

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Anglene Gehling</i>	<i>W16501 Gehling Rd Dunbar, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>3/30/11</i>
2. <i>Donna Mai</i>	<i>N116504 Little Beaver Ln Pembine, WI 54156</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pembine</i>	<i>3/30/11</i>
3. <i>Donna Mai</i>	<i>N116504 LITTLE BEAVER LN PEMBINE WI 54156</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PEMBINE</i>	<i>3/30/11</i>
4. <i>Richard Gehling</i>	<i>Don Sal WI 54119 N116504 Beaver Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>3/30/11</i>
5. <i>Joe Gehling</i>	<i>1740 RIVER ST NIAGARA WI 54151</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3/31/11</i>
6. <i>Michael A. Patten</i>	<i>W5503 LARGEST RD, NIAGARA, WI, 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NIAGARA</i>	<i>4/3/11</i>
7. <i>Carol Ernst</i>	<i>N 21165 Co Rd 0 Niagara WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Niagara</i>	<i>4/3/11</i>
8. <i>Judy Bigalke</i>	<i>N21090 CNT 0 NIAGARA WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NIAGARA</i>	<i>4/3/11</i>
9. <i>Judy Bigalke</i>	<i>N21090 CNT 0 Niagara, WI 54151</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Niagara</i>	<i>4/3/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

I, *Carol W. Ernst* **Certification of Circulator**, certify:
(name of circulator)

I reside *N 21165 Co Rd 0, Niagara WI 54151*
(circulator's residence - include number, street, and municipality)

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

Apr. 3, 2011
(date)

Carol Ernst
(signature of circulator)

RECALL PETITION

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1. <i>Sara Cleereman</i>	<i>4950 Midway Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona</i>	<i>3/15/11</i>
2. <i>Tom Cleereman Jr.</i>	<i>4950 Midway Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona</i>	<i>3/15/11</i>
3. <i>Linda Cleereman</i>	<i>5246 W. Silver Lake Rd Laona, WI 54541</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona</i>	<i>3/25/11</i>
4. <i>Peggy Bullard Remmel</i>	<i>4225 Oconto Av Wabeno</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wabeno</i>	<i>3-26-11</i>
5. <i>Emily Bullard</i>	<i>100 W. Washington St Crandon, WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandon</i>	<i>3-20-11</i>
6. <i>Karin Bohmy</i>	<i>4517 Smith St Wabeno, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wabeno</i>	<i>4-1-11</i>
7. <i>Tom Smith</i>	<i>1527 RANGELINE RD.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wabeno</i>	<i>4-5</i>
8. <i>Cory Hartner</i>	<i>1468 South Shore Dr. Wabeno, WI 54566</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wabeno</i>	<i>4-7-11</i>
9.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wa</i>	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Sara Cleereman*, certify:

I reside *4950 Midway Lane Laona WI 54541*
(circulator's residence - include number, street, and municipality)

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

X *4-7-2011* X *Sara Cleereman*
(date) (signature of circulator)

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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.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 <i>Michelle A</i>	1526 Riverglens AL	Town Village <input checked="" type="checkbox"/> City Rhinelander	2/24/11
2 <i>Mary Ebert</i>	1526 Riverglens	Town Village Rhinelander <input checked="" type="checkbox"/> City	2/24/11
3 <i>Juan W. Stal</i>	5153 Hwy 17 N Apt F	<input checked="" type="checkbox"/> Town Village City PINE LAKE	2/24/11
4 <i>Lois Wallace</i>	354 Hillside Road	Town Village <input checked="" type="checkbox"/> City Rhinelander	2/24/11
5 <i>Donald Meyer</i>	7047 MAPLE BLUF	<input checked="" type="checkbox"/> Town NEWBOLD Village City Rhinelander	2/24/11
6 <i>[Signature]</i>	6059 NORTHWESTERN RD	<input checked="" type="checkbox"/> Town Village NEWBOLD City	2-24-11
7 <i>[Signature]</i>	RHINELANDER WIS 54501	Town Village City	
8 <i>John Spencer</i>	215 ELM COURT RHINELANDER, WIS	Town Village <input checked="" type="checkbox"/> City RHINELANDER	2/24/11
9 <i>JWA RAPPLEY</i> <i>Lena Rappley</i>	6059 NORTHWESTERN DR	<input checked="" type="checkbox"/> Town Village RHINELANDER City NEWBOLD	2/24/11
10 <i>WAYNE KUHADEK</i> <i>Uspek & Ravek</i>	5675 BISSETTE LANE Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town Village Pine Lake City	2/25/11

CERTIFICATION OF CIRCULATOR

I, Keith K Kost, certify that I reside at 203 Pleasant St. Rhinelander

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the WIS 54501 jurisdiction or district represented by the officeholder named in this petition. I know that 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.

3-14-2011
(date)

[Signature]

(Signature of Circulator)
Keith K Kost

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)

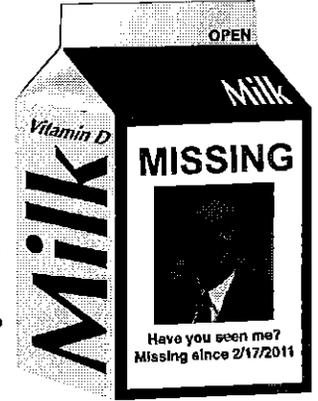
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District

(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

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1. <i>Barbara J. Steinhilber</i>	1075 Pine Strow St. Germain, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/18/11
2. <i>[Signature]</i>	31623 Sterling Dr Rhinelanders	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Breese	3/28/11
3. <i>Sam Liddle</i>	6079 Redpine Ridge Rhinelanders 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	4-2-11
4. <i>Judith Roberts</i>	4591 Landing Rd Rhinelanders, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	4-2-11
5. <i>Walter E. [Signature]</i>	1517 W. Kingfisher Ln. Harrison, WI 54435	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	4-2-11
6. <i>Kenneth A. [Signature]</i>	2754 Rox Rd ARBOR VITAE WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4-2-11
<i>Brian [Signature]</i>	5200 County Rd W Grandon, WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	4-2-11
8. <i>JOE BERG</i>	4453 River Bend Rd. Pelican WI. 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PELICAN	4-2-11
9. <i>Michael Weber</i>	8634 Down call Trail Harshaw WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodboro	4/2/11
10. <i>[Signature]</i>	4170 Shady Ln Rhinelanders, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	4/2/11

Certification of Circulator

I, RICHARD D FLEURY, certify:
(name of circulator)

I reside at 111 WOODLAND HEIGHTS MANOR RHINELANDER
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 2, 2011
(date)

Richard D. Fleury
(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. 3855

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1. <i>Marilyn Putnam</i>	<i>W13710 Putnam Lane Bowler WI 54416</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bartleme</i>	<i>3/29/11</i>
2. <i>Rose Mary Putnam</i>	<i>W13914 Putnam Ln Bowler WI 54416</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bartleme</i>	<i>3/29/11</i>
3. <i>Jane Putnam</i>	<i>N9247 Mohheconnuck Rd Bowler WI 54416</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bartleme</i>	<i>3/29/11</i>
4. <i>Mary Ann Shepard</i>	<i>W13601 Putnam Ave Bowler, WI 54416</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bartleme</i>	<i>3/29/11</i>
5. <i>Donna Zook</i>	<i>N8606 Maplewood St. Bowler WI 54416</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bartleme</i>	<i>3/30/11</i>
6. <i>Walter J...</i>	<i>N8606 Maplewood St Bowler WI 54416</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bartleme</i>	<i>3/30/11</i>
7. <i>Regina Putnam</i>	<i>N9245 Mohheconnuck Rd Bowler WI 54416</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bartleme</i>	<i>4/1/11</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>

I, *Rose Mary Putnam* **Certification of Circulator**, certify:
(name of circulator)
 I reside *W13714 Putnam Ln Bowler WI 54416 BARTLEME*
(circulator's residence - include number, street, and municipality)

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

April 4, 2011 (date) *Rose Mary Putnam* (signature of circulator)

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1. <i>Richard A. Grell</i>	<i>2070 Town Rd L</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>4/5/11</i>
2. <i>Marie Jo Dree</i>	<i>P.O. Box 256 Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>FLORENCE</i>	<i>4/5/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *RICHARD A. GRELL*, (name of circulator) certify:

I reside *632 LAKE AV. FLORENCE WI 54121*
(circulator's residence - include number, street, and municipality)

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

4-5-2011
(date)

Richard A. Grell
(signature of circulator)

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1. <i>Scott Roten</i>	<i>9720 County Ln W</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOODRUFF</i>	<i>3/3/11</i>
2. <i>John Pizzoloni</i>	<i>84 DEER PATH RD Manitowish Waters WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MANITOWISH WATERS</i>	<i>3/3/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *ANDREW PIZZOLONI*, certify:
(name of circulator)

I reside *84 DEER PATH RD MANITOWISH WATERS WI*.
(circulator's residence - include number, street, and municipality)

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

3/4/11
(date)

[Signature]
(signature of circulator)

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1. <i>Andrew Przlanski</i>	84 DEER PATH RD	<input checked="" type="checkbox"/> Town MANITOWISH <input type="checkbox"/> Village WATERS <input type="checkbox"/> City	3/3/11
2. <i>Shuling + Dudo</i>	8560 Sutton Roy	<input checked="" type="checkbox"/> Town MINOCQUA, WI <input type="checkbox"/> Village <input type="checkbox"/> City	8/3/11
3. <i>Tim Capodice</i>	1362 Valley Ct	<input checked="" type="checkbox"/> Town Carbon Vitae, WI <input type="checkbox"/> Village <input type="checkbox"/> City	3-8-11
4. <i>Amy Alffens</i>	13585 Hwy 70 West	<input checked="" type="checkbox"/> Town Lac du Flambeau <input type="checkbox"/> Village WI <input type="checkbox"/> City	3-3-11
5. <i>Richard Foster</i>	4215 Northview Dr	<input type="checkbox"/> Town RAINBOW <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-3-11
6. <i>Lara Weston</i>	11012 B Muskellunge Lk	<input type="checkbox"/> Town Boulder Jet <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
7. <i>Sara Berger</i>	2916 W. Mercer Lk Cir Mercer, WI 54154	<input checked="" type="checkbox"/> Town Mercer, WI <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
8. <i>Nicole Rice</i>	PO Box 1267 Woodruff WI 54908	<input checked="" type="checkbox"/> Town MINOCQUA <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
9. <i>Cecilia B. Schmitt</i>	PO BOX 1152 MINOCQUA WI 54468	<input checked="" type="checkbox"/> Town MINDOCQUA <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
10. <i>Bonnie ...</i>	RD 1323 Schmidhale Tomahawk WI	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	3-8-11

Certification of Circulator

I, Andrew Przlanski, certify:

(name of circulator)

I reside 84 DEER PATH RD MANITOWISH WATERS WI

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

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

3/4/11
(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. <i>Joseph Eckel</i>	<i>W11204 1st Ave Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3/18/11</i>
2. <i>Carleen Ploske</i>	<i>508 2nd Ave Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3/18/11</i>
3. <i>Carl R. Clark</i>	<i>N735 North St Phlox WI, 54464</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Norwood</i>	<i>3/18/11</i>
4. <i>Paul Louch</i>	<i>419 Peresch St Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-18-11</i>
5. <i>Pat Hopkins</i>	<i>535 3rd Ave Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-18-11</i>
6. <i>Zak Wila</i>	<i>504 Hogan St. Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-18-11</i>
7. <i>Michael Keen</i>	<i>N5399 SHIMMER LN BRYANT 54418</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEVA</i>	<i>3-18-11</i>
8. <i>Kathryn Keen</i>	<i>N5399 SHIMMER LN BRYANT WI 54418</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEVA</i>	<i>3-18-11</i>
9. <i>Cindy Couto</i>	<i>614 SCHOOL ST White Lake WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>White Lake</i>	<i>3-18-11</i>
10. <i>Kenneth Zupin</i>	<i>N5292 Town & aet Rd Deerbrook, WI 54434</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Peck</i>	<i>3-18-11</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.

3-18-11
(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

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.wis.gov>, email: gab@wi.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Matthew H. Decker</i>	6098 GENSLEY RD	<input checked="" type="checkbox"/> Town THREE LAKES <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
2. <i>[Signature]</i>	605 HWY 32	<input checked="" type="checkbox"/> Town Threelakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
3. <i>M. Anapoler</i>	9090 Trower Rd	<input checked="" type="checkbox"/> Town THREE LAKES <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
4. <i>Greg. Olechowski</i>	605 HWY 32	<input checked="" type="checkbox"/> Town THREE LAKES <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
5. <i>Ray Wallenberg</i>	6999 E. School St	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/2/11
6. <i>Carl Lewandowski</i>	1150 N. Big Lake Loop	<input checked="" type="checkbox"/> Town 3 Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/2/11
7. <i>Bill Kordak</i>	2610 Mulby Rd.	<input checked="" type="checkbox"/> Town 3 Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
8. <i>Shane Simons</i>	1255 N. Big Lake Loop 3 Lakes WI	<input checked="" type="checkbox"/> Town 3 Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
9. <i>Thomas Fontaine</i>	7962 HWY 4 Three Lakes	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/2/11
10. <i>Nancy Olechowski</i>	605 Hwy 32	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/2/11

Certification of Circulator

I, Nancy Olechowski, certify:
(name of circulator)

I reside 605 Hwy 32 Three Lakes WI 54582 Oneida
(circulator's residence - include number, street, and municipality) County

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

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

RECALL PETITION

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

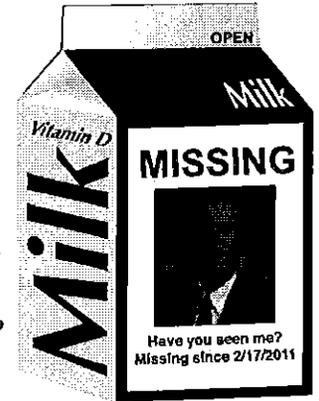
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

petition for the recall of Jim 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>Lorrie Lakso</u>	<u>N 8440 FOREST DEERBROOK W.I.</u>	<input checked="" type="checkbox"/> Town UPHAM <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/18/11</u>
2. <u>Jane Nelson</u>	<u>N20549 LAFAUC DR FENCE WI</u>	<input checked="" type="checkbox"/> Town GOODMAN <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-18-11</u>
3. <u>Wendy Strubel</u>	<u>278 WATSON ANTIGO WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	<u>3-18-11</u>
4. <u>Greg Oll</u>	<u>1807 Andrea Ct Antigo</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	<u>3-18-11</u>
5. <u>Hayd Kramer</u>	<u>113 Aurora St. Antigo</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	<u>3-18/11</u>
6. <u>Peter Krause</u>	<u>113 Aurora St. Antigo</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	<u>3-18/11</u>
7. <u>Donald D. Albin</u>	<u>N 8951 Watopaway rd. Deerbrook WI</u>	<input checked="" type="checkbox"/> Town upham <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/17/11</u>
8. <u>David Schremp</u>	<u>108 South Sunset Dr Antigo WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	<u>3/19/11</u>
9. <u>Andrew Bawlah</u>	<u>106 SUNSET DR Antigo</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	<u>3/19/11</u>
10. <u>Jan Kowalski</u>	<u>106 Sunset Dr Antigo</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	<u>3-19-11</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.

3-18-11
(date)

Laurie Hottenstein
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

Page No. 3862

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

Not showing up to work to represent the people of Wisconsin

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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. Brent H. Walentowski	3066 Black Lane Crandon WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashville	3-3-11
2. Sandra Walentowski	2960 Black Joe Rd Crandon, WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashville	3/3/11
3. Clement Walentowski	2960 Black Joe Rd Crandon, WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashville	3/3/11
4. Thady	4843 Birch St. Laona, WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3/3/11
5. Tom El	4833 Fifth St Laona, WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3/3/11
6. Jason Matron	5095 Oak St. Laona WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3/3/11
7. Jane Yaeger	4821 Birch St Laona WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3/3/11
8. Rue Jaeger	4829 Birch St. Laona, WI 5454	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-4-11
9. Richard Petzold	3061 Black Ln Crandon WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NASHVILLE	3-4-11
10. Deedy Petzold	3061 Black Ln Crandon WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashville	3-4-11

Certification of Circulator

I, Brent Walentowski, certify:
(name of circulator)

I reside 3066 Black Lane Crandon WI 54520 NASHVILLE (AWN)
(circulator's residence - include number, street, and municipality)

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

Brent Walentowski

(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 H Lemmer</i>	604 ALFRED ST. ATHENS WIS 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-3-2011
2. <i>Roma J. Key</i>	505 Caroline St. Athens WI 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
3. <i>Kelley J. Akey</i>	505 Caroline ST. Athens WI 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
4. <i>Karla J Lemmer</i>	604 Alfred St ATHENS, WI 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
5. <i>Jean J. Swenson</i>	P.O. Box 282 Athens, WI 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
6. <i>Edward J Swenson</i>	Po Box 282 Athens WI 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
7. <i>Ken Payne</i>	900 S. Main Rd Wausau, WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
8. <i>David B. Hartman</i>	509 Munes St. Athens, WI 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-13-11
9. <i>Terrell B. Hartman</i>	509 Munes St. Athens, WI 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-13-11
10. <i>Betty Docha</i>	616 Krautzger St Athens, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-21-11

Certification of Circulator

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

I reside 608 ELM STREET ATHENS, WI 54411
(circulator's residence - include number, street, and municipality)

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

30 MARCH 2011
(date)

Ronald J Thompson
(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>Richard Bruico</i>	<i>N 3737 Polar Rd Bryant Wis 54418-9501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar township</i>	<i>3/30/11</i>
2. <i>Elijah Bruico</i>	<i>N 3737 Polar Rd Bryant Wi 54418-9501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar township</i>	<i>3/30/11</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, *Richard Bruico*, certify:
(name of circulator)

I reside *N 3737 Polar Rd Bryant Wis 54418-9501 POLAR*
(circulator's residence - include number, street, and municipality)

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

3-30-11

(date)

Richard Bruico
(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. RICHARD WIMBARGER	17196 PENINSULA LANE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKWOOD	3/29/11
2. WENDY WIMBARGER	17196 PENINSULA LANE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKWOOD	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, RICHARD WIMBARGER, certify:

(name of circulator)

I reside 17196 PENINSULA LANE LAKWOOD, WI 54138

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

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

3/29/11
(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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Michael C. Givens</u>	<u>4453 Pioneer Rd</u>	<input checked="" type="checkbox"/> Town <u>CONOVER</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2.26.11</u>
2. <u>Jamune Jankowski</u>	<u>1507 WOODLAND DR</u>	<input checked="" type="checkbox"/> Town <u>SAINT GERMAIN</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2.26.11</u>
3. <u>Robert Lehrkamp</u>	<u>1825 KOEBENIC RD THREE LAKES</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>2.26.11</u>
4. <u>Conice Siefert</u>	<u>5216 Twilite Ln. Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>2-26-11</u>
5. <u>JAK BAER</u>	<u>218 N. SECOND EAGLE RIVER</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>2/26/11</u>
6. <u>Scott H. Willman</u>	<u>1780 Bald Eagle Ln. Three Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>2/26/11</u>
7. <u>Sally A. Newton</u>	<u>1780 Bald Eagle Lane Three Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>2/26/11</u>
8. <u>Marilyn G. Grynko</u>	<u>5050 Hwy 6 Eagle River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2/26/11</u>
9. <u>David O. Spuster</u>	<u>2410 Hwy 155 Jayner WI 54366</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ST GERMAIN</u>	<u>2-26-11</u>
10. <u>Byron Cirkus</u>	<u>6675 King rd Rhinelander WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u>	<u>2-26-11</u>

Certification of Circulator

I, Paula Visner

(name of circulator)

, certify:

I reside at 6045 BEAVER TR

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

CLOYERLAND

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

2/26/2011
(date)

Paula Visner
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Joe K. Lauer</i>	7484 SPRUCE ST	<input checked="" type="checkbox"/> Town MINOCQUA WI <input type="checkbox"/> Village <input type="checkbox"/> City	3-22-11
2. <i>Rich Biller</i>	9984 RIDGEWOOD DR.	<input checked="" type="checkbox"/> Town HAZELHURST <input type="checkbox"/> Village <input type="checkbox"/> City	3-22-11
3. <i>Harley Radloff</i>	9060 Rapps Road	<input checked="" type="checkbox"/> Town Wausau WI <input type="checkbox"/> Village <input type="checkbox"/> City	3-22-2011
4. <i>Chris Hillen</i>	10175 LOWER RD	<input checked="" type="checkbox"/> Town ARBOR VITAE WI <input type="checkbox"/> Village <input type="checkbox"/> City	3-22-11
5. <i>J. Hoffmann</i>	7965 Squirrel Rd	<input checked="" type="checkbox"/> Town Minocqua WI <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
<i>Janya Smit</i>	14495 Weyman Ln	<input checked="" type="checkbox"/> Town Ladysburg WI <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
7. <i>Amanda Olson</i>	Hazelhurst WI 7277 Hwy 31 S.	<input checked="" type="checkbox"/> Town Hazelhurst WI <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
8. <i>M. Kelato</i>	Hazelhurst WI 14155 Long Pt Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Ladysburg WI	4-2-11
9. <i>Bill Alster</i>	2228 S. Ch. Wm. Rd Arbor Vitae WI	<input checked="" type="checkbox"/> Town Arbor Vitae WI <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
10. <i>J. H.</i>	7850 Liberty Rd	<input checked="" type="checkbox"/> Town Minocqua WI <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

I reside at 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.

4-4-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

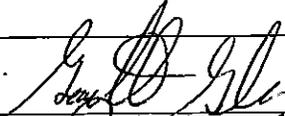
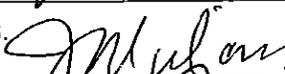
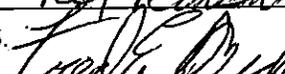
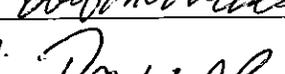
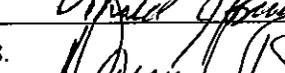
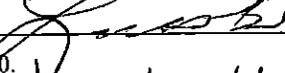
TO: Wisconsin Government Accountability Board

(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. 	2503 Witches Lake Rd Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town Arbor Vitae, WI <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
2. 	6365 N. CTY RD H MERCER, WI 54547	<input checked="" type="checkbox"/> Town Mercer <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
3. 	6365 N. Coty Rd H Mercer, WI 54547	<input checked="" type="checkbox"/> Town Mercer <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
4. 	9268 BLENBEE LANE MINOCQUA WI	<input checked="" type="checkbox"/> Town MINOCQUA <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
5. 	9884 Country LN WOODRUFF, WI	<input checked="" type="checkbox"/> Town WOODRUFF <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
6. 	W6926 Red Oak FIELD, WI	<input checked="" type="checkbox"/> Town FIELD <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
7. 	16750 MASSON RD. Arbor Vitae	<input checked="" type="checkbox"/> Town Arbor Vitae <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
8. 	11220 WOLF RD MINOCQUA, WIS	<input checked="" type="checkbox"/> Town MINOCQUA <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
9. 	11220 WOLF RD MINOCQUA, WIS	<input checked="" type="checkbox"/> Town MINOCQUA <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
10. 	9910 HWY 70 West MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town MINOCQUA <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

I reside 2511 S. 59th W. 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.

4-4-11

(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>Vito Virgelio</i>	8806 CTH - N TOMAHAWK. WI. 54487	<input checked="" type="checkbox"/> Town WOODBORO <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
2. <i>Mike J. Brown</i>	5407 Trappers Trail 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhineland <input checked="" type="checkbox"/> City	4-2-11
3. <i>John P. Kelly</i>	4252 LAKESHORE DR. Rhineland WI. 54501	<input checked="" type="checkbox"/> Town PILE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
4. <i>Mike Buch</i>	4754 OLSON Rhineland	<input checked="" type="checkbox"/> Town Rhineland <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
5. <i>Steve S. Foster</i>	1305 W. Phillip Rhineland	<input type="checkbox"/> Town Rhineland <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
6. <i>Carol J. Jensen</i>	8787 HARSHAW RD. Harshaw WI. 54509	<input checked="" type="checkbox"/> Town Russian <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
7. <i>Jeremy Meyer</i>	138A Eastwood Dr Mantowish Waters WI	<input checked="" type="checkbox"/> Town Mantowish Waters <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
8. <i>Christa M. Smith</i>	12849 Durer Pl Ln Minocqua WI. 54548	<input checked="" type="checkbox"/> Town Lac du Flambeau <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
9. <i>Quita A. Blom</i>	8250 Blomville Lane Lake Tomahawk, WI. 54639	<input checked="" type="checkbox"/> Town Woodruff <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
10. <i>Debra A. Kiv-Tupper</i>	87 Box 1043 8776 Lt Curtis Lk Minocqua WI	<input checked="" type="checkbox"/> Town Minocqua <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

I reside 2511 S. 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.

4-4-11
(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)

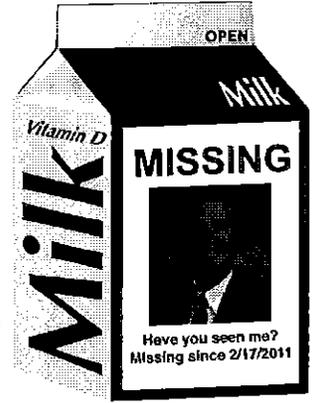
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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.)



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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>DAVID J. NAMETH</u>	<u>1115 N. PELHAM</u> <u>RHINELANDER, WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RHINELANDER</u>	<u>4/9/11</u>
2. <u>Jim & Eliam</u>	<u>1440 Everett Rd.</u> <u>Eagle River, WI 54558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u>	<u>4/9/11</u>
3. <u>Chris Lenard</u>	<u>5967 Hwy K</u> <u>Rhineland, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u>	<u>4/11/11</u>
4. <u>Sharon Craggs</u>	<u>3500 Campfire Dr</u> <u>Hartstam, WI 54529</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodboro</u>	<u>4/11/11</u>
5. <u>Brenda Feight</u>	<u>711 N Park Ave #1</u> <u>Crandon, WI 54520</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Crandon</u>	<u>4/11/11</u>
6. <u>Laverne Paul</u>	<u>4688 E. Lakewood St</u> <u>Crandon WI 54520</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>4/11/11</u>
7. <u>Mary Lou Ly</u>	<u>9377 Bridgell Rd</u> <u>Tomahawk WI 54487</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u>	<u>4/11/11</u>
8. <u>Robert L Gooden</u>	<u>3566 Sunset Lane</u> <u>Rhineland WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stella</u>	<u>4/12/11</u>
9. <u>Robert L. West</u>	<u>652 W. HWY 8</u> <u>MONICO, WI. 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MONICO</u>	<u>4/12/11</u>
10. <u>Jim Scheppele</u>	<u>4037 Hwy W.</u> <u>Rhineland WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pine Lake</u>	<u>4/12/11</u>

I, Robert Talbot, certify:
(name of circulator)
 I reside at 4475 County P Pelican, 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.

4/12/11 (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: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

(He didn't show up for work)

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>Eldred Krahn</i>	<i>N 8887 RENN LN GLEASON Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/31/11</i>
2. <i>Carol Krahn</i>	<i>N 8887 Renn Ln. GLEASON, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/31/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Eldred Krahn*, certify:
(name of circulator)

I reside *N 8887 RENN LN GLEASON WIS 54435 HARRISON*.
(circulator's residence - include number, street, and municipality)

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

Eldred Krahn
(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.	903 Eagle St Rhineland, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	3-23-11
2.	3737 Nuthatch Lane Rhineland WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	3-23-11
3.	9907 Soknowa Drive Crescent WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashville	3/23/11
4.	W11248 Enterprise Lake Rd. Elcho WI 54420	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3/23/11
5.	465 Woodland Heights Farm Rhineland WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/23/11
6.	4281 HWY COP Rhineland, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	3/23/11
7.	1108 Goldridge Ave. Rhineland WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland WI	3-23-2011
8.	1309 Lincoln Rhineland WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/24/11
9.	2790 Crescent Rd. Rhineland WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3-24-11
10.	4453 Highland Dr Pine Lake WI 54571	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/24/11

Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave, Detroit Lakes, MN 56501

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

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

3-25-11

(date)

(signature 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. Sharon Woodruff	4770 Bayview Dr. Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbould	3/24/11
2. Sonni Mack	4659 N. SHARPE DR RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/24/11
3. Pat V. Lun	527 Newell St. Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/24/11
4. Judy Maxis	W14855 Callsen Rd Gleason, WI 54435	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Parrish	3/24/11
5. Lidia Lopez	209 Rappall St Apt E Rhinelander 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/24/11
6. Tina Erickson	2067 River Rd Tomahawk 54487	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Nokomis	3-24-11
7. Alice Marquardt	34 E. Anderson St. Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-24-11
8. Maryjo Auzan	110 Randall Ave Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-24-11
9. Jim Bone	28 North Broad St Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-24-11
10. Kade Webster	25 W O Brown St Rhinelander 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-24-11

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.

3-25-11 (date) Duane Schumacher (signature of circulator)

RECALL PETITION

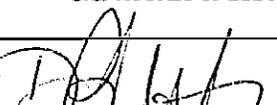
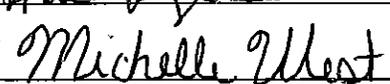
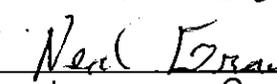
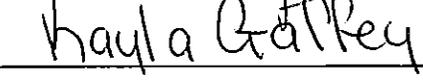
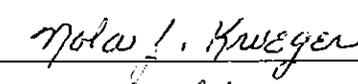
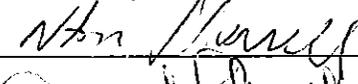
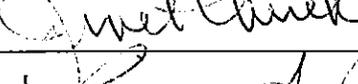
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	W9218 CTY D Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3-21-11
2. 	507 Fulton St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-21-11
3. 	801 Arctic St Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-21-11
4. 	W7663 CTY Rd F Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	3-21-11
5. 	W8858 CTY F Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-21-11
6. 	74023 Red Pipe Dr. White Lake 54491	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City White Lake	3-21-11
7. 	Antigo WI 925 5th Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo 54409	3-21-11
8. 	6695 CTY Rd E Eland WI 54427	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franken	3-21-11
9. 	5105 5440 344 Pine Antigo	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-21-11
10. 	W6233 5th Rd Coleman WI 54435	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Coleman	3-21-11

Certification of Circulator

I, Duane Schumacker, 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.

3-25-11

(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>Adam Jensen</i>	215 6 th Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-21-11
2. <i>Lori Kesch</i>	N4441 Hill Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	3/21/11
3. <i>Diane Kautza</i>	W11222 Lamplight Ln Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3-21-11
4. <i>Diane Honderd</i>	305 Elm St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-21-11
5. <i>Tyler</i>	W7050 6 th Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11
6. <i>Holly Lenzner</i>	102 Wausau Rd. Apt. 2 Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11
7. <i>Wallace Tonger</i>	8250 6th Ave Antigo 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-21-11
8. <i>Tyler</i>	210 Watson Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-21-11
9. <i>Paul Smith</i>	P.O. Box 532 Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-21-11
10. <i>Philip J. Law</i>	1215 15 th Ave Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-21-11

Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave, Detroit Lakes, MN 56501

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

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

3-25-11

(date)

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Dorine C. Hoff</i>	<i>624 Minnesota Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>3 Lakes</i>	<i>3-1-11</i>
2. <i>James R. Hoff</i>	<i>905 S. Jackson Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>3 Lakes</i>	<i>3-1-11</i>
3. <i>[Signature]</i>	<i>948 N. Best Lakes</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>3 Lakes</i>	<i>3-1-11</i>
4. <i>[Signature]</i>	<i>909 E. Wall St #2 Eagle River, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>E.R</i>	<i>3-1-11</i>
5. <i>[Signature]</i>	<i>425 Ohio St Eagle River, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i>	<i>3-1-11</i>
6. <i>[Signature]</i>	<i>2682 Bulls Eye Lane Cloverland Eagle River</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Cloverland</i>	<i>3-1-11</i>
7. <i>[Signature]</i>	<i>624 Minnesota Eagle River, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i>	<i>3-2-11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Donald Jones, certify:
(name of circulator)
 reside at 624 Minnesota Eagle River, WI.
(circulator's residence - include number, street, and municipality)

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

3/2/11

(date)

Donald Jones

(signature of circulator)

RECALL PETITION

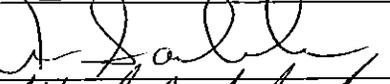
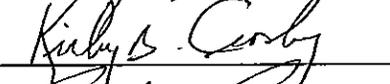
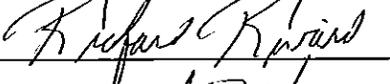
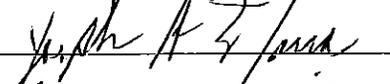
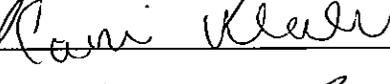
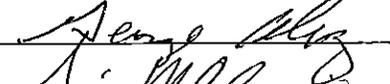
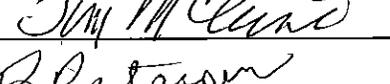
TO: Wisconsin Government Accountability Board

(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.

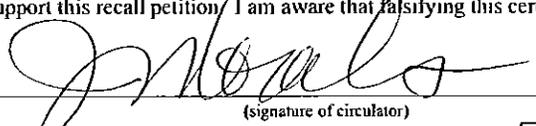
STATEMENT OF REASON FOR RECALL

(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. 	404059 County Road D	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King	4-10-11
2. 	3266 S. RIVER RD RHINELANDER WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT	4-10-11
3. 	3551 HANCOCK LICK RD HARSHAW, WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODBORO	4-10-11
4. 	2041 The point Rd E. Tomahawk, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOKONIS	4/10/11
5. 	1108 Bridge SE Tomahawk WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/10/11
6. 	Tomahawk WI 7171 76 Hwy E	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	4/10/11
7. 	WS058 HOVRE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/10/11
8. 	W6610 Hwy E	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	4/10/11
9. 	1015 E King Rd Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WONA HAWK	4/10/11
10. 	1327 Kings Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/10/11

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

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

4-10-11 (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>Shane Merchant</i>	<i>714 Center St Antigo Center St 714 Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
2. <i>Tony To</i>	<i>W10219 CTYN Antigo WI</i>	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
3. <i>[Signature]</i>	<i>11383 Hill-N-Dale Dr Min</i>	<input checked="" type="checkbox"/> Town Minocqua <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
4. <i>Edwin J. Wegner Jr</i>	<i>8209 WEGNER LN WILCHESTER</i>	<input checked="" type="checkbox"/> Town WILCHESTER <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
5. <i>[Signature]</i>	<i>560 Alder Lake Rd M</i>	<input checked="" type="checkbox"/> Town Manitowish Wtrs <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
6. <i>Shah Hawasit</i>	<i>204 CHIPPEWA ST LDF, WI</i>	<input checked="" type="checkbox"/> Town LDF <input type="checkbox"/> Village <input type="checkbox"/> City LAC du Flambeau	<i>4/6/11</i>
7. <i>James Seal</i>	<i>NJ192 CTY H DEERBROOK WIS</i>	<input checked="" type="checkbox"/> Town DEERBROOK <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-6-11</i>
8. <i>Robert S</i>	<i>7602 Nashbrook Lake Tomahawk Wt</i>	<input checked="" type="checkbox"/> Town Woodmrt <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-7-11</i>
9. <i>Rose Ruchay</i>	<i>4009 N Kemmen mercera, wis</i>	<input checked="" type="checkbox"/> Town mercera <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-7-11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

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

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

4-7-11
(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. <i>Patricia Jordan</i>	<i>4197 Amber Heights</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4/7/11</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	

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

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

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

4-7-11
(date)

J Morales
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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>Shelly A. Gressel</i>	<i>4604 E. Rockyview Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausau</i>	<i>4/7/11</i>
2. <i>Richy D. Clements</i>	<i>N 11706 C+Y Rd Y</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4-7-11</i>
3. <i>Tarah Kappeler</i>	<i>4206 Forest Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-7-11</i>
4. <i>Ken White</i>	<i>6232 Carlson Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O' Lakes</i>	<i>4-7-11</i>
5. <i>Chas Takom</i>	<i>PO Box 1374 3511 Hwy A-</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelanders</i>	<i>4-7-11</i>
6. <i>Skuld Turk</i>	<i>2435 Hwy 17 South</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelanders</i>	<i>4-7-11</i>
7. <i>Ted Hart Jr</i>	<i>3374 Candy Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Republican Rhinelanders</i>	<i>4-7-11</i>
8. <i>Rachael S Jowle</i>	<i>3971 Shepard Lake Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelanders</i>	<i>4-7-11</i>
9. <i>Esther N. Jowle</i>	<i>3971 Shepard Lake Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelanders</i>	<i>4-7-11</i>
10. <i>Jeri White</i>	<i>5455 Lake Ida Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelanders</i>	<i>4-7-11</i>

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

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

4-7-11
(date)

J Morales
(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12
(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>Collette Roth</u>	<u>3150 City Hwy C Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stella</u>	<u>3-15-11</u>
2. <u>Tim Roth</u>	<u>3150 City Hwy C Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stella</u>	<u>3-15-11</u>
3. <u>Lisa Sennholz</u>	<u>N1085 Hwy H H Antigo, WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Langlade</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	

Certification of Circulator

Tracey Novak certify:
(name of circulator)
 reside at 123 Fairland St. Antigo, WI 54409
(circulator's residence - include number, street, and municipality)

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

3-22-11 Tracey Novak
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 <i>Charles Zarter</i>	1200 ARROWHEAD DR ARBOR VITAE WI 54568	X Town Village City ARBOR VITAE	2/24/11
2 <i>Richard Kolw...</i>	BOX 301 KALWOOD RD OFF HWY 54568	X Town Village City WOODRUFF	2/24/11
<i>Chad Deate</i>	2025 E. Birch Lk RD Winchester WI 54557	X Town Village City WINCHESTER	2/24/11
4 <i>Ray Ham</i>	10750 Hwy 70 E ARBOR VITAE, WI 54568	X Town Village City ARBOR VITAE	2/24/11
5 <i>Aila Kowenow</i>	8966 Forestwood Lane Woodruff WI 54568	X Town Village City WOODRUFF	2/24/11
6 <i>Michael Hamus</i>	10750 Hwy 70 E ARBOR VITAE, WI 54568	X Town Village City ARBOR VITAE	2/24/11
7 <i>Ray Clark</i>	2593 STEARNS LK. Rd. Lac Du Flambeau WI 54538	X Town Village City LAC DU FLAMBEAU	2/27/11
8		Town Village City	
9		Town Village City	
10		Town Village City	

CERTIFICATION OF CIRCULATOR

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

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

2/28/2011
(date)

Charles Zarter
(Signature of Circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1. <i>David L Brown</i>	327 Spring Lake Rd Rhinelander WI 54501	Town Village <input checked="" type="checkbox"/> City Rhinelander	3/11/11
2. <i>Thomas W. Huggins</i>	727 Court St Rhinelander, WI 54501	Town Village <input checked="" type="checkbox"/> City Rhinelander	3/11/11
3. <i>Patricia O'Brien</i>	525 Spring Lake Rd.	Town Village <input checked="" type="checkbox"/> City Rhinelander	3/14/11
4. <i>Reguelin M. Hede</i>	Rhinelander WI 54501 322 SPRINGLAKE ROAD RHINELANDER, WI 54501	Town Village <input checked="" type="checkbox"/> City Rhinelander	3/14/11
5. <i>John R. Ruckelshaus</i>	418 MICHAELS ROAD RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town Village City Pine Lake	3/15/11
6. <i>Kelly H. Hopp</i>	2924 Sheffield Rd Rhinelander WI 54501	<input checked="" type="checkbox"/> Town Village City Oneant	3/16/11
7. <i>Sandra M. Myers</i>	PO BOX 1342 5814 Ragoon Trail McHenry Rhinelander WI	<input checked="" type="checkbox"/> Town Village City Newbold	3-16-11
8. <i>Carol Wagner</i>	421 Spring Lake Rhinelander, WI.	Town Rhinelander Village <input checked="" type="checkbox"/> City	3-16-11
9. <i>Mary K. Hickey</i>	745 Lake Shore Dr Rhinelander WI 54501	Town Village <input checked="" type="checkbox"/> City Rhinelander	3-17-11
10. <i>Ann M. Hickey</i>	745 Lakeshore Drive Rhinelander, WI 54501	Town Village <input checked="" type="checkbox"/> City Rhinelander	3/17/11

CERTIFICATION OF CIRCULATOR

1. *David L Brown* certify that I reside at 327 Spring Lake Rd
Rhinelander WI 54501

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that 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.

3/17/11
(date)

David L Brown
(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>Karen Grant</i>	<i>6054 Red Pine DR. Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <i>Ship Newbold</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
2. <i>Jamie Dunt</i>	<i>6054 Red Pine DR Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <i>Ship Newbold</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Karen Grant*, certify:
(name of circulator)

I reside *at 6054 Red Pine DR - Rhinelander, WI 54501 NEWSOLD*.
(circulator's residence - include number, street, and municipality)

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

Karen Grant
(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. Linda Meenen	5 E Somo ave 7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-5-11
2. Steve Tasky	218 E. Washington An	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-8-11
3. Bonnie Babcock	2274 Lake Nokomis Rd Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-5-11 4-18-11
David L. Campbell	10860 S. COUNTRY Ct. Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-6-11
5. Patty Daigh	1514 Thayer Dr. Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-6-11
6. Donna Kumeper	204 N. TOMAHAWK	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK WI	4/26/11
7. M Z	1403 E Somo Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-6-11
8. James Joseph	N9180 Sanctuary RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-6-11
9. Lynn Miller	N8983 STEYMAN RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-6-11
10. Charles D. Drent	1278 SPIRIT AVE Tom	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-6-11

Certification of Circulator

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

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

4/6/11 (date) Sherrie E. Ferrell (signature of circulator)

RECALL PETITION

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

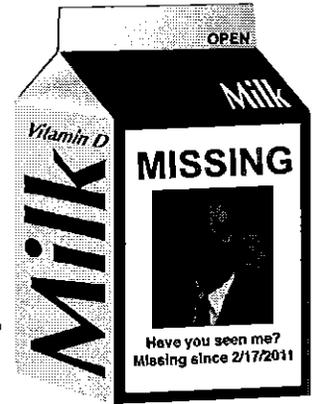
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

petition for the recall of Jim 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>Heather Helm</u>	<u>W10085 PIKE PLAINS Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4/1/11</u>
2. <u>Rachel Williams</u>	<u>W10085 Pike Plains Rd Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4-1-11</u>
3. <u>Joseph Marine</u>	<u>W10085 Pike Plains Rd Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4-1-11</u>
4. <u>Leah Peterson</u>	<u>W10085 Pike Plains Rd Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4-1-11</u>
5. <u>David Bartholomew</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4-1-11</u>
6. <u>Liana Lichtenwalner</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4-1-11</u>
7. <u>Karis Helms</u>	<u>W10085 W10035 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4-1-11</u>
8. <u>Alyssa M. Wickman</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4-1-11</u>
9. <u>Sara Wagner</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>4-1-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

I reside at 209 Mill St Goodman 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.

4/4/2011 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

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

RECALL PETITION

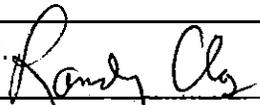
TO: Wisconsin Government Accountability Board

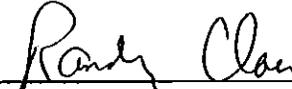
(official with whom nomination papers or declaration of candidacy for the office is filed)

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

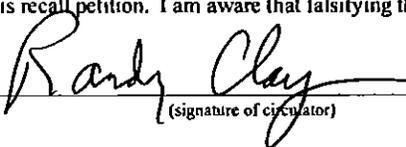
STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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. 	W12089 ST RD 64 Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ackley	4/2/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

I, , **Certification of Circulator**, certify:
(name of circulator)
 I reside W12089 ST RD 64 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.

4-4-11 (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. <u>Roger M. Brooks Sr</u>	<u>W 772 Springbrook Ave Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>4/2/11</u>
2. <u>Waylon Brooks</u>	<u>W 792 Springbrook Ave Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>4/3/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

Certification of Circulator

I, Roger M. Brooks Sr, certify:
(name of circulator)

I reside W 772 Springbrook Ave 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.

4-3-11
(date)

Roger Brooks Sr
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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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>Doug Mc</i>	<i>W7448 HWY 64 MERRILL, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CORNING</i>	<i>4/1/11</i>
2. <i>Judith Judy Ayer</i>	<i>W7448 Hwy. 64 Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Corning</i>	<i>4/1/11</i>
3. <i>Mandy Hoprich</i>	<i>W7448 Hwy. 64 Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Corning</i>	<i>4/3/11</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, *Judy Ayer* *Judith Ayer*, certify:
(name of circulator)

I reside *W7448 Hwy. 64, Merrill Corning*.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 *Judith Ayer*
(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>Matt Schulke</i>	<i>2232 W. Barton Blvd La Crosse Flambeau WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>La Crosse Flambeau</i>	<i>2-24-11</i>
2. <i>Mary Crass</i>	<i>3843 Evergreen Rd Eagle River WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>2-25-11</i>
3. <i>[Signature]</i>	<i>786 Bloom Rd Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>2-25-11</i>
4. <i>[Signature]</i>	<i>4135 W. 1st St Eagle River WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newfield</i>	<i>3-3-11</i>
5. <i>[Signature]</i>	<i>1326 Hwy 32 T.L. WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i>	<i>02/25/11</i>
6. <i>Walter Mideo</i>	<i>500 Whitetail Trl Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>2/25/11</i>
7. <i>Cheryl Adams</i>	<i>745 Highway 45 S Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>2/25/11</i>
8. <i>Carole Beer</i>	<i>5321 Old Hwy 70 E.R.W.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>2/25/11</i>
9. <i>Burt J. Su</i>	<i>7206 Hwy 17 N Rhinelander 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>3/2/11</i>
10. <i>Bryan J Hoban</i>	<i>N6522 1st IRma, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Birch</i>	<i>3/3/11</i>

Certification of Circulator

I, CRAIG SMITH LINCOLN, certify:

I reside at 628 HWY 17 S. 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.

3/10/11
(date)

Craig Smith
(signature of circulator)

RECALL PETITION

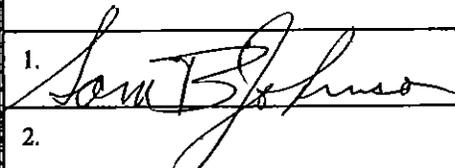
TO: Wisconsin Government Accountability Board

(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.)

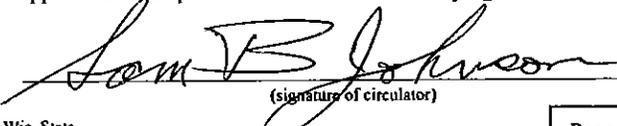
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	501 S CENTRAL AVE PO BOX 516	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON WI	4/4/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, , certify:
(name of circulator)

I reside 501 S CENTRAL AVE - CRANDON WI 54520
(circulator's residence - include number, street, and municipality)

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

4/4/11 (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>Day e Sots</i>	<i>10062 Blue Lake Rd Miwocqua W. S 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>George La Porte</i>	<i>158 9th Rd. Manitowish Waters WI 54545</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
3. <i>Annie Kwiattowski</i>	<i>W142 County W Manitowish Waters 54545</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
4. <i>Carol Stone</i>	<i>11570 Kay Rd Presque Isle, WI 54557</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
5. <i>Judy Becker</i>	<i>P.O. Box 151 / W49 30-30 Rd Manitowish Waters, WI 54545</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
6. <i>Jim Johnson</i>	<i>33 Tower Rd Manitowish Waters WI 54545</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
7. <i>Blaine Johnson</i>	<i>33 Tower Rd Manitowish Waters WI 54545</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</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, *Cleo Ann Fritsch*, certify:

(name of circulator)

I reside *10003 County Rd. W - Manitowish Waters, 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.

4-4-2011

(date)

Cleo Ann Fritsch

(signature of circulator)

RECALL PETITION

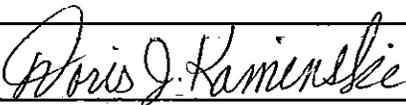
TO: Wisconsin Government Accountability Board

(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

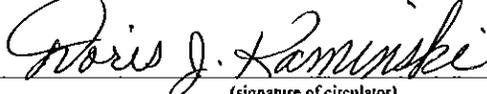
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	1457 MATTHE RD ARBOR VITAE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

I, DORIS J. KAMINSKI, **Certification of Circulator**, certify:
(name of circulator)

I reside 1457 MATTHE RD. ARBOR VITAE, WI
(circulator's residence - include number, street, and municipality)

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

April 3, 2011 
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Sandra Eastman</u>	<u>8698 S. Windpudding Dr Hazelhurst, Wis.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Tomahawk</u>	<u>4/3/11</u>
2. <u>Sandra Eastman</u>	<u>8698 S. WINDPUDDING HAZELHURST WIS</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Tomahawk</u>	<u>4/3/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>

Certification of Circulator

I, Sandra Eastman, certify:
(name of circulator)

I reside 8698 S. Windpudding Dr Hazelhurst, Wis. Township of Lake Tomahawk
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 3, 2011
(date)

Sandra Eastman
(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. <u>Peter Morgan</u>	<u>380 Hwy 51 North</u> <u>ARBO VITA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBO VITA</u>	<u>2-26-11</u>
2. <u>Steve Fugle</u>	<u>8678 Koolish Rd</u> <u>Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>2-26-11</u>
3. <u>Jim Jankowski</u>	<u>11070 Bellwood DR</u> <u>Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>2-26-11</u>
4. <u>John P. Griffin</u>	<u>10387 Hwy 70</u> <u>Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>2-26-11</u>
5. <u>Tramone Bechtolt</u>	<u>7204 Parkview Rd</u> <u>Lake Tomahawk, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LAKE TOMAHAWK</u>	<u>2-26-11</u>
6. <u>Tramone Bechtolt</u>	<u>7204 Parkview Rd</u> <u>Lake Tomahawk, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Tomahawk</u>	<u>2-26-11</u>
7. <u>Kelsey Page</u>	<u>608 Cedar St</u> <u>Minocqua, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOQUA</u>	<u>2/26/11</u>
8. <u>Mindy Page</u>	<u>608 CEDAR</u> <u>MINOQUA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOQUA</u>	<u>2/26/11</u>
9. <u>Lisa Macleod</u>	<u>P.O. Box 284</u> <u>Woodruff, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBO VITA</u>	<u>2/26/11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Carol Cady, certify:

I reside at 1885 Broken Bow Tr. Arbo Vite, WI 54548
(circulator's residence - include number, street, and municipality)

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

2-26-11
(date)

Carol Cady
(signature of circulator)

RECALL PETITION

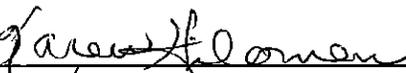
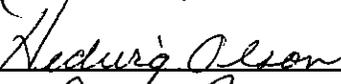
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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. 	5294 MAPLE LEAF LANE LAND O LAKE, WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/1/11
2. 	5294 MAPLE LEAF LANE LAND O LAKE, WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/1/11
3. 	5266 MAPLE LEAF LANE LAND O LAKE, WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/1/11
4. 	5266 MAPLE LEAF LANE LAND O LAKE, WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/1/11
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

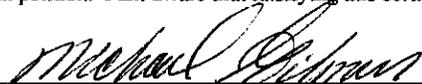
Certification of Circulator

I, MICHAEL GILOMEN, certify:
(name of circulator)

I reside 5294 MAPLE LEAF LANE, LAND O LAKE, 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.

4/4/11
(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>Barbara B. Dunst</i>	<i>W1227 Longlake Dr. Merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/10/11</i>
2. <i>Jeffrey S. Junk</i>	<i>N 9022 Hochberg Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/10/11</i>
3. <i>Patrick E. Flynn</i>	<i>317 1/2 E. 2ND ST.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	<i>3/10/11</i>
4. <i>Gloria N. ...</i>	<i>317 1/2 E 2nd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/10/11</i>
5. <i>Chrys Korteveil</i>	<i>W3821 Cloverbelt Rd Ioma WI 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Skaneateles</i>	<i>3/10/11</i>
6. <i>Louise ...</i>	<i>W8821 Cloverbelt Rd Ioma WI 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Skaneateles</i>	<i>3/10/11</i>
7. <i>Paul ...</i>	<i>N4010 City Rd K Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-10-11</i>
8. <i>Andrew ...</i>	<i>N4965 Townhall Rd GLEASON, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Shley</i>	<i>3-10-11</i>
9. <i>[Signature]</i>	<i>N1573 SUNSHINE MERRILL, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SCOTT</i>	<i>3-10-11</i>
10. <i>Charlene O'Leary</i>	<i>N1789 Balsam Ave Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3/10/11</i>

Certification of Circulator

I, Robert H Rajek, certify:

I reside at W9220 River Rd Merrill, Wisc 54452
(circulator's residence - include number, street, and municipality)

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

4/18/11 (date) Robert H Rajek (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>T.J. O'Leary</u>	<u>N1789 BALSAM AV MERRILL, WI 54452</u>	<input checked="" type="checkbox"/> Town <u>PINE RIVER</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/10/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Robert H Rajet

Certification of Circulator

(name of circulator)

certify:

reside at W2270 River Rd Merrill, Wisc 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 the jurisdiction represented by the officeholder named in this petition. I know that each person signed the paper in his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 12.13(3)(a), Wis. Stats.

4/18/11
(date)

Robert H Rajet
(signature of circulator)