ^{Neuser} | 216 Florence Ave Florence | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 5. ^{Dooley} | 340 Florence Ave Florence WI 54121 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 6. Frankie Marekic | 400 Florence Ave Florence WI 54121 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 7. ^{Milobek} | Box - 364 416 Florence Florence, WI 54121 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 8. Steve Vassar | 608 Florence Av Florence | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 9. Heather Skoglund | 608 Florence Ave Florence, WI 54121 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 10. Lynn Rochon | 616 Florence Ave Florence, Wis 54121 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |

I, David Smail, certify:
(name of circulator)
 I reside at 209 Mill St Goodman WI 54125
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
 Date: 4-8-2011
(date)
 Signature: David Smail
(signature of circulator)

RECALL PETITION

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

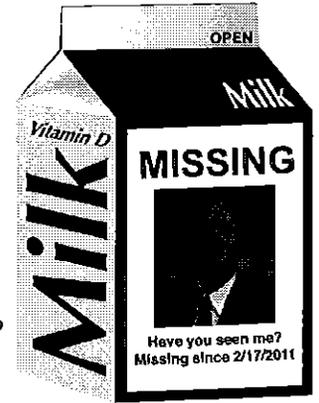
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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>Kassandra Hill</u> | <u>602 Adams Rd. Eagle River, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City | <u>3-31-11</u> |
| 2. <u>Gene Schultz</u> | <u>624 Adams Rd Eagle River, WI 54521</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City | <u>3-31-11</u> |
| 3. <u>Terry Lemmons</u> | <u>316 S. St. St. Eagle River, WI 54521</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <u>3-31-11</u> |
| 4. <u>Shaun Stapleton</u> | <u>8106 Huff Ln Alvin, WI 54542</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-31-11</u> |
| 5. <u>Bonnie Williams</u> | <u>1432 Woodland Ln. Eagle River, WI 54521</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-31-11</u> |
| 6. <u>Neil Hanson</u> | <u>Phelps WI 54554 4507 Hill Rd</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-31-11</u> |
| 7. <u>Cherise Eggert</u> | <u>Phelps, WI 54554 4395 Hickory Creek</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u> | <u>3-31-11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, 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.

3-31-11 Mary Lou Hake
(date) (signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>April S. Meade</i> | <i>N 9362 SHWISS</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lannglade</i> | <i>3-5-11</i> |
| 2. <i>David King</i> | <i>311 E Fourth St</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRANDON</i> | <i>3-5-11</i> |
| 3. <i>Deek Montzongy</i> | <i>6002 N RAILROAD AVE</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CRANDON</i> | <i>3/5/11</i> |
| 4. <i>Deek Montzongy</i> | <i>6002 N. RR AVE</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CRANDON</i> | <i>3/5/11</i> |
| 5. <i>Janet Bartz</i> | <i>606 N. Prospect</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRANDON</i> | <i>3/5/11</i> |
| 6. <i>Janet Bartz</i> | <i>606 N. Prospect</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRANDON</i> | <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, *Cade Halada*, certify:

I reside *319 Silver Lake Rd, Eagle River, WI 54521*
(circulator's residence - include number, street, and municipality)

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

3/5/11

(date)

Cade Halada

(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, fleeing to ILLINOIS instead of voting in the Senate - the job he was elected to do.

| 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>Kerry W. Schweigert</u> | <u>W 5254 Hillside Dr. Merrill, WI 54455</u> | <input checked="" type="checkbox"/> Town of Merrill <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/30/11</u> |
| 2. <u>Susan Smith</u> | <u>W 5426 Braatz Rd Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town of Merrill <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/30/11</u> |
| 3. <u>David Smith</u> | <u>W 5426 Braatz Rd Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town of Merrill <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/30/11</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, DAVID SMITH, certify:
(name of circulator)

I reside W 5426 Braatz Rd, 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.

3-30-11
(date)

David Smith
(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>Sandra Hartwig</i> | <i>405 W. Taylor St</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3/29/11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |

Certification of Circulator

I, *Sandra Hartwig*, certify:
(name of circulator)

I reside *405 W. Taylor Merrill*
(circulator's residence - include number, street, and municipality)

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

Sandra Hartwig
(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. Julie B. DETLING | 12632 Deer Trap Rd Presque Isle WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 2. T. ANDREW DETLING | 12632 Deer Trap Rd Presque Isle WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

Certification of Circulator

I, Julie Detling, certify:
(name of circulator)
 I reside 12632 Deer Trap Rd Presque Isle, WI 54557.
(circulator's residence - include number, street, and municipality)

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

3/29/2011
(date)

Julie B. Detling
(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>Edward J. Thessen</i> | <i>827 N Hopan St Antigo Wis. 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>3/31/11</i> |
| 2. <i>Alvian Thessen</i> | <i>827 N. Hopan St. Antigo WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>3/31/11</i> |
| 3. <i>Norm Virgintz</i> | <i>826 Elm St Antigo Wis 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i> | <i>3/31/11</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, *Edward J. Thessen*, certify:
(name of circulator)

I reside *827 N Hopan St* *ANTIGO*
(circulator's residence - include number, street, and municipality)

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

3-31-11
(date)

Edward J. Thessen
(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.  | 10749 Pine Dells Rd Merrill, WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River | 3/30/11 |
| 2.  | N9100 Deer Run Ave Merrill, WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River | 3/30/11 |
| 3.  | N749 Pine Dells Rd Merrill, WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River | 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 |

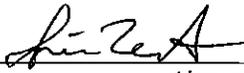
Certification of Circulator

I, Jim Wendt, certify:
(name of circulator)

I reside 10749 Pine Dells Rd Merrill, WI 54452 PINE RIVER
(circulator's residence - include number, street, and municipality)

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

3/30/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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>Mattie Kemp</i> | <i>W10683 Byrnes Rd Deerbrook WI 54429</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Peck</i> | <i>3/5/11</i> |
| 2. <i>Maximilian Kiefer</i> | <i>W10594 Rodawica Rd Deerbrook, WI 54424</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Peck</i> | <i>3/19/11</i> |
| 3. <i>Emily Scherf</i> | <i>W10544 Rodawica Rd Deerbrook, WI 54424</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Peck</i> | <i>3/19/11</i> |
| 4. <i>Don C. Knie</i> | <i>1310 MEISER STRAWY Pezicow Lake, WI 54463</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SHOEPICO</i> | <i>3/19/11</i> |
| 5. <i>Ernest P. Stoen</i> | <i>9052 Cherry Rd Antigo, WI 54409</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>3-19-11</i> |
| 6. <i>Weslie McDougall</i> | <i>N5174 Rail Road Dr. Deerbrook, WI 54409</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Deerbrook</i> | <i>3-19-11</i> |
| 7. <i>Alan Metcal</i> | <i>719 DORESCH ST ANTIGO, WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i> | <i>3/19/11</i> |
| 8. <i>Elaine Kocher</i> | <i>1308 Druel Ave Antigo, WI 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i> | <i>3-19-11</i> |
| 9. <i>Erin Lamm</i> | <i>W14359 Lloyd Creek Rd Gleason, WI 54435</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Vilas</i> | <i>3-19-11</i> |
| 10. <i>Dawn Moller</i> | <i>W14359 Lloyd Creek Rd Gleason, WI 54435</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Vilas</i> | <i>3-19-11</i> |

Certification of Circulator

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

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

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

3-19-11

(date)

Laurie Hottenstein

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 Gullickson</u> | <u>N10402 PETERSON RD</u> <u>WAUSAUKEE</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WAGNER</u> | <u>3-3-11</u> |
| 2. <u>Constance Gullickson</u> | <u>N10402 PETERSON RD</u> <u>WAUSAUKEE</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WAGNER</u> | <u>3/3/11</u> |
| 3. <u>Michael Glerie</u> | <u>9219 Hoagland Rd</u> <u>WAUSAUKEE</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WAGNER</u> | <u>3/3/11</u> |
| 4. <u>Theresa Sydel</u> | <u>W3880 Vista Dr.</u> <u>Porterfield,</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Porterfield</u> | <u>3-10-11</u> |
| 5. <u>Mark O Sydel</u> | <u>W3880 VISTA DR</u> <u>PORTERFIELD, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PORTERFIELD</u> | <u>3-10-11</u> |
| 6. <u>Nancy Prange</u> | <u>W2467 TWIN PINE LN</u> <u>Porterfield, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Porterfield</u> | <u>3-17-11</u> |
| 7. <u>Wayne Prange</u> | <u>W2467 TWIN PINE LN</u> <u>PORTERFIELD WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PORTERFIELD</u> | <u>3-17-11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Richard T Gullickson, certify:
(name of circulator)

I reside N10402 PETERSON RD WAUSAUKEE WI 54177
(circulator's residence - include number, street, and municipality)

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

3-17-11
(date)

Richard T Gullickson
(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>R. Butch</i> | <i>W 2567 Woodview Ln Marinette, WI 54143</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Porterfield</i> <input type="checkbox"/> City | <i>3/12/11</i> |
| 2. <i>KATHLEEN PHILLIPS</i> | <i>N10530 PETERSON RD WAUSAUKEE WI 54177</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WAGNER</i> | <i>3/13/11</i> |
| 3. <i>Russell Phillips</i> | <i>N10530 PETERSON RD WAUSAUKEE WIS</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>WAGNER</i> <input type="checkbox"/> City | <i>3/13/11</i> |
| 4. <i>Curtis M Szedel</i> | <i>3920 Hall ave Lot 39 marinette WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Marinette</i> | <i>3/13/11</i> |
| 5. <i>Kathleen</i> | <i>3920 Hall Ave lot 39 Marinette WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Marinette</i> | <i>3/13/11</i> |
| 6. <i>DeAnn</i> | <i>W 3026 Hwy 180 WAUSAUKEE WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausauke</i> | <i>3/13/11</i> |
| 7. <i>William E Nunne</i> | <i>W 3026 Hwy 180 WAUSAUKEE WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausauke</i> | <i>3/13/11</i> |
| 8. <i>LuDery</i> | <i>W 2529 Twin Pk Porterfield WIS</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Porterfield</i> | <i>3/14/11</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, Richard J Gumperson, certify:
(name of circulator)

I reside N10402 PETERSON RD WAUSAUKEE WI 54177
(circulator's residence - include number, street, and municipality)

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

3-12-11
(date)

Richard J Gumperson
(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. Paul Peterson | W 2145 Bunker Rd Wausau, WI 54177 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau | 3/11/11 |
| 2. Tim Cherry | W2524 Twin Pine Ln Porterfield WI 54159 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield | 3/11/11 |
| 3. Becky Guseck | 951 Oconto Ave Peshtigo WI 54157 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Peshtigo | 3/11/11 |
| 4. Richard Nork | W2811 Plantation Porterfield WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PORTERFIELD | 3/11/11 |
| 5. Kris Noel | W2811 Plantation Rd. Porterfield WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield | 3/11/11 |
| 6. Audrey Guseck | W3880 Rowe Rd Porterfield WI 54159 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield | 3/11/11 |
| 7. Michelle Peterson | N5590 County Rd E Porterfield, WI 54159 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield | 3/11/11 |
| 8. Mark Dercks Jr | W3059 Hilltop Rd Marinette, WI 54143 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield | 3/11/11 |
| 9. Debbie Bielecki | W2567 Woodview Marinette, WI 54143 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City D Bielecki | 3-11-11 |
| 10. PATRY BRZEZINSKI | N5971 Herzog 180 MARINETTE, WI 54143 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PORTERFIELD | 3-12-11 |

Certification of Circulator

I, Richard J Gumperson, certify:
(name of circulator)

I reside N10402 Peterson Rd Wausau, WI 54177.
(circulator's residence - include number, street, and municipality)

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

3-12-11
(date)

Richard J Gumperson
(signature of circulator)

RECALL PETITION

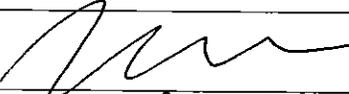
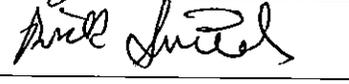
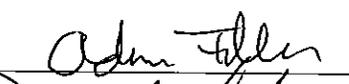
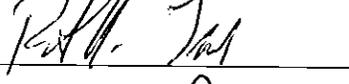
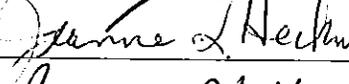
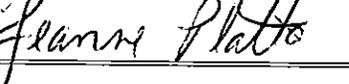
TO: Wisconsin Government Accountability Board

(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.)

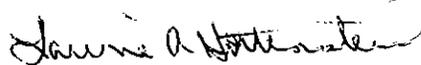
| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | N2804 Hwy 45 Antigo WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 2-26-11 |
| 2.  | 1117 Menard Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 2-26-11 |
| 3.  | 2736 OS Hwy 45 Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 2-26-11 |
| 4.  | W6763 Red River Rd. Antigo, WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 2-26-11 |
| 5.  | 414 Virginia St Antigo WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 2-26-11 |
| 6.  | W10755 Hwy N Antigo, WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo Dorsey | 2-26-11 |
| 7.  | 13709 Clow Rd Antigo WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 2-26-11 |
| 8.  | 922 Pine St Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 2-26-11 |
| 9.  | 1204 E. 7th St. Merrill Wis 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 2-26-11 |
| 10.  | 10925 Rolling Meadows. WAUSAU, WI 54401 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin | 2-26-11 |

Certification of Circulator

I, Laurie Hattenstein, certify:
(name of circulator)
 I reside at N3383 Meadow Rd Antigo
(circulator's residence - include number, street, and municipality)

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

2-26-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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.  | 8226 W. Cottage Dr ST BRAMM WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. BRAMM | 2/25/11 |
| 2.  | 3824 ROLLING ACRES DR RHINELANDER, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SUGAR CAMP | 2/27/11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

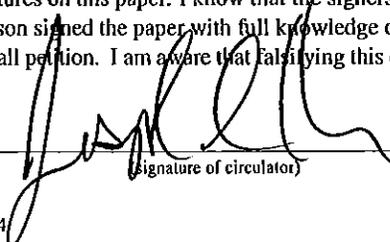
Certification of Circulator

I, Joseph T. Hein, certify:

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

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

4/19/11
(date)


Signature of circulator

RECALL PETITION

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

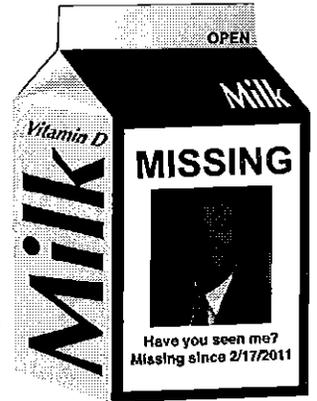
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <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>Mark M Moravec</u> | <u>W4593 Pine Ave Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u> | <u>3-17-11</u> |
| 2. <u>Christine Moravec</u> | <u>W4593 Pine Ave Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u> | <u>3/16/11</u> |
| 3. <u>Maage Moravec</u> | <u>W4593 Pine Ave Merrill WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u> | <u>3/17/11</u> |
| 4. <u>Pam Kramer</u> | <u>N2833 Schuelke Rd Gleason WI 54435</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Schley</u> | <u>3-18-11</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, Mark M Moravec, certify:
(name of circulator)
 I reside at W4593 Pine Ave Merrill WI 54452 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.

3-18-11
(date)

Mark M Moravec
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

RECALL PETITION

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

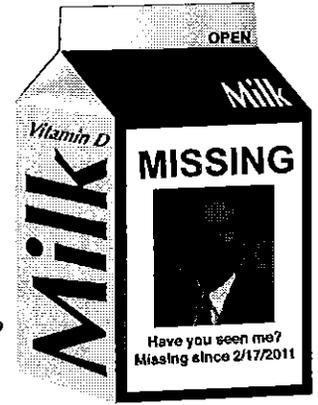
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

in 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>Bernadine Grundy</i> | <i>9422 Country Club Rd. Minocqua, WI 54548</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>3/17/11</i> |
| 2. <i>George Grundy</i> | <i>9422 Country Club Rd MINOCQUA WI 54548</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>3/17/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Bernadine Grundy*, certify:
(name of circulator)

I reside at *9422 Country Club Rd, Minocqua, WI 54548*
(circulator's residence - include number, street, and municipality)

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

3/17/11
(date)

Bernadine Grundy
(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. *3582*

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official 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. Ron Kevich | 7783 Cty Rd 11 Argonne WI 54511 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne | 3/7/11 |
| 2. BILL BOCHTE | 11190 WILLOW BIRCH WILSON WI 54111 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WILSON | 3/7/11 |
| 3. James Johnson | 1550 RAILROAD AVE. CRANDON WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON | 3/7-11 |
| 4. Dianne Barkey | 9194 Hwy 55 Argonne WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne | 3/7/11 |
| 5. Timothy BLANK | 8026 Hwy 55 Argonne WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne | 3/8/11 |
| 6. Beverly I. BLANK | 8026 Hwy 55 ARGONNE, WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARGONNE | 3-8-11 |
| 7. Linda Michaelis | 7950 Argonne St Argonne | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARGONNE | 3-8-11 |
| 8. Dan Thomaschefsky | 8820 BAILEY AVE ARGONNE | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARGONNE | 3/10/11 |
| 9. Loni Thomaschefsky | 2254 Pergande Rd Monico WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MONICO | 3/10/11 |
| 10. Shaun Herminath | 2254 Pergande Rd Monico WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MONICO | 3/10/11 |

Certification of Circulator

X OTTO THOMASCHESKY certify:

(name of circulator)

X reside at 8102 - STATE - HWY. 55 ARGONNE, WIS - 54511

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

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

X 3-21-11
(date)

X Otto Thomaschefsky
(signature of circulator)

RECALL PETITION

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

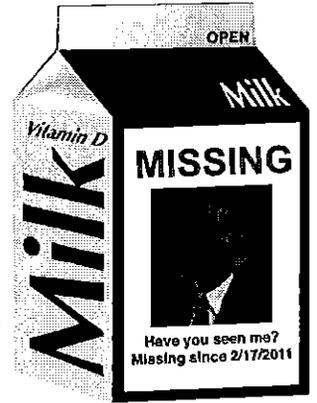
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Blaine Tober</u> | <u>382 Woodland Heights Rd Rhinelander</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhine</u> | <u>3/31/11</u> |
| 2. <u>Carl Bettinger</u> | <u>382 Woodland Heights Rd Rhinelander Wis.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>3/31/11</u> |
| 3. <u>Randy Randall</u> | <u>387 Woodland Heights Rd Rhine, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <u>3-31-11</u> |
| 4. <u>Joey Tober</u> | <u>3433 Castle Rd</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>3-31-11</u> |
| 5. <u>George Boock</u> | <u>60563 Ct S Oconomowoc</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>conomowoc</u> | <u>4-1-11</u> |
| 6. <u>Joseph Joscunich</u> | <u>2225 Hwy 155 St. Germain</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Germain</u> | <u>4-2-11</u> |
| <u>RJ Lynett</u> | <u>N2613 CTH AA Antigo, WI 54409</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>4-2-11</u> |
| 8. <u>Leonard Czaplanski</u> | <u>4806 PINE LAKE RD RHINELANDER, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PINE LAKE</u> | <u>4-2-11</u> |
| 9. <u>Jan P</u> | <u>2179 Schumann Rd Armstrong Creek</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Armstrong Creek</u> | <u>4-2-11</u> |
| 10. <u>Nana P</u> | <u>N 869 Ass Tric Merrill, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Licon</u> | <u>4/2/11</u> |

I, Jennifer L. Nery, certify:
(name of circulator)
 I reside at 9830 Hwy 32 Hales WI 54511
(circulator's residence - include number, street, and municipality)

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

4-2-11 Jennifer L Nery
(date) (signature of circulator)

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

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

RECALL PETITION

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TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Dorothy Wallace</i> | <i>N 1897 Howley Rd. TRIPOLI, WI. 54564</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WILSON</i> | <i>3-26-11</i> |
| 2. <i>Lois Willfahrt</i> | <i>N 486 State Hwy 107 TOMAHAWK, 54487</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ROCK FALLS</i> | <i>3-27-11</i> |
| 3. <i>Ed Willfahrt</i> | <i>N 6486 Hwy 107 TOMAHAWK, WI 54487</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ROCK FALLS</i> | <i>3-27-11</i> |
| 4. <i>Michelle Severt</i> | <i>703 Charles St Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3-27-11</i> |
| 5. <i>Brian Severt</i> | <i>703 Charles St Merrill WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3-27-11</i> |
| 6. <i>Robert Bonham</i> | <i>12807 N. SANDHILL DR LAC LAUFER, WI 54538</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lac Laufers</i> | <i>3-30-11</i> |
| 7. <i>Kathy Ann</i> | <i>8642 Pine Acres Blvd. Sawyer WI 54560</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>St. Germain</i> | <i>3/30/11</i> |
| 8. <i>Sue Mue</i> | <i>Chiana + Hwy #10 WOODRUFF, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>A. Vital</i> | <i>3/30/11</i> |
| 9. <i>Joseph Herd</i> | <i>1411 Eric Dr WOODRUFF WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>A Vital</i> | <i>3/30/11</i> |
| 10. <i>Kayley M Lehmann</i> | <i>1411 Eric Dr WOODRUFF WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>A Vital</i> | <i>3/30/11</i> |

Certification of Circulator

I, *Tom J Fernholz*, certify:
(name of circulator)
 I reside at *3520 Klimak Dr. Tomahawk WI 54487 Little Rice*.
(circulator's residence - include number, street, and municipality)

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

3/31/11
(date)

Tom J Fernholz
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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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. Tom Jordan | 4550 Jordan RD <small>Mailing Address</small> Haysham WI 54509 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <small>CASIAN</small> <input type="checkbox"/> City | 3/31/11 |
| 2. Lori Keller | Rhineland | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City | 3/31/11 |
| 3. Joni A. Grobentius | 4085 N. BAY RD Rhineland | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>Pinebake</small> | 3/31/11 |
| 4. MATTHEW L. COOPER | 607 S KLEVIN ST APT A Rhine McClain | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>Rhine McClain</small> | 3/31/11 |
| 5. Sam Schmitt | 216 maple st Rhineland | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <small>Rhindendorf</small> | 3/31/11 |
| 6. Marilyn Belle | 2578 Popo Road Bluff Rhineland | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>Pelican Township Rhineland</small> | 31 March 2011 |
| 7. Bruce Martin | 3980 SHEEP RANCH RD Rhineland, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>NEWBOLD</small> | 31/march/11 |
| 8. Dan Francis | 3980 Sheep Ranch Rd Rhineland WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>NEWBOLD</small> | 30/march/11 |
| 9. Greg Under | 4171 Mallowham Rhine Lake WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>Pelican</small> | 31 mar/11 |
| 10. Carol Sews | 6157 Velvet LK Rd Rhineland WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>newbold</small> | 3-31-11 |

Certification of Circulator

I, Iva J. Fernholz, certify:
(name of circulator)
 I reside at 3570 Klimck Dr Tomahawk WI 54487 Little Rice
(circulator's residence - include number, street, and municipality)

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

03-31-11
(date)

Iva J. Fernholz
(signature of circulator)

RECALL PETITION

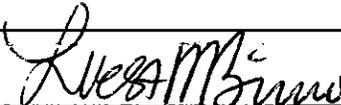
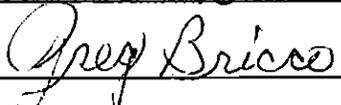
TO: Wisconsin Government Accountability Board

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

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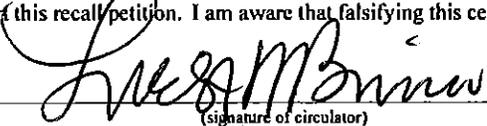
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| 1.  | N3751 Polar Rd Polar, WI, 54418 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City POLAR | 03/29/11 |
| 2.  | N3751 Polar Rd Polar, WI 54418 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar | 3/29/11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

I, Liesa Bracco **Certification of Circulator**, certify:
(name of circulator)
 I reside N3751 Polar Rd. Polar, 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.

03-29-11 (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.

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>James J. Wilhelm</u> | <u>111 FORREST AVE</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ANTIGO</u> | <u>3-3-11</u> |
| 2. <u>Alycia Wilhelm</u> | <u>111 FORREST AVE</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ANTIGO</u> | <u>3-3-11</u> |
| 3. <u>Robert L. Koppel</u> | <u>N1334 FAIRVIEW RD.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NORWOOD</u> | <u>3-16-11</u> |
| 4. <u>Nancy Hackbart</u> | <u>W7242 Hwy 47 Phlox WI 54464</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Phlox</u> | <u>3-16-11</u> |
| 5. <u>Dennis D. Lightfoot</u> | <u>W7261 Hwy. 47 Phlox WI 54464</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Phlox</u> | <u>3-17-11</u> |
| 6. <u>Conrad Tatro</u> | <u>W2338 Pond Rd Antigo, WI 54409</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Norwood</u> | <u>3-17-11</u> |
| 7. <u>Cal Tatro</u> | <u>Antigo, Wis 54409</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Norwood</u> | <u>3-17-11</u> |
| 8. <u>Tim Byrnes</u> | <u>W4982 Harmon Rd Elton, WI 54403</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Evergreen</u> | <u>3-17-11</u> |
| 9. <u>Brad Tol</u> | <u>W7262 Hwy 47 Antigo WI 54409</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Norwood</u> | <u>3-17-11</u> |
| 10. <u>Dianne K Lightfoot</u> | <u>W7261 Hwy 47 Phlox, WI 54464</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Norwood</u> | <u>3-17-11</u> |

Certification of Circulator

I, James J. Wilhelm, certify:

I reside at 111 Forrest Ave. Antigo, Wisconsin 54409

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

3-23-11
(date)

James J. Wilhelm
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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THE 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>Amy J Peterson</i> | N 7245 Hwy 45 DEERBROOK WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA | 3/3/11 |
| 2. <i>Cornie Kanha</i> | N 6569 New Lake Deerbrook, WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA | 3/3/11 |
| 3. <i>Bob Franke</i> | N 6569 NEVA LK RD Deerbrook, WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA | 3/4/11 |
| 4. <i>James J. Scheue</i> | W10592 Bluebell Rd. Deerbrook, WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck | 3/4/11 |
| 5. <i>Judy E. Scheue</i> | W10592 Bluebell Rd Deerbrook Wis 54424 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck | 3/4/11 |
| 6. <i>May J Peterson</i> | N 7245 Hwy 45 Deerbrook, WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA | 3/4/11 |
| 7. <i>Jim Miller</i> | W 926 Hwy 4 Antigo, WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 3/7/11 |
| 8. <i>Sandi Warren</i> | W 9110 N. Rollwood Rd Antigo, WI. | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling | 3/7/11 |
| 9. <i>Rick Warren</i> | W 9110 N. Rollwood Rd Antigo, WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling | 3/7/11 |
| 10. <i>John G. Hillson</i> | W 8986 Claire Rd Deerbrook, WI. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA | 3/9/11 |

Certification of Circulator

Cary J. Peterson
(name of circulator)

, certify:

reside at *N 7245 Hwy 45 DEERBROOK WI 54424 NEVA*
(circulator's residence - include number, street, and municipality)

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

3/13/11
(date)

Cary J. Peterson
(signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City or Village</small> | Date of Signing |
|---------------------------|--|--|-----------------|
| William Strawn | 222 S. ... | | |
| 1. Anthony Strawn | Antigo, WI 54409 | Town Village <input checked="" type="checkbox"/> City Antigo | 3-3-11 |
| 2. [Signature] | 1012222 Hwy C Deerbrook, WI 54424 | <input checked="" type="checkbox"/> Town Village City Feet | 3-3-11 |
| 3. Walter Wick | Antigo WI | <input checked="" type="checkbox"/> Town Village <input checked="" type="checkbox"/> City Antigo | 3-3-11 |
| 4. Ken W. Zitta | 923 Lincoln St Antigo, WI 54409 | <input checked="" type="checkbox"/> Town Village City Antigo | 3-3-11 |
| 5. Steve Kass | W 9494 Flight Rd Antigo WI 54409 | <input checked="" type="checkbox"/> Town Village City Antigo | 3-14-11 |
| 6. Bruce Ross | W 9494 Flight Rd Antigo, WI 54409 | <input checked="" type="checkbox"/> Town Village City Antigo | 3-14-11 |
| 7. [Signature] | W 9350 FLIGHT RD ANTIGO, WI 54409 | Town Village City ANTIGO | 3-18-11 |
| 8. Derek Bessert | W 18935 Emma St Anima WI 54409 | Town <input checked="" type="checkbox"/> Village City Anima | 3-18-11 |
| 9. Stephanie Kass | 644 Elm St Antigo WI 54409 | Town Village <input checked="" type="checkbox"/> City Antigo | 3-19-11 |
| 10. Dalei Jaseburg | N 8001 Forest Rd Deerbrook, WI 54424 | <input checked="" type="checkbox"/> Town Village City UPHAM | 3-19-11 |

CERTIFICATION OF CIRCULATOR

I, Steve Kass certify that I reside at W 9494 Flight Rd Antigo

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

3-27-11
(date)

Steve Kass
(Signature of Circulator)

Page: 3590

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Gregory Reinhardt</i> | <i>N 15050 POLANDER LANDING ROAD (54102)</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ATHLSTONE</i> | <i>3-11-11</i> |
| 2. <i>Michele R. J.</i> | <i>W 9987 Corners Road C Wausauke WI, 54177</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Athelstone</i> | <i>3-11-11</i> |
| 3. <i>Corey R. J.</i> | <i>W 9987 Corners Rd C Wausauke WI, 54177</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Athelstone</i> | <i>3-11-11</i> |
| 4. <i>Tom Bager</i> | <i>N 14055 Befay Ln Amberg, WI 54102</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Amberg</i> | <i>3-11-11</i> |
| 5. <i>Lorne Peep</i> | <i>N 11391 Bt Ldnght</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i> | <i>3-11-11</i> |
| 6. <i>Jeff Homashe</i> | <i>W 13477 Eagle River Rd Athelstone WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i> | <i>3-11-11</i> |
| 7. <i>Karla Rogby</i> | <i>N 10263 Forest Rd Wausauke WI 54177</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausauke</i> | <i>3-11-11</i> |
| 8. <i>Audrey Guehlman</i> | <i>1203 FAXTON</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausauke</i> | <i>3-12-11</i> |
| 9. <i>Margaret Butels</i> | <i>17027 Clubhouse Lane</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Galeswood</i> | <i>3-15-11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Darryl Victoreen*, certify:

I reside *W14219 City Rd C, 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.

03/24/11
(date)

Darryl A. Victoreen
(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)

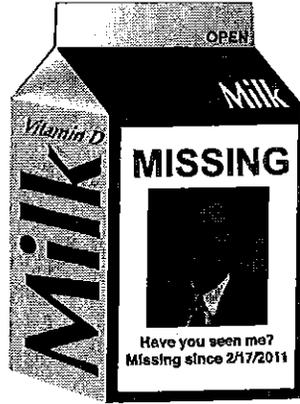
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District

(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>Dale A Buckwalter</u> | <u>8852 Rustic Lane</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u> | <u>3/25/11</u> |
| 2. <u>Carol Buckwalter</u> | <u>8852 Rustic Lane</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u> | <u>3/25/11</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, Dale A Buckwalter, certify:

(name of circulator)

I reside at 8852 Rustic Lane, Town of Woodruff

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

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

3/25/2011
(date)

Dale A Buckwalter
(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. 3592

RECALL PETITION

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

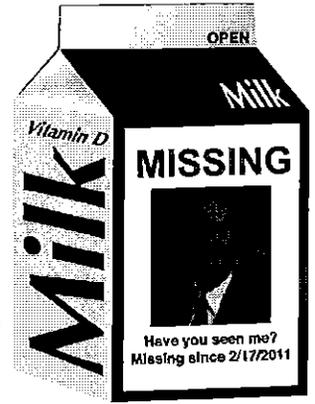
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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>Lyle W Hannaks</i> | <i>W5697 DAWST RD Tomahawk, WI. 54487</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i> | <i>3-26-11</i> |
| 2. <i>Lynia Hannaks</i> | <i>W5697 DAWST RD Tomahawk, WI. 54487</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | " |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Lyle W Hannaks, certify:
(name of circulator)

I reside at W5697 DAWST 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.

3-26-11
(date)

Lyle W Hannaks
(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. 3593

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 farm no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Rich Tomany</u> | <u>N9275 City Hwy H Doubroville WI 54424</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Vilas</u> | <u>2-27-11</u> |
| 2. <u>Walter J. J. J.</u> | <u>367 Virginia St Antigo WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>2/27/11</u> |
| 3. <u>Jon Fischer</u> | <u>21521 Sugar Pine Rd Antigo, WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rolling</u> | <u>2/28/11</u> |
| 4. <u>Tom H. H.</u> | <u>270 Mapleview Rd Antigo, WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>2/28/11</u> |
| 5. <u>Nancy Korolick</u> | <u>N2185 Hill Side Rd Antigo WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>2/28/11</u> |
| 6. <u>Ving Lind</u> | <u>W19207 Sportsmans Antigo</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>2/28/11</u> |
| 7. <u>Robert</u> | <u>350 MAPLEVIEW RD ANTIGO, WI, 54409</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ANTIGO</u> | <u>2-28-11</u> |
| 8. <u>D. Wilson</u> | <u>N1050 SUGAR BUS RD ANTIGO WISC.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>2-28-11</u> |
| 9. <u>John Remington</u> | <u>W10582 Hwy X Antigo WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Ackley</u> | <u>2/28/11</u> |
| 10. <u>Bob Hall</u> | <u>W19061 3RD Antigo WI 54408</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>2-28-11</u> |

Certification of Circulator

I, JAMES O. NOVAK, certify:

(name of circulator)

I reside at 619 GOWAN RD ANTIGO, WI 54409

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

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

2-28-11

(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. | W10770 Bass Lake Rd. Deerbrook WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham | 13 Apr 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, David Zwicky II, certify:

I reside W10770 Bass Lake Rd., Deerbrook WI 54424
(circulator's residence - include number, street, and municipality)

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

13 April 2011
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Rita R Connard</i> | <i>5048 ELM FLORENCE</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>FERN</i> | <i>3/3/11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |

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

I reside *5048 ELM RD., FLORENCE WI 54121*
(circulator's residence - include number, street, and municipality)

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

3-30-11 *X* *Rita R Connard*
(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.)

NON PERFORMANCE OF HIS 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>ROYAL L. BOLDEN</u> | <u>4184 BASS BAY DR.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NEW BOLD</u> | <u>3/29/11</u> |
| 2. <u>Carey M. Bolden</u> | <u>4184 Bass Bay Dr</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>New Bold</u> | <u>3/29/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1 / 11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1 / 11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1 / 11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1 / 11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1 / 11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1 / 11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1 / 11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1 / 11</u> |

Certification of Circulator

I, ROYAL L. BOLDEN, certify:

I reside 4184 BASS BAY DR., RHINELANDER WI 54501
(circulator's residence - include number, street, and municipality) NEW BOLD

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

4/1/2011
(date)

Royal L Bolden
(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>Bertrude Beran</i> | <i>236 Field St. Birnawood 54414</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Birnawood</i> | <i>3/31/11</i> |
| 2. <i>Norman Oppy</i> | <i>482 VSH 45</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>BIRNAWOOD</i> | <i>3/31/11</i> |
| 3. <i>Al Beran</i> | <i>1949 8 Field St Birnawood 54414</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Birnawood</i> | <i>3/2/11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1 / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1 / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1 / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1 / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1 / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1 / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1 / 11</i> |

Certification of Circulator

I, *Bertrude Beran*, certify:
(name of circulator)

I reside *236 Field St. Birnawood, Wis 54414*.
(circulator's residence - include number, street, and municipality)

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

4/1/11
(date)

Bertrude Beran
(signature of circulator)

RECALL PETITION

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

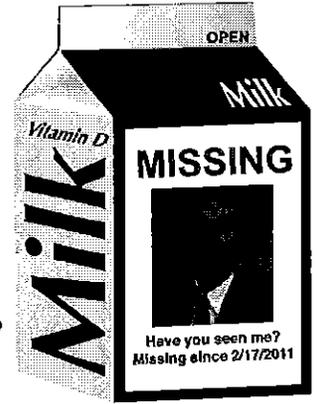
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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>20 SYKES</u> | <u>420 LSKER HBS DR</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u> | <u>4-4-11</u> |
| 2. <u>Joe [Signature]</u> | <u>N10949 Mail Route Road Tomahawk, WI 54487</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>HARRISON</u> | <u>4-4-11</u> |
| 3. <u>[Signature]</u> | <u>135 Verry St Tomahawk WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>4-4-11</u> |
| 4. <u>[Signature]</u> | <u>N9480 Sunset Dr. Rd. Tomahawk</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u> | <u>4-4-11</u> |
| 5. <u>Kurt E [Signature]</u> | <u>W4054 West Silver Lake Rd Irons WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SKANAWAN</u> | <u>4-4-11</u> |
| 6. <u>[Signature]</u> | <u>1828 B Kaphorn Rd Tomahawk WI 54487</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>4-4-11</u> |
| 7. <u>[Signature]</u> | <u>4001 PINE TREE RD WAUSAU, WI 54403</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u> | <u>4-4-11</u> |
| 8. <u>[Signature]</u> | <u>2430 Lake [Signature] Rd Tomahawk WI 54487</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u> | <u>4-4-11</u> |
| 9. <u>[Signature]</u> | <u>W46220 Coz Hwy S Irons, WI 54442</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SKANAWAN</u> | <u>4-4-11</u> |
| 10. <u>[Signature]</u> | <u>4729 Olson Ln Rhinelander, WI 54871</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>4-4-11</u> |

Certification of Circulator

I, Peter Sturgul, certify:

I reside at 1943 County Road L, Tomahawk, WI
(circulator's residence - include number, street, and municipality)

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

4/4/11
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

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

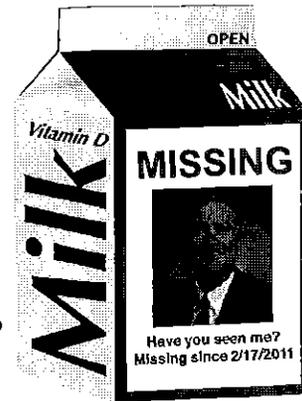
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Julie Young</i> | <i>453 Edison St Rhinelander</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i> | <i>4-4-11</i> |
| 2. <i>William Weathers</i> | <i>821 Arbutus Rhinelander WI</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Rhinelander</i> | <i>4-4-11</i> |
| 3. <i>De L...</i> | <i>6346 Whippoorwill Ln Rhinelander, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i> | <i>4-4-11</i> |
| 4. <i>Beck Taylor</i> | <i>6346 Whippoorwill Ln Rhinelander WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i> | <i>4-4-11</i> |
| 5. <i>John F. Hartman</i> | <i>3838 trails End. RA. WI 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i> | <i>4/4/11</i> |
| 6. <i>Victor Gonzalez</i> | <i>1218 W Phillip Rhinelander, WI 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i> | <i>4/4/11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, ANDREW MADAMA JR., certify:
(name of circulator)
 I reside at 5505 MONAWIC ROAD RHINELANDER WI 54501
(circulator's residence - include number, street, and municipality) TOWN PINE LAKE

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

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

Please mail this form to: Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|--------------------------------|--|---|-----------------|
| 1. <u>Judith Hall</u> | <u>625 W. 150th St Tomahawk, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>3/31/11</u> |
| 2. <u>David L. Ruten</u> | <u>1425 Baseline Rd Tomahawk</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>4/2/11</u> |
| 3. <u>Mark American</u> | <u>N2654 HWY 107 Merrill WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u> | <u>4/2/11</u> |
| 4. <u>Tammy Teske</u> | <u>N10208 Pine Shore Ln Tomahawk WI 54487</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>4-2-11</u> |
| 5. <u>JR Newton</u> | <u>10194 Woodland TOMAHAWK 54487</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u> | <u>4/5/11</u> |
| 6. <u>Neal Blaylock</u> | <u>W3539 CTH D TOMAHAWK</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>KING</u> | <u>4/5/11</u> |
| 7. <u>Julie Wujcik</u> | <u>67 E. Birchwood Tomahawk, WI 54487</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>4/5/11</u> |
| 8. <u>Ruth</u> | <u>R11549 Ctn Y Tomahawk, WI 54487</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Nokomis</u> | <u>4/5/11</u> |
| 9. <u>Harold Duml</u> | <u>N11040 Soma Lake Ln Tomahawk WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wilsor</u> | <u>4/5/11</u> |
| 10. <u>Patricia Mack-Hemes</u> | <u>W5636 Honeyman Bay Rd Tomahawk, WI 54487</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BRAOLEY</u> | <u>4/5/2011</u> |

Certification of Circulator

Anda M. Kenworthy _____, certify:
(name of circulator)
 reside at W5220 Terrace View Rd Tomahawk WI 54487
(circulator's residence - include number, street, and municipality) TWN BRADLEY

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

Anda M. Kenworthy
(signature of circulator)