

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the ~~Wisconsin Senate District 12~~, petition for the 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Thorold Vanderhaar</i>  | <i>N 6891 Pike Run Rd<br/>WAUSAUKEE WI</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village <i>Wausaukee</i><br><input type="checkbox"/> City            | <i>3/9/2011</i> |
| 2. <i>David W. ...</i>  | <i>W 9274 O.K. Hill<br/>WAUSAUKEE, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <i>WAUSAUKEE</i><br><input type="checkbox"/> City | <i>8/2/2011</i> |
| 3. <i>David J. ...</i>  | <i>W 6755 AMBERG WAUSAU<br/>WAUSAUKEE, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <i>WAUSAUKEE</i><br><input type="checkbox"/> City | <i>03.08.11</i> |
| 4. <i>Rachel ...</i>  | <i>W 6709 Ruth Street<br/>WAUSAUKEE, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <i>Wausaukee</i><br><input type="checkbox"/> City | <i>3/9/11</i>   |
| 5. <i>Jeff Gogelmann</i>  | <i>N 13103 Batts Rd.<br/>Wausaukee</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <i>Wausaukee</i><br><input type="checkbox"/> City | <i>3/8/11</i>   |
| 6. <i>Robert ...</i>  | <i>W 6790 Fairgrounds Rd.<br/>WAUSAUKEE, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <i>WAUSAUKEE</i><br><input type="checkbox"/> City | <i>3/8/11</i>   |
| 7. <i>James G. Meyer</i>  | <i>W 1949 City JJ<br/>WAUSAUKEE, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <i>Wagner</i><br><input type="checkbox"/> City    | <i>3/9/11</i>   |
| 8. <i>Janet Meyers</i>  | <i>W 1949 City Rd JJ<br/>WAUSAUKEE WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <i>Wagner</i><br><input type="checkbox"/> City    | <i>3/9/11</i>   |
| 9. <i>Ronald Christ</i>   | <i>204 Church St.<br/>WAUSAUKEE, WI</i>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <i>WAUSAUKEE</i><br><input type="checkbox"/> City | <i>3/10/11</i>  |
| 10. <i>[Signature]</i>  | <i>11023W Fiskal RD<br/>WAUSAUKEE WI</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village <i>WAUSAUKEE</i><br><input type="checkbox"/> City            | <i>3/10/11</i>  |

### Certification of Circulator

I, John C. Zore, certify:

I reside N 10533 Forest Road, Wausaukee, WI

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

10 Mar 2011  
(date)

John C. Zore  
(signature of circulator)

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Jane Miller</i>   | 825 Mekinak Pt Rd<br>Pelican Lake WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Enterprise | 3-25-11         |
| 2. <i>Bill W. Miller</i>  | 825 MEKINAK Pt. Rd.<br>PELICAN LAKE WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ENTERPRISE | 3-25-11         |
| 3. <i>Travis Schum</i>  | W 9713 Hwy K<br>Elcho WI 54428   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Elcho      | 3-25-11         |
| 4. <i>Cindy Brigham</i>   | 11188 Dorr St (PO Box 362)<br>ELCHO, WI 54428  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ELCHO      | 3-25-11         |
| 5. <i>Larry Lenz</i>  | W 10727 W 15/e<br>OFFICES ELCHO WI 54428   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ELCHO      | 3-25-11         |
| 6. <i>Michael J. Hehl</i>   | 111360 FLOWER LA.<br>ELCHO WI.   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ELCHO      | 3-25-11         |
| 7. <i>Robert Muehl</i>  | W 12436 NORTHWOODS LN<br>ELCHO WI 54428  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ELCHO      | 3-25-11         |
| 8. <i>Edmond D. Palmer</i>  | Coyle St<br>Elcho, Wis   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ELCHO      | 3-25-11         |
| 9. <i>[Signature]</i>   | 11166 Schum Ln<br>Elcho, WI 54428  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ELCHO      | 3-25-11         |
| 10. <i>[Signature]</i>  | 1576 Webster Stakeby Rd<br>Pelican Lake 54467  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City sheeko     | 3-25-11         |

### Certification of Circulator

I, Jim Tyler, certify:

I reside 827 Hwy 45 Pelican Lake Wis  
(circulator's residence - include number, street, and municipality) Town of Schoepke

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

# RECALL PETITION

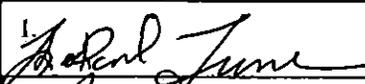
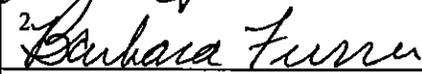
TO: Wisconsin Government Accountability Board

(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.    | 4092 Bass Lake Loop  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pine Lake | 3/31/11         |
| 2.    | 4092 Bass Lake Loop  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pine Lake | 3/31/11         |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      | / / 11          |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      | / / 11          |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      | / / 11          |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      | / / 11          |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      | / / 11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      | / / 11          |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      | / / 11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      | / / 11          |

### Certification of Circulator

I, Deland Furrer, certify:  
(name of circulator)

I reside 4092 Bass Lake Loop Pine Lake.  
(circulator's residence - include number, street, and municipality)

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

3-31-11  
(date)

  
(signature of circulator)

# RECALL PETITION

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Lynne Trochil</i>   | 6621 maple tree Rd<br>Rhineland WI 54504   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Crescent  | 3.5.11          |
| 2. <i>Sharon Daughty</i>  | 10585 maple tree<br>Rhineland WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Crescent  | 3-5-11          |
| 3. <i>J. Moore</i>  | 4544 River Bend<br>Rhineland WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PELICAN   | 3/5/11          |
| 4. <i>Mindy Pittman</i>   | 308 Oak St.<br>Rhineland, WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhineland | 3/5/11          |
| 5. <i>[Signature]</i>   | 2479 Poplar Rd<br>RHINELAND WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican   | 3/5/11          |
| 6. <i>Lynne M. Berseheit</i>  | 2479 Poplar Rd<br>Rhineland WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican   | 3-5-11          |
| 7. <i>[Signature]</i>   | 2479 Poplar Rd<br>Rhineland, WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican   | 3-6-11          |
| 8. <i>[Signature]</i>   | 2479 Poplar Rd<br>Rhineland WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican   | 3-6-11          |
| 9. <i>[Signature]</i>   | 3495 Driscoll Rd<br>Rhineland WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhineland | 3-6-11          |
| 10. <i>[Signature]</i>  | 3495 Driscoll Rd<br>Rhineland WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhineland | 3/6/11          |

### Certification of Circulator

I, Lynne Trochil, certify:  
(name of circulator)  
 I reside 6621 maple tree Rd Rhineland, WI  
(circulator's residence - include number, street, and municipality)

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

3.7.11

(date)

*Lynne A Trochil*

(signature of circulator)

# RECALL PETITION

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

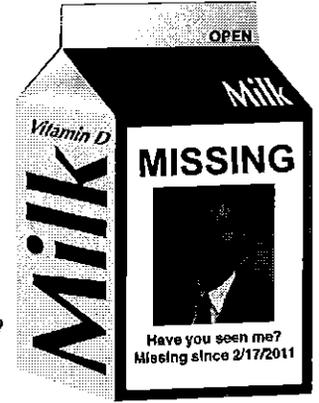
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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>Chris Ingosh</i>  | <i>208 N Main St</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Eagle River</i> | <i>3/26/11</i>  |
| 2. <i>Barbara Fahoyfield</i>  | <i>5259 Illinois Rd</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Eagle River</i> | <i>3/26/11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |

I, *Paula Visnir* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at *6045 BEAVER TR. EAGLE RIVER, WI CLOVERLAND*  
(circulator's residence - include number, street, and municipality)

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

*3/26/11*  
(date)
*Paula Visnir*  
(signature of circulator)

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| 1. <i>Gilbert H Pehlke</i>  | 4194 ISLAND VIEW RD<br>RHINELANDER, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>PELICAN | 3/3/11          |
| 2. <i>Russell W Fuchs</i>   | 4221 W Lake George Rd<br>RHINELANDER, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pelican | 4/1/11          |
| 3. <i>Celia &amp; Ewart</i>   | 4198 Island View Rd<br>Rhinelander WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pelican | 4/2/11          |
| 4. <i>Erin &amp; ...</i>  | 4194 ISLAND VIEW RD<br>RHINELANDER, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>PELICAN | 4/2/11          |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |

### Certification of Circulator

I, GILBERT H. PEHLKE, certify:  
(name of circulator)  
 I reside 4194 ISLAND VIEW ROAD RHINELANDER, WI 54501 PELICAN.  
(circulator's residence - include number, street, and municipality)

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

4-4-11

(date)

*Gilbert H Pehlke*

(signature of circulator)

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| 1. <i>Sharon Shaver</i>   | <i>1209 Jackson St</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrell</i> | <i>3/30/11</i>  |
| 2. <i>James Shaver</i>  | <i>1209 Jackson St</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrell</i> | <i>3/30/11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |

### Certification of Circulator

I, *Sharon Shaver*, certify:  
(name of circulator)

I reside *1209 Jackson St Merrell, 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.

*3/30/11*  
(date)

*Sharon Shaver*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>Chris Trapp</u>   | <u>8955 MOBILE</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>WOODRUFF</u>  | <u>3-1-11</u>   |
| 2. <u>Mick Trapp</u>  | <u>220 1st Ave</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Woodruff</u>             | <u>3-1-11</u>   |
| 3. <u>Matt Trapp</u>  | <u>6555 NUPUR RD</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>HAZELBURG</u> | <u>3/2/11</u>   |
| 4. <u>[Signature]</u>   | <u>8874 MAYFLOWER CT.</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>WOODRUFF</u>  | <u>3/2/11</u>   |
| 5. <u>Richard Trapp</u>   | <u>8911 Curtiss Lk Rd. Ming.</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Ming.</u>     | <u>3/2/11</u>   |
| 6. <u>Kathy Trapp</u>   | <u>8911 Curtiss Rd Ming.</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Ming.</u>     | <u>3/2/11</u>   |
| 7. <del>[Signature]</del>   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |

### Certification of Circulator

I, Jack R Trapp, certify:

(name of circulator)

I reside at 8955 Mobil Drive Woodruff WI, 54568

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

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

3-15-11

(date)

Jack R Trapp

(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Jeffrey A Hyslop</i>  | <i>323 Silver Lake Rd</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>2/26/11</i>  |
| 2. <i>Audrey Mayo</i>   | <i>4020 Shangri Lake</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Washington</i>  | <i>2/26/11</i>  |
| 3. <i>Meri Sander</i>   | <i>865 Hwy 17 S</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>LINCOLN</i>     | <i>3-1-11</i>   |
| 4. <i>Nora Soud</i>   | <i>17?? Silver Forest Ln<br/>E.R.</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Washington</i>             | <i>3-9-11</i>   |
| 5. <i>Paul Brendenell</i>   | <i>7307 Arbutus Dr<br/>E.R.</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>SUGAR CAMP</i>  | <i>3-11-11</i>  |
| 6. <i>Barb Brendenell</i>   | <i>7307 Arbutus Dr<br/>Eagle River</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Sugar Camp</i>  | <i>3-11-11</i>  |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |

### Certification of Circulator

I, *JEFFREY A HYSLOP*, certify:

I reside *323 SILVER LAKE ROAD, EAGLE RIVER, 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.

*3/16/11*  
(date)

*Jeffrey A Hyslop*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                  |
|---|--|---|------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING  |
| 1. <u>Norm J. Warner</u>  | <u>1798 WILDERNESS TRAIL<br/>EAGLE RIVER WI 54521</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CLOVERLAND</u>       | <u>02/25/11</u>  |
| 2. <u>John Ansh</u>   | <u>2095 Harmony Ln Rd<br/>Eagle River, WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>WASHINGTON</u>       | <u>02/25/11</u>  |
| 3. <u>Robert K. Meyer</u>   | <u>5440 HWY 70<br/>EAGLE RIVER WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CLOVERLAND</u>       | <u>2/25/11</u>   |
| 4. <u>[Signature]</u>   | <u>1459 Eagle Flight Tr<br/>Eagle River, WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LINDEN</u>           | <u>2/25/11</u>   |
| 5. <u>Linda W. Kaiser</u>   | <u>1148 TIMBER LAKE<br/>BIRNGLANDER, WI 54501</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>SUGAR CAMP</u>       | <u>2/25/11</u>   |
| 6. <u>John M. [Signature]</u>   | <u>1406 Halberstadt Road<br/>St. Germain, WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>St. Germain</u>      | <u>2/25/11</u>   |
| 7. <u>Allen J. Stamer</u>   | <u>1798 WILDERNESS TRAIL<br/>EAGLE RIVER, WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CLOVERLAND</u>       | <u>2/25/11</u>   |
| 8. <u>Dennis J. [Signature]</u>   | <u>4680 Hwy 51<br/>Boulder Junction WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Boulder Junction</u> | <u>2/28/2011</u> |
| 9. <u>Jim Holperin</u>  | <u>1833 N. Farming Rd<br/>Arbor Vitae, WI 54508</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u>      | <u>2-28-11</u>   |
| 10. <u>[Signature]</u>  | <u>2007 Pinewood DR.<br/>Eagle River, WI 54521</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Washington</u>       | <u>3-1-11</u>    |

### Certification of Circulator

I, NORMAN WARNER, certify:

(name of circulator)

I reside at 1798 WILDERNESS TRAIL EAGLE RIVER WI. 54521  
(circulator's residence - include number, street, and municipality) CLOVERLAND (TWN)

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

03-08-11  
(date)

Norm J. Warner  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Michael Walczak</i>   | <i>N 17262 Hwy 141<br/>Pembine, WI</i>   | <input checked="" type="checkbox"/> Town Beecher<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | <i>3-2-11</i>   |
| 2. <i>Jerald Olson</i>  | <i>4866 RIDGE RD<br/>RHINECLANDER</i>  | <input checked="" type="checkbox"/> Town PINE LAKE<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3-13-11</i>  |
| 3. <i>Gabriel R Thompson</i>  | <i>5249 MAJIN Lane<br/>Rhinelander WI 54601</i>  | <input checked="" type="checkbox"/> Town Pine Lake<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3-13-11</i>  |
| 4. <i>Michelle Olson</i>  | <i>4866 Ridge Rd<br/>Rhinelander WI 54601</i>  | <input checked="" type="checkbox"/> Town Pine Lake<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3-13-11</i>  |
| 5. <i>Virginia Walczak</i>  | <i>W14655 Pine Rd<br/>Gleason WI 54438</i>   | <input checked="" type="checkbox"/> Town Parrish<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | <i>3-14-11</i>  |
| 6. <i>Jeremy Fisher</i>   | <i>W1309 Hwy 17<br/>Gleason WI 54438</i>   | <input checked="" type="checkbox"/> Town Parrish<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | <i>4-7-11</i>   |
| 7. <i>Hope Fisher</i>   | <i>75347 Hwy 17<br/>Pleasant WI 54438</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>GLEASON</i>    | <i>4-7-11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                      |                 |

I, *Michael J. Walczak* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside *N 17262 Hwy 141 Pembine, WI 54156*  
(circulator's residence - include number, street, and municipality)

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

*4-19-11* (date) *Michael J. Walczak* (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.)*

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>John D. Watts</i>  | <i>1239 Cove Lane<br/>EAGLE RIVER, WI 54521</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Cloverland</i> | <i>3/31/11</i>  |
| 2. <i>Cristy S. Watts</i>  | <i>1239 Cove Lane<br/>Eagle River, WI 54521</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Cloverland</i> | <i>3/31/11</i>  |
| 3. <i>Cody Watts</i>   | <i>Eagle River, WI 54521<br/>1239 Cove Ln</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Cloverland</i> | <i>3/31/11</i>  |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |

### Certification of Circulator

I, JOHN D. WATTS, certify:

I reside 1239 Cove Lane, Eagle River WI 54521 Town of Cloverland  
(circulator's residence - include number, street, and municipality)

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

3/31/2011  
(date)

*John D. Watts*  
(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 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Cathy Swenson</u>   | <u>120 Woodland</u><br><u>N41 Wynn 54501</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Rhineland</u> | <u>3/28/11</u>  |
| 2. <u>James Skinnai</u>   | <u>5635 Moonlite</u><br><u>Rd. Rhineland, WI 54501</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pine Lake</u> | <u>3/28/11</u>  |
| 3. <u>Margaret M. Coyle</u>   | <u>4294 Sp. Shore Dr</u><br><u>Rhineland WI - PO Box 24</u>                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pine Lake</u> | <u>3/28/11</u>  |
| 4. <u>Susan Welch</u>   | <u>9155 Circle Dr</u><br><u>Rhineland WI 54501</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pelican</u>   | <u>3/28/11</u>  |
| 5. <u>Winn Palmer</u>   | <u>4323 Chickadee Peak</u><br><u>Rhineland, WI 54501</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pine Lake</u> | <u>3/28/11</u>  |
| 6. <u>James J. Steining</u>   | <u>2176 WHISPERING PINES LN</u><br><u>TOMAHAWK WI 54487</u>                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>NOKOMIS</u>   | <u>3/28/11</u>  |
| <u>Tim Knutes</u>   | <u>P.O. BOX 268 512 MARBLE AVE</u><br><u>MATTAN WI 54450</u>                                     | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>MATTAN</u>    | <u>3-28-11</u>  |
| <u>Dan DeSoy</u>  | <u>W5353 HILLCREST</u><br><u>TOMAHAWK WI 54487</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>BRADLEY</u>   | <u>3/28/11</u>  |
| <u>Patricia J. Pfeiffer</u>   | <u>9032 Hwy 32</u><br><u>Hiles WI 54511</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Hiles</u>                | <u>3/28/11</u>  |
| 10. <u>Mark J. ...</u>  | <u>7489 Laurelwood Dr</u><br><u>Minocqua WI 54518</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>MINOQUA</u>   | <u>3-28-11</u>  |

I, Robert Talbot **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 4475 Country Rd Rhineland, WI 54501 TOWN OF PELICAN  
(circulator's residence - include number, street, and municipality)

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

3/28/11 (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

(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|------------------------------|--|--|-----------------|
| 1. <u>Larry Bergum</u>       | <u>3160 W Hunter Lake Rd</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>CONOVER WI 54519</u> | <u>2-27-11</u>  |
| 2. <u>Paul Luth</u>          | <u>3150 W HUNTER LAKE RD</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>CONOVER WI 54519</u> | <u>2-27-11</u>  |
| 3. <u>Ann Marie Munn</u>     | <u>3710 Forest Lane</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>CONOVER WI</u>                  | <u>2-27-11</u>  |
| 4. <u>Joseph Krecyell</u>    | <u>2858 DEERSKIN PK RD</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Phelps wis</u>       | <u>2-27-11</u>  |
| 5. <u>J.F. Dike</u>          | <u>5731 E. Big Portage CR RD</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Card O Lakes</u>     | <u>2-27-11</u>  |
| 6. <u>Don Knezi</u>          | <u>2858 Deerskin Park Rd</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Phelps</u>           | <u>2/28/11</u>  |
| 7. <u>Ruth Anderson</u>      | <u>1576 Eagle Lake Rd</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Lincoln</u>          | <u>2/28/11</u>  |
| 8. <u>Julie Williquette</u>  | <u>219 E. Wall St.</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Lincoln</u>          | <u>2/28/11</u>  |
| 9. <u>Charles Van Bussom</u> | <u>Box 848 ER, Wis</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Cloverland</u>                  | <u>2/28/11</u>  |
| 10. <u>C. Robert Smith</u>   | <u>3359 Hwy 70 EAST<br/>EAGLE RIVER, WI 54571</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>WASHINGTON</u>       | <u>2/28/11</u>  |

**Certification of Circulator**

I, PAULA VISNER

(name of circulator)

, certify:

I reside at 6045 BEAVER TR. CLOVERLAND

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

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

2/28/2011

(date)

Paula Visner

(signature of circulator)

# RECALL PETITION

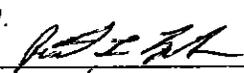
TO: Wisconsin Government Accountability Board

(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.)*

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.   | 605 S. Foster St.<br>Merrill WI 54450  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Merrill                       | 4-9-11          |
| 2. Lisa M. Trench   | N352 Hilltop Lane<br>Merrill WI 54452  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Scott                         | 4-9-11          |
| 3. Eric V. Wagner   | N3658 Hwy 17<br>Merrill WI 54452   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SHLEY                         | 4-9-11          |
| 4. Marie Fiedt  | N2187 Gibson Lake St<br>Merrill WI 54452   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Merrill                       | 4-9-11          |
| 5. Brent Culomine   | 504 Thayer St<br>Rhinelander, WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander                   | 4-11-11         |
| 6. Roddy Rob  | 2630 Hwy C.<br>Rhinelander   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican                       | 4-11-11         |
| 7.   | 6891 Hwy 8 West<br>Rhinelander   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City CRESANT<br>Orinda Rhinelander | 4-11-11         |
| 8. Vernon J. John   | 3031 INDIAN HILL TR<br>RHINELANDER WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City CRESANT                       | 4/11/11         |
| 9. Diane Krebs  | 6891 Hwy 8 West<br>Rhinelander   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Cresent                                  | 4-11-11         |
| 10. Sandstone   | 9669 Hwy K<br>Hoschton WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Escobedo                      | 4/11/11         |

### Certification of Circulator

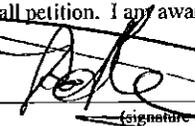
I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

Reside 2511 So. 59th W. Ave, Tulsa 74109  
(circulator's residence - include number, street, and municipality)

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

4-12-11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Joe Trulent</i>   | <i>22185 Gibson Lake<br/>Merrill, WI 54452</i>   | <input checked="" type="checkbox"/> Town of Merrill<br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>4/9/11</i>   |
| 2. <i>Brooke Smith</i>  | <i>22187 Gibson Lake Dr<br/>Merrill, WI 54452</i>  | <input checked="" type="checkbox"/> Town of Merrill<br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>4/9/11</i>   |
| 3. <i>A. Wagner</i>   | <i>Merrill WI 54452<br/>N3658 Hwy 174B</i>   | <input checked="" type="checkbox"/> Town of Schley<br><input type="checkbox"/> Village<br><input type="checkbox"/> City     | <i>4-9-11</i>   |
| 4. <i>[Signature]</i>   | <i>9917 Balsam Dr<br/>Wausau WI 54901</i>  | <input type="checkbox"/> Town of Stephen<br><input type="checkbox"/> Village<br><input type="checkbox"/> City               | <i>4-9-11</i>   |
| 5. <i>Rebecca Ruten</i>   | <i>W1291 County Rd P<br/>Merrill, WI 5445</i>  | <input checked="" type="checkbox"/> Town of Pine River<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4-9-11</i>   |
| 6. <i>Joey Ross</i>   | <i>1600 E. Main St<br/>Merrill, WI 54452<br/>Cty H-1486</i>                                      | <input checked="" type="checkbox"/> Town of Merrill<br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>4-9-11</i>   |
| 7. <i>Jerry VanDeWeerd</i>  | <i>IRMA WI 54442<br/>8664 Old City K</i>   | <input checked="" type="checkbox"/> Town of IRMA<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       | <i>4-9-11</i>   |
| 8. <i>Harvey F. Tomme</i>   | <i>Hatshaw WI 54529<br/>4435 Co P</i>  | <input checked="" type="checkbox"/> Town of Woodboro<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | <i>4-11-11</i>  |
| 9. <i>Dipie Mathews</i>   | <i>Kinder, WI 54451</i>  | <input type="checkbox"/> Town of Pelican<br><input type="checkbox"/> Village<br><input type="checkbox"/> City               | <i>4/11/11</i>  |
| 10. <i>William G. [Signature]</i>   | <i>3352 W Coffman Rd<br/>Benton WI 54508</i>   | <input checked="" type="checkbox"/> Town of Pelican<br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>4/11/11</i>  |

### Certification of Circulator

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

I reside 2511 So. 59<sup>th</sup> 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.

4-12-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Patricia J. Morrey</i>  | <i>2959 Co Hwy G Q<br/>Pelican Lake, WI 54463</i>  | <input checked="" type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Enterprise</i> | <i>4/11/11</i>  |
| 2. <i>Janet Morrey</i>  | <i>2959 Co Hwy G Q<br/>Pelican Lake</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>ENTERPRISE</i>            | <i>4/11/11</i>  |
| 3. <i>Patricia Harper</i>   | <i>640 Dorr Ave<br/>Rhinelander, WI 54501</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelander</i>           | <i>4/11/11</i>  |
| 4. <i>Dandy Campbell</i>  | <i>9813 Chudachek Peak<br/>Rhinelander</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Pine Lake</i>             | <i>4/11/11</i>  |
| 5. <i>Val Bledow</i>  | <i>2594 Cloker Rd<br/>Eagle River WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Eagle River</i>           | <i>4/11/11</i>  |
| 6. <i>Karen Burt</i>  | <i>203 MARGARET<br/>RHINELANDER</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>RHINELANDER</i>           | <i>4/11/11</i>  |
| 7. <i>Bruce Moore</i>   | <i>4146 RIVER RD<br/>Rhinelander, WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Pine Lake</i>             | <i>4/11/11</i>  |
| 8. <i>Roger P...</i>  | <i>8444 Kuyper Dr<br/>Eagle River WI</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Sugar Camp</i>                       | <i>4/11/11</i>  |
| 9. <i>Shaun Mc...</i>   | <i>301 N Central Ave<br/>Crandon WI 54520</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Crandon</i>               | <i>4/11/11</i>  |
| 10. <i>Jim Stewart</i>  | <i>344 WOODLAND HTS<br/>Rhinelander</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelander</i>           | <i>4-11-11</i>  |

### Certification of Circulator

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

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

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

4-12-11  
(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 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12<sup>th</sup> 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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Robert K.</i>   | 8720 Indren Lake rd<br>Harshey, WI 54529   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Woodboro    | 4-1-11          |
| 2. <i>Jon Cook</i>  | 361 SILVER LAKE RD<br>EAGLE RIVER 54521  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City EAGLE RIVER | 4/1/11          |
| 3. <i>Jim Maly</i>  | 13304 Blue Jay LN<br>Ringle WJ 54471   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Ringle      | 4/1/11          |
| 4. <i>Brett ERJ</i>   | 5187 SPRUCE ST.<br>LAONA WI 54541  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City LAONA       | 4/1/11          |
| 5. CHARLES SPLETTER   | 301 SOUTH 3RD STREET<br>CORNELL, WI 54732  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City CORNELL     | 4/1/11          |
| 6. Thomas Hoffman   | N2404 Hoffman Ln<br>Merrill, WI 54452  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Scott       | 4/1/11          |
| 7. Corbett Hefner   | 7984 McIntosh<br>Antigo  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Polar       | 4-1-11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        |                 |

I, Robert Talbot, **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 4475 County P Rhinelander, WI 54501 Town of Pelican  
(circulator's residence - include number, street, and municipality)

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

4/1/11  
(date)
[Signature]  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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*Flight to Illinois to avoid vote in Wisconsin State Legislature.*

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fig. no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Carol Weiler</i>  | <i>715 Wausau Rd<br/>Antigo, WI - 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i> | <i>3/31/11</i>  |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |

I, *Carol Weiler* **Certification of Circulator**, certify:

I reside *715 Wausau Rd - Antigo, WI - 54409*  
(circulator's residence - include number, street, and municipality)

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

*3/31/11* (date) *Carol Weiler* (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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Arlene Jensen</i>   | <i>6562 Packer DR.<br/>Florence, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>FLORENCE</i> | <i>3-4-2011</i> |
| 2. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 3. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 4. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 5. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10. _____   | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

### Certification of Circulator

I, *Russell Trapp*, certify:  
(name of circulator)

I reside *3656 Mud Lake Rd Florence WI 54121*  
(circulator's residence - include number, street, and municipality)

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

*03/15/11*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Mary Kay Lapsenberg</i>   | <i>N5329 Hwy 17<br/>Gleason</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Russell</i> | <i>2-26-11</i>  |
| 2. <i>Todd Sh</i>   | <i>N487 B Hwy 7<br/>Gleason</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Russell</i> | <i>2-26-11</i>  |
| 3. <i>Cody Hoff</i>   | <i>N3065 Potato Ln.<br/>Gleason</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Schley</i>  | <i>2-26-11</i>  |
| 4. <i>Al Zl</i>   | <i>N3686 County Rd X<br/>Gleason</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Schley</i>  | <i>2-26-11</i>  |
| 5. <i>Ray Maas</i>  | <i>N5221 Hwy 5<br/>Gleason</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Birch</i>   | <i>2-26-11</i>  |
| 6. <i>Betsey Kell</i>   | <i>W1450 1st Ave<br/>Gleason, WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Russell</i> | <i>2-26-11</i>  |
| 7. <i>Cindy Rell</i>  | <i>W1450 1st Ave<br/>Gleason Wis</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Russell</i> | <i>2-26-11</i>  |
| 8. <i>Ashley Harris</i>   | <i>PO Box 161<br/>Gleason, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Schley</i>  | <i>2-26-11</i>  |
| 9. <i>Diane Dorring</i>   | <i>W1660 Gleason<br/>Gleason Wis 54435</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Schley</i>  | <i>2-26-11</i>  |
| 10. <i>Mary P. Oldenburg</i>  | <i>N5262 Town Hall Rd.</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Russell</i> | <i>2-26-11</i>  |

### Certification of Circulator

I, Jim Maas, certify:  
(name of circulator)  
 I reside W834 3rd Ave Gleason, WI 54435 TW RUSSELL  
(circulator's residence - include number, street, and municipality)

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

2-26-11

(date)

(signature of circulator)

# RECALL PETITION

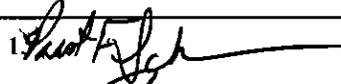
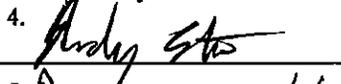
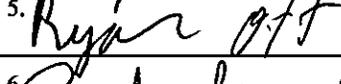
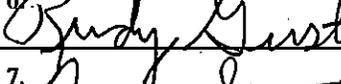
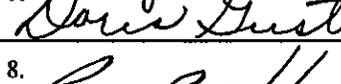
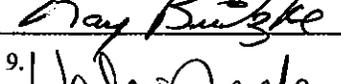
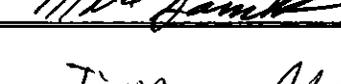
TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.   | N7105 HWY 17<br>GLEASON WI.  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Russell | 2-26-11         |
| 2.   | W834 3rd AVE<br>GLEASON WI 54435   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Russell | 2-26-11         |
| 3.   | N4180 Hwy 17 Merrill<br>WI 54452   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Schley  | 2-26-11         |
| 4.   | 2104 1/2 7th St. Wausau  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Marathon           | 2-26-11         |
| 5.    | 1604 E. 3rd St<br>Merrill WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Russell            | 2-26-11         |
| 6.   | W2276<br>Prairie Dr.<br>Merrill WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Schley             | 2-26-11         |
| 7.   |  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Schley  | 2-26-11         |
| 8.   | N5716 Hwy 17<br>GLEASON WI 54435   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Russell | 2/26/11         |
| 9.   | N7210 Hwy 17<br>GLEASON WI 54435   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Russell | 2/26/11         |
| 10.    | N7210 Hwy 17<br>GLEASON WI 54435   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Russell | 2-26-11         |

### Certification of Circulator

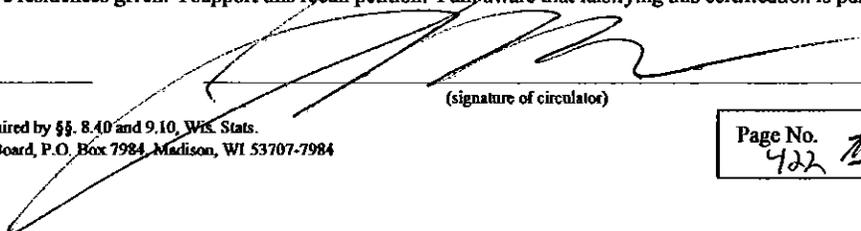
I, Jim Maas, certify:

I reside W834 3rd AVE GLEASON, WI 54435  
(circulator's residence - include number, street, and municipality) TW RUSSELL

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

2-26-11

(date)



(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

**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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|----------------------------|--|---|-----------------|
| 1. <i>Paul H. Moore</i>    | 4288 N. Maple<br>Phelps, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Phelps       | 3/4/2011        |
| 2. <i>Guy Mickelson</i>    | 3660 Twelve Pines LN<br>Eagle River WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Washington   | 3-3-2011        |
| 3. <i>Ryan Ellis Sr</i>    | 4288 Maple Circle<br>Phelps WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Phelps       | 3/3/11          |
| 4. <i>Cesie Menchem</i>    | 5894 W Shore<br>Phelps, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Phelps       | 3/3/11          |
| 5. <i>Donald E. Craas</i>  | 2295 Stearns Road<br>Phelps WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Phelps                  | 3/3/11          |
| 6. <i>Dora Mendham</i>     | 4288 Maple Circle<br>Phelps, WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Phelps                  | 3/3/11          |
| 7. <i>Kathy Deutz</i>      | 6248 Little Portau Lake Rd<br>Land O Lakes   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Land O Lakes | 3/3/11          |
| 8. <i>K. J. W.</i>         | 6248 Little Portage<br>Land O Lakes  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Land O Lakes | 3/3/11          |
| 9. <i>Patricia A. Gill</i> | 2489 St. Louis Rd.<br>Phelps, WI 54554   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Phelps       | 3/6/11          |
| 10. <i>Lucas O. Gill</i>   | #2489 St. Louis Rd<br>Phelps WI, 54554   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Phelps       | 3/6/11          |

8. Rob Deubler

### Certification of Circulator

I, RICHARD MENDHAM, certify:

(name of circulator)

I reside 5894 WEST SHORE ROAD LAND O' LAKES, WI

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

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

3-11-11

(date)

*Richard Mendham*

(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Christine Dujice</i>  | P.O. BOX 102 - 5718<br>W. SHORE RD. LAND O' LAKES  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PHELPS | 3-4-11          |
| 2. <i>Shirley Lauter</i>  | P.O. BOX 102 - 5718 W.<br>SHORE RD. LAND O' LAKES  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PHELPS | 3-4-11          |
| 3. <i>Ronald M. Johnson</i>   | 5584 BROMAN LANE<br>PHELPS WI, 54554   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PHELPS | 3-6-11          |
| 4. <i>Michael Bell</i>  | 2489 ST. LOUIS RD.<br>PHELPS WI 54554  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PHELPS | 3/6/11          |
| 5. <i>Edna Anderson</i>   | 5726 Stormy Pt<br>CONOVER WI 54519   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City CONOVER           | 3/6/11          |
| 6. <i>Clifford Anderson</i>   | 5726 Stormy Pt Rd<br>Conover WI 54519  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City CONOVER           | 3/6/11          |
| 7. <i>Roy DeFreece</i>  | 3600 DAM LN<br>PHELPS WI 54554   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Phelps | 3/11/11         |
| 8. <i>Betty DeFreece</i>  | 3600 DAM LN  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Phelps            | 3/11/11         |
| 9. <i>Richard Mendham</i>   | 5894 W. SHORE  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PHELPS | 3/11/11         |
| 10. <i>Linda Gut</i>  | 5899 W. Shore Rd<br>Land O' Lakes  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Phelps | 3/11/11         |

### Certification of Circulator

I, RICHARD MENDHAM, certify:

I reside 5894 WEST SHORE ROAD LAND O' LAKES, WI  
(circulator's residence - include number, street, and municipality)

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

3-11-11

(date)

*Richard Mendham*

(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 Halperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

**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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING  |
|------------------------------|--|--|------------------|
| 1. <u>James R. Lynn</u>      | <u>6235 NELSON LAKE RD<br/>EAGLE RIVER, WI 54521</u>   | <input checked="" type="checkbox"/> Town <u>CLOVELLAND</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <u>3/1/11</u>    |
| 2. <u>Denis Del Ponte</u>    | <u>1603 SILVER LAKE RD<br/>EAGLE RIVER, WI</u>   | <input checked="" type="checkbox"/> Town <u>LINCOLN</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City     | <u>3/01/2011</u> |
| 3. <u>Bob Kinnaman</u>       | <u>3000 KEAUK LANDING<br/>EAGLE RIVER WI 54521</u>   | <input checked="" type="checkbox"/> Town <u>PHELPS</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | <u>3/1/11</u>    |
| 4. <u>Deborah L Wilson</u>   | <u>3950 E Pioneer Rd<br/>Conover, WI 54519</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CONOVER</u>     | <u>3/1/11</u>    |
| 5. <u>Dina Olson</u>         | <u>1265 Coveg Ln Unit C<br/>Eagle River WI 54521</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Eagle River</u> | <u>3/1/11</u>    |
| 6. <u>Rege Osbany</u>        | <u>1265 Coveg Ln Unit C<br/>Eagle River WI 54521</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Eagle River</u> | <u>3-1-11</u>    |
| 7. <u>Er Schurey</u>         | <u>2809 COUNTY RD K EAST<br/>CONOVER, WI 54519</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CONOVER</u>     | <u>3-1-11</u>    |
| 8. <u>Patricia A. Schurr</u> | <u>2809 Co Rd K E<br/>CONOVER, WI 54519</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CONOVER</u>                | <u>3-1-11</u>    |
| 9. <u>Patricia Kurbach</u>   | <u>4991 Sundstein Rd<br/>EAGLE RIVER, WI 54521</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Lincoln</u>     | <u>3-1-11</u>    |
| 10. <u>Patricia Kurbach</u>  | <u>4991 Sundstein Rd<br/>Eagle River WI 54521</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Lincoln</u>     | <u>3-1-11</u>    |

### Certification of Circulator

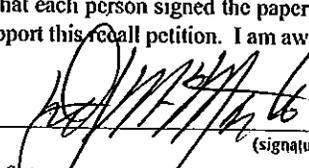
I, DAVID McMASTER, certify:

I reside at 328 S. 5th St. Eagle River, WI 54521  
(circulator's residence - include number, street, and municipality)

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

3-1-11

(date)



(signature of circulator)



# RECALL PETITION

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

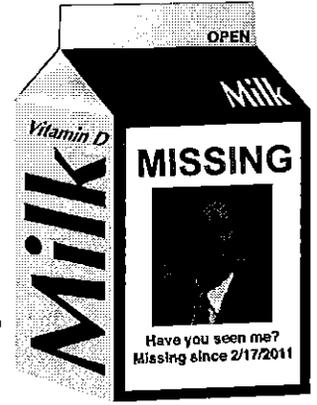
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Anna M. Jennings</u>  | <u>N7143 State Highway 55<br/>Lily, WI 54491</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Langlade</u> | <u>03-19-11</u> |
| 2. <u>Thomas M. Bauknecht</u>   | <u>240 Fischer St</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>Antigo</u>   | <u>03-20-11</u> |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |

I, Thomas M. Bauknecht, **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 240 Fischer St. Antigo, 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.

5/23/11  
(date)
Thomas M. Bauknecht  
(signature of circulator)

Please mail this form to: **Recall Jim**  
 P.O. Box 961 • Eagle River, WI 54521  
[www.recalljim.com](http://www.recalljim.com) • [admin@recalljim.com](mailto: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 608-266-5005, <http://gab.wi.gov> email: [gab@wi.gov](mailto: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.)*

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.    | 1316 Bayfield St.<br>Niagara WI 54151  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Niagara</u>  | 3/30/11         |
| 2.    | 4920 Elm A<br>Town Rd  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Florence</u> | 3/30/11         |
| 3.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | / / 11          |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | / / 11          |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | / / 11          |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | / / 11          |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | / / 11          |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | / / 11          |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | / / 11          |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | / / 11          |

### Certification of Circulator

I, Keith B. Swanson, certify:

(name of circulator)

I reside 205 McKinley Av. Niagara, Wis 54151

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

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

3/31/11

(date)



(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Anne Schonfelder</i>  | <i>W7733 Hwy 64<br/>Antigo, WI 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>      | <i>3/30/11</i>  |
| 2. <i>Melanie Hansen</i>  | <i>2869 Ashburn<br/>Eagle River, WI</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>3/30/11</i>  |
| 3. <i>Donna Jensen</i>  | <i>1018 Superior St<br/>Neva, WI 54458</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>      | <i>3/30/11</i>  |
| 4. <i>Michael Heiser</i>  | <i>12617 Springbrook Rd<br/>Bryant, WI 54418</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Neva</i>        | <i>3/30/11</i>  |
| 5. <i>Sandra Peterson</i>   | <i>12617 Springbrook Rd<br/>Bryant WI 54418</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Neva</i>        | <i>3/31/11</i>  |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |

I, *Anne Schonfelder* **Certification of Circulator** *Anne Schonfelder*, certify:  
(name of circulator)  
 I reside *W7733 Hwy 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.

*4-4-2011* (date) *Anne Schonfelder* (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 reason Senator Holperin should be recalled is because he failed to represent the people who voted for him, chose to run away.*

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>George Schmeister</i>   | <i>29254 Hwy 47</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rolling</i> | <i>3/3/11</i>   |
| 2. <i>Mary Schmeister</i>   | <i>W9254 Hwy 47</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rolling</i> | <i>3/3/11</i>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |

### Certification of Circulator

*X* I, *George Schmeister*, certify:  
(name of circulator)

*X* I reside *29254 Hwy 47 Rolling, 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.

*X* *April 5, 2011* *X* *Mary Schmeister*  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                   | DATE OF SIGNING |
|-----------------------------|--|---|-----------------|
| 1. <i>Nancy A. Peterson</i> | <i>320 SRI AVE</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3/29/11</i>  |
|                             | <i>WOODRUFF WI 54568</i>   |   |                 |
| 2. <i>Betty Shearier</i>    | <i>820 3rd ave</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City | <i>3/29/11</i>  |
|                             | <i>WOODRUFF WI 54568</i>   |   |                 |
| 3. <i>B</i>                 | <i>WOODRUFF WI</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City | <i>/ / 11</i>   |
|                             | <i>54568</i>   |   |                 |
| 4.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 5.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 6.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 7.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 8.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 9.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 10.                         |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |

### Certification of Circulator

I, *BETTY SHEARIER*, certify:  
(name of circulator)

I reside *820 3rd ave WOODRUFF WI 54568*  
(circulator's residence - include number, street, and municipality)

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

*3-29-11*  
(date)

*Betty Shearier*  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|-----------------------------|--|--|-----------------|
| 1. <u>Kenneth Kuchner</u>   | <u>1073 Old Hwy 515</u><br><u>Woodruff, WI 54568</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Arbor Vitae</u> | <u>2-24-11</u>  |
| 2. <u>Lanni Erdman</u>      | <u>9090 Thoroughfare Rd</u><br><u>Minocqua WI 54568</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Woodruff</u>    | <u>2-24-11</u>  |
| 3. <u>Nicky L Stephens</u>  | <u>1559 MARY LAKE</u><br><u>ARBOR VITAE 54568</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Arbor Vitae</u> | <u>2-24-11</u>  |
| 4. <u>Carol D. Pincus</u>   | <u>1232 JIM AVE</u><br><u>Woodruff WI 54568</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Woodruff</u>    | <u>2-24-11</u>  |
| 5. <u>Edy Suggs</u>         | <u>8554 Woodland Ct</u><br><u>Woodruff, WI 54568</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Woodruff</u>    | <u>2-24-11</u>  |
| 6. <u>Darrel Kucherao</u>   | <u>7397 Forest Dr</u><br><u>Minocqua, WI</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Minocqua</u>    | <u>2/24/11</u>  |
| 7. <u>Michael Willerton</u> | <u>11745 DE RUIJER LN</u><br><u>ARBOR VITAE WI 54568</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>ARBOR VITAE</u> | <u>2/24/11</u>  |
| 8. <u>Carol Cady</u>        | <u>1885 Broken Bow Tr</u><br><u>Arbor Vitae, WI 54568</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>2-24-11</u>  |
| 9. <u>Michael Cady</u>      | <u>1885 Broken Bow Tr</u><br><u>Arbor Vitae, WI 54568</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>2-24-11</u>  |
| 10. <u>Andrew Schutte</u>   | <u>P.O. Box 381</u><br><u>Woodruff WI 54568</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Minocqua</u>    | <u>2-24-11</u>  |

### Certification of Circulator

I, Carol Cady, certify:

(name of circulator)

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

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

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

2-24-11

(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.)*

IF WE THE NON UNION WORKERS WALKED OFF THE JOB WE WOULD BE FIRED. NO BARGAINING!

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>BILL HOLLAND</u>  | <u>N11147 COUNTY RD. CC TOMAHAWK WI. 54487</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>WILSON</u> | <u>4/4/11</u>   |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <u>/ /11</u>    |

### Certification of Circulator

I, WILLIAM W. HOLLAND, certify:  
(name of circulator)  
 I reside N11147 COUNTY RD. CC TOMAHAWK WI. 54487 WILSON  
(circulator's residence - include number, street, and municipality)

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

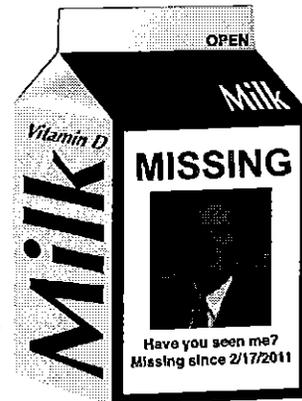
TO: Government Accountability Board, Wisconsin  
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)  
 petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Mary Jean McQuillen</u>   | <u>P.O. Box 1732</u><br><u>EAGLE RIVER, WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LINCOLN</u> | <u>4/5/11</u>   |
| 2. <u>Robert V McNeill</u>  | <u>1121 Loon Lake Rd</u><br><u>Eagle River, WI</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Lincoln</u>            | <u>4-5-11</u>   |
| 3. <u>John Stolt</u>  | <u>1729 Morey Rd</u><br><u>Eagle River, WI</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LINCOLN</u>            | <u>4-5-11</u>   |
| 4. <u>Mark Gohl</u>   | <u>107 Hwy 45</u><br><u>Eagle River WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Lincoln</u> | <u>4-5-11</u>   |
| 5. <u>Raf Bus</u>   | <u>P.O. Box 1918</u><br><u>Eagle River WI</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LINCOLN</u>            | <u>4/5/11</u>   |
| 6. <u>Joseph Blady</u>  | <u>P.O. 115 Cherry Dr FR</u><br><u>Eagle River, WI</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Lincoln</u>            | <u>4/5/11</u>   |
| 7. <u>Mary Smith</u>  | <u>628 HWY 17 S.</u><br><u>EAGLE RIVER, WI 54521</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LINCOLN</u> | <u>4/5/11</u>   |
| 8. <u>Karen Smith</u>   | <u>628 Hwy 17 S</u><br><u>EAGLE RIVER, WI 54521</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LINCOLN</u> | <u>4/5/11</u>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, CHARLES F. GULLANI, certify:  
(name of circulator)

I reside at 4294 MARTEINS RD EAGLE RIVER WI 54521  
(circulator's residence - include number, street, and municipality)

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

4/5/11  
(date)

Charles F. Gullani  
(signature of circulator)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. Donna R. Block   | W 6647 The Meadows<br>Merrill, WI 54452  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Merrill    | 3/24/11         |
| 2. Lyette Perez-Guis  | 1016 1/2 E Main St<br>Merrill WI 54452   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Merrill    | 3-24-11         |
| 3. James H. Bunker  | W 3656 City P<br>Merrill WI 54452  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine River | 3-24-11         |
| 4. Lynn Gammern   | 6426 Pigeon Rd<br>Coke Tom, WI 54589   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City               | 3-27-11         |
| 5. Jeff Harris  | Lytle Foxglove<br>54519  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City               | 3-27-11         |
| 6. Benny Ewald  | 11623 Star Hwy<br>54545  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Munocqua   | 3/27/11         |
| 7. Calvin H. Doering  | 8663 Mercer LK. Rd.<br>Minocqua WI 54549   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Minocqua   | 3/27/11         |
| 8. David P. Davis   | 1900 Carlson Dr.<br>Minocqua WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Minocqua   | 3/27/11         |
| 9. Elizabeth Cadman   | 7900 Carlson Dr<br>MINOCQUA WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>MINOCQUA   | 3/27/11         |
| 10. G. Thall  | 3801 Hwy J<br>Woodruff   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Woodruff   | 3-27-11         |

### Certification of Circulator

I, ROBERT GLENZ, certify:  
(name of circulator)  
 I reside 10350 CENTER RD, NOKOMIS 54487.  
(circulator's residence - include number, street, and municipality)

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

3/27/11  
(date)

Robert Glenz  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. ROSEANN MADER  | 8514 HUBER LN<br>MINOCQUA, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MINOCQUA        | 3/27/11         |
| 2. Gerald Mader   | 8514 Huber Ln.<br>Minocqua wis.  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Minocqua        | 3-27-11         |
| 3. Dan Sporkowich   | 11821 Sunnyside Rd<br>Arbor Vitae  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae     | 3-27-11         |
| 4. Manny Sporkowich   | 11821 SUNNYSIDE RD<br>ARBOR VITAE  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae     | 3-27-11         |
| 5. John Kozick  | 1335 WYANDOCK LAKE RD<br>MINOCQUA  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City LAC DU FLAMBEAU | 3/27/11         |
| 6. J. Grey M. Mader   | 11437 HULL RD W<br>MINOCQUA  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MINOCQUA        | 3/27/11         |
| 7. Mitch A. Mader   | 1584 Marsh Ln<br>Arbor Vitae   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae                | 3/27/11         |
| 8. Pete Venturi   | 10993 TERRY DR   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR           | 3/27/11         |
| 9. Linda Venturi  | 54568<br>ARBOR VITAE WI.   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City VITAE           | 3/27/11         |
| 10. Nina Benson   | 11138 Snyder Rd<br>Arbor Vitae WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae     | 3/27/11         |

### Certification of Circulator

I, ROBERT GUENTE, certify:

(name of circulator)

I reside 10350 CENTER RD, NOKOMIS 54487

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

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

3/27/2011  
(date)

Robert Guente  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. Adam Benson  | 11138 Sander Rd  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae | 3/27/11         |
| 2. Nelson Von Reutten   | 4656 TOWNLINE RD<br>Man. W. Tr.  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MW                     | 3/27/11         |
| 3. Rieche Danderson   | 4656 TOWNLINE RD<br>Man. W. Tr.  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MW                     | 3/27/11         |
| 4. David A. Kolchou   | W6976 SOUTHERN DR<br>MERRILL WI 54452  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SCOTT                  | 3/27/11         |
| 5. Steven A. Kuleff   | 4920 Smokey Ln<br>Hazelhurst, WI 53531   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City LITTLE RICE | 3/27/11         |
| 6. Arlen Wolter<br>Arlen Wolter   | W11543 SQUAW FALLS RD<br>Rhinelander, WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 3/27/11         |
| 7. Linda Dunbar   | 1674 Townline Rd<br>Arbor Vitae WI 54808   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae | 3/27/11         |
| 8. Bill Bittloff  | 10021 Hwy 70<br>Minocqua, WI 54558   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MINOCQUA    | 3-27-11         |
| 9. Elaine Sutford   | 10021 Hwy 70<br>Minocqua WI 54558  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Minocqua    | 3-27-11         |
| 10. Robert A. Hertz   | 2311 Spring Ln<br>Rhinelander WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Stella      | 3-27-11         |

### Certification of Circulator

I, ROBERT GLENTE, certify:

(name of circulator)

I reside 10350 CENTER RD, WOKOMIS 54487

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

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3/27/2011  
(date)

Robert Hertz  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|-------------------------|--|--|-----------------|
| 1. <u>Scott Panselt</u> | <u>W12071 River Rd<br/>Bowler WI 54416</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Red Springs</u> | <u>4/3/11</u>   |
| 2.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |
| 3.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |
| 4.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |
| 5.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |
| 6.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |
| 7.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |
| 8.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |
| 9.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |
| 10.                     |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <u>/ /11</u>    |

### Certification of Circulator

I, Scott Panselt, certify:  
(name of circulator)

I reside Town of Red Springs W12071 River Rd Bowler WI 54416 Red Springs  
(circulator's residence - include number, street, and municipality)

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

Scott Panselt  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Grahm</i><br><i>Joan C. Grahm</i>   | <i>Goodman</i><br>508 Main St  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 2. <i>Richard Swanson</i>   | <i>Goodman</i><br>308 MAPLE  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 3. <i>Wul Fashu</i>   | <i>Goodman</i><br>303 6th St   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 4. <i>Lisa</i><br><i>Lisa Hawks</i>   | <i>Goodman</i><br>303 6th St   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 5. <i>Goshua Demmer</i>   | <i>Goodman</i><br>303 6th St   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 6. <i>wilhelm wantland</i><br><i>Wilhelm Wantland</i>   | 417 6th Street<br><i>Goodman</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 7. <i>Carol Gardner</i>   | 104 4th St<br><i>Goodman WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 8. <i>Arkadiusz Kolkows</i><br><i>Kalkowski</i>   | 89 9th<br><i>Goodman WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 9. <i>Annette Braaten</i>   | 90 Fourth St.<br><i>Goodman WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |
| 10. <i>Warren Hardy</i>   | 605 Beech Ave<br><i>Goodman</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Goodman</i> | 2-27-11         |

I, David Smail **Certification of Circulator**, certify:

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.

2/28/2011 (date) David Smail (signature of circulator)

# RECALL PETITION

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

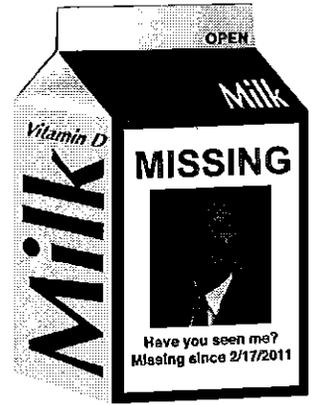
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

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

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

### STATEMENT OF REASON FOR RECALL

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Alain Scharp</u>  | <u>5457 Wild Rose St<br/>Newald</u>  | <input checked="" type="checkbox"/> Town <u>Ross</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>3-28-11</u>  |
| 2. <u>Lexi Weinguster</u>   | <u>W1470 County Rd N<br/>Niagara, WI 54151</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <u>Aurora</u><br><input type="checkbox"/> City          | <u>3-28-11</u>  |
| 3. <u>Tamara L. Lina</u>  | <u>930 Wilson St<br/>Princeton WI 54968</u>  | <input checked="" type="checkbox"/> Town <u>Princeton</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City       | <u>3-28-11</u>  |
| 4. <u>Michelle Lagaly</u><br><u>Mike Lagaly</u>   | <u>622 W 45<br/>Hurley Hurley</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Hurley</u>          | <u>3-25-11</u>  |
| 5. <u>Jeff White</u>  | <u>4960 John Bradley Ln<br/>Florence, WI 54121</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <u>Florence</u><br><input type="checkbox"/> City        | <u>3-28-11</u>  |
| 6. <u>Harry Koller</u>  | <u>5122 N. Montgomery<br/>Florence, WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Florence</u>        | <u>3-28-11</u>  |
| 7. <u>Angela Hawk</u>   | <u>303 6<sup>th</sup> St<br/>Goodman, WI 54125</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Goodman</u><br><input type="checkbox"/> City         | <u>3-28-11</u>  |
| 8. <u>Richard Rabin</u><br><u>Richard R. Rabin</u>  | <u>P.O. Box 683<br/>Florence, WI</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Florence</u><br><input type="checkbox"/> City        | <u>3/28/11</u>  |
| 9. <u>Carrie Sandberg</u>   | <u>W931 City Rd N<br/>Niagara, WI 54151</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Aurora</u>          | <u>3/28/11</u>  |
| 10. <u>Lerna Jarosz</u>   | <u>1095 Farney Ln.<br/>Armstrong Brook, WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Armstrong Brook</u> | <u>3/28/11</u>  |

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

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

3/29/2011 David Smail  
(date) (signature of circulator)

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

Page No. 441

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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Michael C. Bousley</i><br><i>Michael C. Bousley</i>   | 211 MILL ST<br>GOODMAN, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>GOODMAN | 2/26/11         |
| 2. <i>Michael T. Sibb</i><br><i>Michael T. Sibb</i>   | 11-16446 Sugarbush Dr.<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Goodman | 2/26/11         |
| 3. <i>Roy Tobias</i><br><i>Roy Tobias</i>   | 408 4TH STREET<br>GOODMAN  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>GOODMAN | 2/26/11         |
| 4. <i>Alesha Marie Tobias</i><br><i>Alesha Marie Tobias</i>   | 408 4th Street<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Goodman | 2/26/11         |
| 5. <i>Justin Bliss</i><br><i>Justin Bliss</i>   | 7087 state Hwy 32/55<br>Argonne  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Argonne | 2/26/11         |
| 6. <i>Gerone Rice</i><br><i>Gerone Rice</i>   | 7087 state Hwy 32/55<br>Argonne  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Argonne | 2/26/11         |
| 7. <i>Maureen Connell</i><br><i>Maureen Connell</i>   | 609 5TH ST<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Goodman | 2/26/11         |
| 8. <i>Jung Connell</i><br><i>Jung Connell</i>   | 609 5TH ST<br>GOODMAN  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>GOODMAN            | 2-26-11         |
| 9. <i>Gandee Buck</i><br><i>Gandee Buck</i>   | 1516 Kenny Dr Lot 28<br>CRIVITZ WI 54114   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>CRIVITZ | 2.26-11         |
| 10. <i>Robert Williard</i><br><i>Robert Williard</i>  | 1516 KENNY DR LOT 28<br>CRIVITZ WI 54114   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>CRIVITZ | 2.26-11         |

I, David Smail **Certification of Circulator**, 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.

2/28/2011 (date) David Smail (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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. Rachael Cornell  | 609 5th Street<br>Goodman  | <input checked="" type="checkbox"/> Town Goodman<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 2/26/11         |
| 2. Darlene Rodman   | 706 5th St.<br>Goodman   | <input checked="" type="checkbox"/> Town Goodman<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 2/26/11         |
| 3. Dawn H. Rodman   | 706 5TH ST<br>GOODMAN  | <input checked="" type="checkbox"/> Town GOODMAN<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 2-26-11         |
| 4. Wayne Dolatowski Jr.   | 506 WOODS LAKE RD.<br>GOODMAN  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village GOODMAN<br><input type="checkbox"/> City | 2-26-11         |
| 5. Wayne Dolatowski Jr.   | 506 Woods Lake Rd.<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village Goodman<br><input type="checkbox"/> City | 2-26-11         |
| 6. Deborah E. Dolatowski  | 506 Woods Lake Rd.<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village Goodman<br><input type="checkbox"/> City | 2-26-11         |
| 7. Scott W. Dolatowski  | 508 Woods Lake Rd.<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village Goodman<br><input type="checkbox"/> City | 2-26-11         |
| 8. Amber Dolatowski   | 508 Woods Lake Rd<br>Goodman   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village Goodman<br><input type="checkbox"/> City | 2-26-11         |
| 9. Darlene Engel  | 706 6th St<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village Goodman<br><input type="checkbox"/> City | 2-26-11         |
| 10. Dennis Engel  | 712 6th<br>Goodman   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village Goodman<br><input type="checkbox"/> City | 2-26-11         |

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

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

2/28/2011 \_\_\_\_\_  
(date) David Smail  
(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.)*

*Fore Not doing his job, Heeding in another state like a five year old kid*

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Lester T. Ludeman</i>   | <i>5252 Spruce St.</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Laona</i> | <i>4/4/11</i>   |
| 2. <i>Barbara Ludeman</i>   | <i>5252 Spruce St.</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Laona</i> | <i>4/4/11</i>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | <i>/ / 11</i>   |

### Certification of Circulator

I, *Lester Ludeman and Barbara Ludeman*, certify:

*we*  
I reside *5252 Spruce St., 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.

*4/4/11*  
(date)

*Lester T. Ludeman*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>RAYMOND T. LOECH</u>  | <u>1400 CAPICH DR</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Lincoln</u> | <u>9/9/11</u>   |
| 2. <u>Dorothy Lorch</u>   | <u>4221 Dyer Rd</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Lincoln</u> | <u>4/4/11</u>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>/ / 11</u>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>/ / 11</u>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>/ / 11</u>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>/ / 11</u>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>/ / 11</u>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>/ / 11</u>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>/ / 11</u>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>/ / 11</u>   |

### Certification of Circulator

I, RAYMOND T. LOECH, certify:  
(name of circulator)

I reside 1400 CAPICH DR, Lincoln  
(circulator's residence - include number, street, and municipality)

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

April 04, 2011  
(date)

Raymond Theodore Loech  
(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.)*

Our senators we elected to vote on issues what ever the results, not to hide out in another state to avoid voting.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>Phyllis Leonard</u>   | <u>1000 LEONARD RD</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>PELICAN LAKE</u> | <u>3/30/11</u>  |
| 2. <u>Phyllis Leonard</u>   | <u>1000 LEONARD RD</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>PELICAN LAKE</u> | <u>3/30/11</u>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>/ / 11</u>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>/ / 11</u>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>/ / 11</u>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>/ / 11</u>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>/ / 11</u>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>/ / 11</u>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>/ / 11</u>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>/ / 11</u>   |

I, Phyllis LEONARD **Certification of Circulator**, certify:  
(name of circulator)  
 I reside 1000 LEONARD RD PELICAN LAKE, WI 54963  
(circulator's residence - include number, street, and municipality)

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

4-5-11 (date) Phyllis Leonard (signature of circulator)

# RECALL PETITION

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

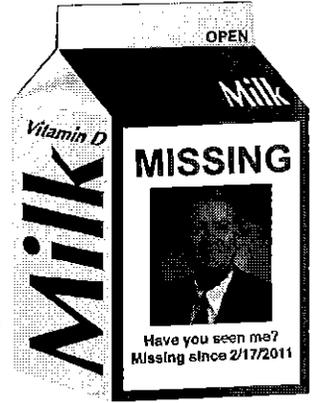
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village.</small>   | DATE OF SIGNING |
| 1. <i>Tracy Monk</i>  | 803 S Keegan<br>Rhineland WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhineland  | 3/27/11         |
| 2. <i>Margaret Burke</i>  | 2812 Aspen Rd<br>Rhineland WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican    | 3/27/11         |
| 3. <i>Mikulas Burke</i>   | 2812 Aspen Rd<br>Rhineland, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican    | 3/27/11         |
| 4. <i>Reg Bohemer</i>   | 527 Ewegen Ct<br>Rhineland WI 54501  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhineland  | 3/27/11         |
| 5. <i>Tracy Monk</i>  | 803 S Keegan St<br>Rhineland, WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhineland  | 3/27/11         |
| 6. <i>Bethany Beske</i>   | 713 Margaret St<br>Rhineland WI 54501  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhineland  | 3-27-11         |
| 7. <i>Kim Wetterlund</i>  | 4501 S. Shore Dr.<br>Rhineland, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican    | 3-27-11         |
| 8. <i>Maury Monk</i>  | 3883 County A<br>Rhineland, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Sugar Camp | 3-27-11         |
| 9. <i>ZACK MONK</i>   | 3883 COUNTY A<br>Rhineland, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SUGARCAMP  | 3-27-11         |
| 10. <i>Larry Monk</i>   | 3883 County A<br>Rhineland, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SUGAR CAMP | 3-27-11         |

I, LYNN LARSEN, certify:  
(name of circulator)  
 I reside at 5128 ROCK LANE Rhineland, WI 54501.  
(circulator's residence - include number, street, and municipality)

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

3-27-11  
(date)
*Lynn Larsen*  
(signature of circulator)

Please mail this form to: **Recall Jim**  
 P.O. Box 961 • Eagle River, WI 54521  
[www.recalljim.com](http://www.recalljim.com) • [admin@recalljim.com](mailto:admin@recalljim.com)

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

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

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

(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|-----------------------------|--|--|-----------------|
| 1. <u>Joe Stegall</u>       | <u>N3987 Fraley Rd.<br/>BRYANT WI. 54418</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>EVERGREEN</u> | <u>03-17-11</u> |
| 2. <u>Jammy Stegall</u>     | <u>N3987 Fraley Rd.<br/>BRYANT WI. 54418</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Evergreen</u> | <u>3-17-11</u>  |
| 3. <u>Dale Christensen</u>  | <u>W4970 54430<br/>HARMON RD ELTON</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>EVERGREEN</u> | <u>3-18-11</u>  |
| 4. <u>Robin Christensen</u> | <u>W4970 Harmon Rd<br/>Elton, WI. 54430</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Evergreen</u> | <u>3-18-11</u>  |
| 5. <u>Anthony Stetm</u>     | <u>W6217 Hattes Ln.<br/>Polar, WI 54418</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Polar</u>     | <u>3-31-11</u>  |
| 6.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 7.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 8.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 9.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 10.                         |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |

**Certification of Circulator**

Jammy Stegall

(name of circulator)

certify:

reside at N3987 Fraley Rd. Bryant WI. 54418  
(circulator's residence - include number, street, and municipality) EVERGREEN

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

Jammy Stegall  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City or Village</small>  | Date of Signing |
|----------------------------|--|---|-----------------|
| 1. <i>James W. Aronson</i> | <i>9396 Brinkland Ct Minocqua WI</i>   | <i>Minocqua</i>   | <i>3/4/11</i>   |
| 2. <i>Paul Dahlke</i>      | <i>514 E Chicago Ave</i>   | <input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>MINOCQUA</i>                                  | <i>3-11-11</i>  |
| 3. <i>Alan Sansburn</i>    | <i>8182 E Brinkland Cir.</i>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Minocqua</i> | <i>3-11-11</i>  |
| 4. <i>Wayne Pieper</i>     | <i>10337 Bigelow Hill Dr.<br/>Woodruff</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Woodruff</i> | <i>3/30/11</i>  |
| 5. <i>Lee E Fri</i>        | <i>8173 BOSACK RD<br/>MINOCQUA, WI 54548</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Minocqua</i> | <i>4/6/11</i>   |
| 6.                         |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.                         |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.                         |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.                         |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.                        |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

**CERTIFICATION OF CIRCULATOR**

I, *James Breen*, certify that I reside at *5778 Brunswick St - Minocqua, WI 54548*

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

*4-6-11*  
(date)

*James Breen*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|   |  |  |                 |
|   |  |  |                 |
| 1. <i>Lake Spranger</i>   | W19215 hemlock st<br>Eland, WI 54427   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Cland.</i>     | 4/2/11          |
| 2. <i>Lake Spranger</i>   | N6207 meadowlark Rd  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Wittimberg</i> | 4/2/11          |
| 3   | <del>W19215 hemlock st</del><br><i>Rd</i>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Wittimberg</i> | 1/11            |
| 4   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | 1/11            |
| 5   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | 1/11            |
| 6   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | 1/11            |
| 7   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | 1/11            |
| 8   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | 1/11            |

I, Row Balthazor Certification of Circulator, certify:  
(name of circulator)  
 I reside 1908 Birch Circle Eland WI 54427 Town Elderon  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 5 2011 Row Balthazor  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Thomas R Black</i>  | <i>5273 Lakewood RD<br/>Harsham WI 54509</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <b>CASSIAN</b> | <i>3/7/11</i>   |
| 2. <i>Karen R Blaw</i>  | <i>5273 Lake wood rd<br/>HARSHAM, WI 54509</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <b>CASSIAN</b> | <i>3/7/11</i>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, DAVID L. BLACK, certify:  
(name of circulator)

I reside 22521 BARNES CAK. 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.

3-7-11  
(date)

*David L. Black*  
(signature of circulator)

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

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

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

(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Edin...</i>   | 7336 HWY X   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City THREE LAKES | 2-28-11         |
| 2. <i>John W. T...</i>  | 561 Blum Rd  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Eagle River | 3-5-11          |
| 3. <i>John W. T...</i>  | 1701 Maple LK RD   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City THREE LAKES | 5 MAR 11        |
| 4. <i>Michael R. H...</i>   | 5075 WILDLIFE TRAIL  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City THREE LAKES | 3/5/11          |
| 5. <i>Michael R. H...</i>   | 5075 WILDLIFE TRAIL  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City THREE LAKES | 3/5/11          |
| 6. <i>Bryant B...</i>   | W10835 1ST AVE   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City ANTIQUO     | 3/5/11          |
| 7. <i>Dave Haplea</i>   | 899Z BALSAM LN   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City THREE LAKES | 3/7/2011        |
| 8. <i>Loli Tillman</i>  | 7305 Russee RD   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Three LAKES | 3/7/2011        |
| 9. <i>Bonnie Scanlon</i>  | 2369 Wykowski Rd   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Three LAKES | 3/7/2011        |
| 10. <i>Bruce Leucher</i>  | 4032 HWY D   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SUGAR CAMP  | 3/7/2011        |

**Certification of Circulator**

I, Kim T. STARKE, certify:

(name of circulator)

I reside at 140 LAKE JULIA ROAD, THREE LAKES, WI, 54562

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

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

3/21/2011  
(date)

*Kim T. Starke*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Jon Stenschke</i>   | 1944 E. Anvil Lake Rd.<br>Eagle River, WI 54521  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Washington  | 3-1-11          |
| 2. <i>Joel Sandberg Jr.</i>   | 550 Spring Lk Rd.<br>Rhinelander, WI 54550   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 3-1-11          |
| 3. <i>Theresa Nordquist</i>   | 550 Spring Lk Rd.<br>Rhinelander, WI 54550   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 3-1-11          |
| 4. <i>Paul Swart</i>  | 1084 CATFISH LK. RD.<br>EAGLE RIVER WI 54521   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City LINCOLN     | 3-3-11          |
| 5. <i>Dinda Susskne</i>   | 1944 E. Anvil Lk Rd.<br>Eagle River WI 54521   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Washington  | 3-4-11          |
| 6. <i>Wendy Mohr</i>  | 667 Hwy. 45 S.<br>Eagle River WI 54521   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Lincoln     | 3-8-11          |
| 7. <i>Al &amp; Dora</i>   | 903 N. Central Ave<br>Crandon, WI 54520  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Crandon     | 3-8-11          |
| 8. <i>Delores Zdenek</i>  | 3973 Cleveland Av<br>Eagle River WI 54521  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Sugar Camp             | 3-8-11          |
| 9. <i>Cheryl Paule</i>  | 3754 Hemlock Ln<br>Eagle River, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Washington  | 3-21-11         |
| 10. <i>Amy K. Dehn</i>  | 3754 Hemlock Ln.<br>Eagle River, WI 54521  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Washington  | 3-21-11         |

### Certification of Circulator

I, Jon Stenschke, certify:  
(name of circulator)  
 I reside 1944 E. Anvil Lake Rd. Eagle River, WI 54521 Washington.  
(circulator's residence - include number, street, and municipality)

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

3-21-11  
(date)

*Jon Stenschke*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                           |
|---|--|--|---------------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING           |
| 1. <i>Donna G. Huber</i>  | <i>3042 E. Hwy N<br/>Rhinelanders, Wis.</i>  | <input checked="" type="checkbox"/> Town <i>Woodboro</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City                | <i>Mar. 31, 2011</i>      |
| 2. <i>Frances Gtin</i>  | <i>657 Davenport<br/>Rhinelanders</i>  | <input type="checkbox"/> Town <i>Rhinelanders</i><br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City            | <i>march<br/>31, 2011</i> |
| 3. <i>Paul Pool</i>   | <i>318 Highview Hwy<br/>P</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village <i>Rhinelanders</i><br><input checked="" type="checkbox"/> City            | <i>march<br/>31, 2011</i> |
| 4. <i>Bart Kaplan</i>   | <i>1112 Pines St</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelanders</i>            | <i>3-31-11</i>            |
| 5. <i>Carl M. E. Selber</i>   | <i>644 Allan St<br/>Rhinelanders</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelanders</i>            | <i>3-31-11</i>            |
| 6. <i>Joey Mella</i>  | <i>602 S. Keenan St.<br/>Rh</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelanders</i> | <i>3-31-11</i>            |
| 7. <i>Chris Moore</i>   | <i>3570 N Rifle Rd<br/>Rhinelanders</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>RHINELANDERS</i>            | <i>3-31-11</i>            |
| 8. <i>Dean Wahl</i>   | <i>337 Lynette Terrace<br/>Rh</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelanders</i>            | <i>3-31-11</i>            |
| 9. <i>[Signature]</i>   | <i>11974 Woodford rd<br/>Rh</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelanders</i>            | <i>3-31-11</i>            |
| 10. <i>[Signature]</i>  | <i>761 W DAVENPORT<br/>Rh</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>RHINELANDERS</i>            | <i>3/31/11</i>            |

### Certification of Circulator

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

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

3/31/11  
(date)

*Sherrie E. Ferrell*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Patty Michiel</i>   | <i>W10111 Hwy J<br/>Deerbrook WI 54424</i>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Neva</i>    | <i>3/21/11</i>  |
| 2. <i>Walter Pichow</i>   | <i>W14743 1st Ave<br/>Bleason, WI 54435</i>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Summit</i>  | <i>3/21/11</i>  |
| 3. <i>Ein Kieja</i>   | <i>N4114 Hill Rd<br/>Antigo, WI 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Polar</i>   | <i>3-21-11</i>  |
| 4. <i>Tiffany Gray</i>  | <i>W1906 Front rd.<br/>Antigo WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Norwood</i> | <i>3-21-11</i>  |
| 5. <i>Connie Musoltz</i>  | <i>441 Dorst St.<br/>Antigo, WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><i>Antigo</i>  | <i>3-21-11</i>  |
| 6. <i>Boell ELST</i>  | <i>208 5th Ave 54409<br/>Antigo, WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><i>Antigo</i>  | <i>3-21-11</i>  |
| 7. <i>Kathleen Wagner</i>   | <i>W7509 Colony Rd<br/>Superior, WI 54410</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Polar</i>   | <i>3/21/11</i>  |
| 8. <i>Tiffany Hill</i>  | <i>1047th Ave<br/>Antigo WI 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Antigo</i>  | <i>3-21-11</i>  |
| 9. <i>Corinne Metko</i>   | <i>W7429 Marl Rd<br/>Antigo WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Norwood</i> | <i>3-21-11</i>  |
| 10. <i>Kathleen Packard</i>   | <i>W10755 Hwy N<br/>Antigo, WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Ackley</i>  | <i>3-21-11</i>  |

### Certification of Circulator

I, *Duane Schumacher*, certify:

(name of circulator)

I reside *13528 290 Ave, Detroit Lakes, MN 56501*

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

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

*3-25-11*

(date)

*Duane Schumacher*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Randy Zuber</i>   | <i>1736 N. Superior<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo 54409</i>     | <i>3-21-11</i>  |
| 2. <i>Dalana Michter</i>  | <i>(No address provided)<br/>Kempster Wisconsin 54444</i>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Kempster 54444</i>   | <i>3-21-11</i>  |
| 3. <i>Donald J. Floraway</i>  | <i>613 LAKE ST<br/>WHITE LAKE</i>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>WHITE LAKE 54491</i> | <i>3/21/11</i>  |
| 4. <i>Cheryl Semelby</i>  | <i>N4166 City Rd 5<br/>Bryant WI 54418</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Polar</i>            | <i>3/21/11</i>  |
| 5. <i>Ruth Riddle</i>   | <i>1016 5th Ave - 301<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>           | <i>3/21/11</i>  |
| 6. <i>Meissa Jaeger</i>   | <i>1017 6th Ave<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>           | <i>3/21/11</i>  |
| 7. <i>Hira Qise</i>   | <i>N5441 Lande-Price rd<br/>Bryant WI 54418</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Price</i>            | <i>3/21/11</i>  |
| 8. <i>Paul Jann</i>   | <i>N1883 Old 30 Rd<br/>Antigo WI 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rolling</i>                     | <i>3-21-11</i>  |
| 9. <i>Michelle Kampman</i>  | <i>1014 3rd Ave<br/>Antigo Wisconsin 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>           | <i>3/21/11</i>  |
| 10. <i>Sandy Jensen</i>   | <i>N1401 C+Hw<br/>Antigo WI 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Antigo</i>           | <i>3/21/11</i>  |

### Certification of Circulator

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

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

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

*3-25-11*  
(date)

*Duane Schumacher*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Benjamin A. Clark</i>   | <i>910 PINE ST.<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3-21-11</i>  |
| 2. <i>Sandy Randue</i>  | <i>N5730 Polan Rd<br/>Bryant, WI 54418</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Bryant</i>            | <i>3/21/11</i>  |
| 3. <i>Ken L</i>   | <i>1230 9th Ave<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3/21/11</i>  |
| 4. <i>PAT POMASL</i>  | <i>N2612 HWY A.A.<br/>ANTIGO, WI. 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>ANTIGO</i>            | <i>3-21-11</i>  |
| 5. <i>Janet Heckert</i>   | <i>W11816 SPRING RD<br/>ANTIGO WI 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>ACKLEY</i>            | <i>3/21/11</i>  |
| 6. <i>Shawn Mercer</i>  | <i>726 Spruce St<br/>Antigo WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>ANTIGO</i> | <i>3/21/11</i>  |
| 7. <i>Robert Zaucha</i>   | <i>W-11455 Co. H<br/>ANTIGO WI. 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>ACKLEY</i>            | <i>3-21-11</i>  |
| 8. <i>Lisa Neve</i>   | <i>1015 Mc Millan<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3-21-11</i>  |
| 9. <i>GEORGEANA BUNNEL</i>  | <i>433 VIRGINIA<br/>ANTIGO 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>ANTIGO</i>            | <i>3/21/11</i>  |
| 10. <i>J. [Signature]</i>   | <i>W10712 City Y<br/>Antigo WI. 54409</i>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>ACKLEY</i>            | <i>3/21/11</i>  |

### Certification of Circulator

I, *Duane Schumacher*, certify:

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

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

*3-25-11*  
(date)

*Duane Schumacher*  
(signature of circulator)

# RECALL PETITION

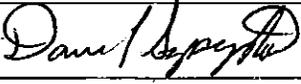
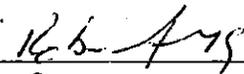
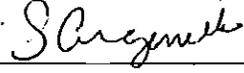
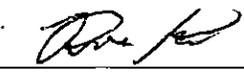
TO: Wisconsin Government Accountability Board

(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.

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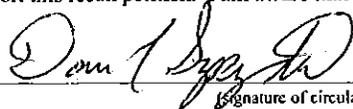
| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.   | N18354 US Hwy 141<br>Pembine, WI 54156   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pembine | 3-2-2011        |
| 2.   | W 35th Co. Rd. N<br>Niagara, WI 54151  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Niagara | 3-3-2011        |
| 3.   | W7968 Spence Ave<br>Amberg 54103   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Amberg  | 3-15-11         |
| 4.   | N20301 Morgan Park Rd<br>Niagara, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Niagara | 3-16-11         |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |

I, David Szprejda, **Certification of Circulator**, certify:  
(name of circulator)  
 I reside N18354 US 141, Pembine, 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.

3-29-2011

(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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| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |  |                 |
|--|--|--|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Ryan Smith</i>   | <i>N15570B US Hwy 141<br/>Amberg, WI 54102</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Amberg</i>  | <i>3/6/11</i>   |
| 2. <i>Betsy Smith</i>  | <i>N15570B US Hwy 141<br/>Amberg, WI 54102</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Amberg</i>  | <i>3/6/11</i>   |
| 3. <i>Donald C. Ledy</i>   | <i>N17604 Barnstake Rd<br/>Dunbar WI 54119</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Dunbar</i>  | <i>03/07/11</i> |
| 4. <i>Ruth Kubler</i>  | <i>W10085 Pike Plains Rd.<br/>Dunbar, WI 54119</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Dunbar</i>  | <i>3/10/11</i>  |
| 5. <i>Clad Chias</i>   | <i>N19786 US 141<br/>Pembine, WI 54156</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Pembine</i> | <i>3/14/11</i>  |
| 6. <i>Carol M. [unclear]</i>   | <i>W10085 Pike Plains rd.<br/>Dunbar, WI 54119</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Dunbar</i>  | <i>3/10/11</i>  |
| 7. <i>Marcia Phillips</i>  | <i>W10132 Twinlake<br/>Dunbar, WI 54119</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Dunbar</i>  | <i>3/28/11</i>  |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, *Ryan Smith*, certify:

I reside at *N15570B US Highway 141 Amberg, WI 54102*  
(name of circulator)  
 (circulator's residence - include number, street, and municipality)

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

*3/31/11*

(date)

*Ryan 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.

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Anne M. Stewart</i>   | 220 Fred St.<br>Antigo, WI 54409   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo | 3/15/11         |
| 2. <i>Kristen Mas</i>   | 1033 1/2 <del>Rt 15</del> Ave.<br>Apt. B. Antigo, WI 54409                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo | 3/15/11         |
| 3. <i>Gary Strand</i>   | 13759 Hanke Rd.<br>Bryant, WI 54418  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Polar  | 3-16-11         |
| 4. <i>Monica Strand</i>   | N3799 Hanke Rd.<br>Bryant, WI 54418  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Polar  | 3-16-11         |
| 5. <i>Stephen M Dahl</i>  | 314 ELM ST<br>Antigo, WI 54409   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo | 3-16-11         |
| 6. <i>Laura Gattai</i>  | 237 Weed St<br>Antigo, WI 54409  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo | 3-17-11         |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                   |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                   |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                   |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                   |                 |

### Certification of Circulator

I, Anne M. Stewart, certify:

I reside 220 Fred St. Antigo, WI 54409  
(circulator's residence - include number, street, and municipality)

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

April 1, 2011  
(date)

Anne M. Stewart  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Phillip G Sweet</i>   | <i>N 16763 BEACH RD</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>PEMBINE</i> | <i>4/6/11</i>   |
| 2. <i>Pamela S Sweet</i>  | <i>N 16763 Beach Rd</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>PEMBINE</i> | <i>4/6/11</i>   |
| 3. <i>Jane E Devine</i>   | <i>X 16767 Beach Rd</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>PEMBINE</i> | <i>4/6/11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |

I, *Phillip G Sweet* **Certification of Circulator** *PHILLIP G SWEET*, certify:  
(name of circulator)

I reside *N 16763 BEACH RD, PEMBINE, WI 54156*  
(circulator's residence - include number, street, and municipality)

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

*4/6/11* (date)                      *Phillip G Sweet* (signature of circulator)

# RECALL PETITION

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

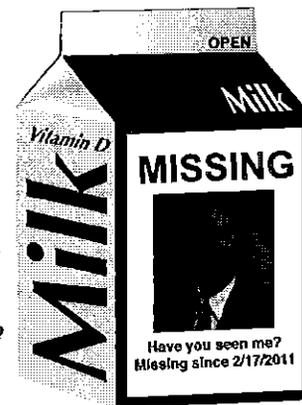
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                  |
|---|--|--|------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village.</small>   | DATE OF SIGNING  |
| 1. <i>Donna J. Shetter</i>  | <i>N5096 Star Neva Road<br/>Bryant, WI 54418</i>   | <input checked="" type="checkbox"/> Town of Neva<br><input type="checkbox"/> Village Bryant, WI 54418<br><input type="checkbox"/> City | <i>4/06/2011</i> |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |

### Certification of Circulator

I, Donna J. Shetter, certify:  
(name of circulator)  
 I reside at N5096 Star Neva Rd. Bryant, WI 54418 Town of Neva.  
(circulator's residence - include number, street, and municipality)

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

April 6, 2011  
(date)

Donna J. Shetter  
(signature of circulator)

Please mail this form to: Recall Jim

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Neil Wenzel</u>   | <u>Elderon</u><br><u>Highway 9154 Hwy 153</u><br><u>2331 CTH 00</u>                              | <u>TOWN</u><br><u>ELDERON</u><br><u>WI</u>   | <u>4/6/11</u>   |
| 2. <u>James Schumacher</u>  | <u>ELAND, WI 54427</u><br><u>2331 CTH 00</u>   | <u>TOWN</u><br><u>VILLAGE ELDERON</u><br><u>CITY</u>   | <u>4/6/11</u>   |
| 3. <u>Laurel Schumacher</u>   | <u>Eland WI 54427</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>4/6/11</u>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>1/11</u>     |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>1/11</u>     |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>1/11</u>     |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>1/11</u>     |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>1/11</u>     |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>1/11</u>     |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <u>1/11</u>     |

### Certification of Circulator

I, JAMES SCHUMACHER certify:  
I reside 2331 CTH 00 ELAND, WI 54427 TOWN ELDERON  
(circulator's residence - include number, street, and municipality)

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

4-6-11  
(date)

James L. Schumacher  
(signature of circulator)

GAB-179 (Rev. 4/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stat. This form is provided by the Government Accountability Board, P.O. Box 7994, Madison, WI 53707-7994 608-244-8083, <http://gab.wis.gov> email: [gab@wi.gov](mailto: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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Mary A Skryzowski</i>   | <i>11648 Wilson DR<br/>CRANDON, WI 54520</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Crandon</i> | <i>4/1/11</i>   |
| 2. <i>Patricia Doane</i>  | <i>11627 Hwy 8 W<br/>Crandon, WI 54520</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Crandon</i> | <i>4/15/11</i>  |
| 3. <i>Ethel Barker</i>  | <i>5426 Cale Rd<br/>Crandon WI - 54520</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Crandon</i> | <i>4/15/11</i>  |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>1 / 11</i>   |

### Certification of Circulator

I, *Mary A Skryzowski*, certify:  
(name of circulator)

I reside *11648 Wilson Drive / Crandon WI 54520-8959*  
(circulator's residence - include number, street, and municipality)

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

*April 6 2011*  
(date)

*Mary A Skryzowski*  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|--------------------------|--|---|-----------------|
| 1. <i>Paul Beyer</i>     | <i>N18160 Lindquist Cir<br/>Dunbar WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Dunbar</i>  | <i>3/8/11</i>   |
| 2. <i>Sean Walsh</i>     | <i>PO Box 194<br/>Pembine WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Pembine</i> | <i>3/8/11</i>   |
| 3. <i>Dave [unclear]</i> | <i>Pembine WI<br/>W8115 Hwy 100</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Pembine</i> | <i>3/8/11</i>   |
| 4. <i>Lisa Russell</i>   | <i>W7944 Spencer Ave<br/>Amberg, Wis. 54102</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Amberg</i>  | <i>3/9/11</i>   |
| 5.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

**Certification of Circulator**

JOHN D. WISNIEWSKI

(name of circulator)

certify:

reside at N. 17925 MONSON LAKE RD, PEMBINE WI, 54156-9318 U.S.A.

(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.

3-8-2011

(date)

*John D. Wisniewski*

(signature of circulator)

# RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

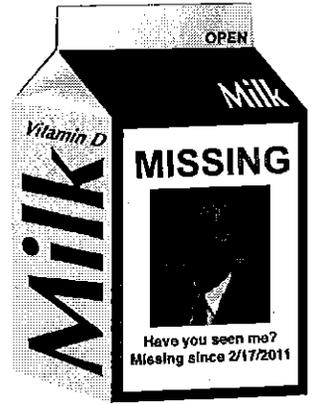
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING  |
| 1. <u>James Hunter</u>  | <u>204 Main Street<br/>Antigo WI 54409</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Antigo</u>             | <u>3-16-2011</u> |
| 2. <u>Pa 28</u>   | <u>W10036 PARKSIDE LANE<br/>ANTIGO, WI 54409</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Rolling</u>            | <u>3-16-2011</u> |
| 3. <u>Tom Reimer</u>  | <u>N2420 Maple Rd<br/>Antigo, WI 54409</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Rolling</u>            | <u>3-19-2011</u> |
| 4. <u>Ann Rindahl</u>   | <u>1338 Pine<br/>Antigo WI 54409</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Antigo</u>             | <u>3-19-2011</u> |
| 5. <u>Meo Johnson</u>   | <u>N5443 ROSEDALE RD<br/>DEERBROOK 54424</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>NEVA<br/>DEERBROOK</u> | <u>3-19-2011</u> |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |

### Certification of Circulator

I, John D. Zupan, certify:  
(name of circulator)

I reside at N5539 Hetta rd. Deerbreek, WI 54424 NEVA  
(circulator's residence - include number, street, and municipality)

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

3-19-2011  
(date)

John D. Zupan  
(signature of circulator)

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

# RECALL PETITION

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

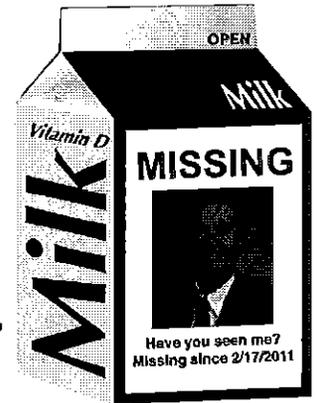
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate <input checked="" type="checkbox"/> Town, <input type="checkbox"/> City, or Village</small> | DATE OF SIGNING |
| 1. <u>William R Pickett</u>   | <u>W7604 KENNEDY DR<br/>WAUSAUKEE WI 54177</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>WAUSAUKEE</u>           | <u>4/2/2011</u> |
| 2. <u>MIKE Kubasik</u>  | <u>19489 STAR HWY<br/>CRIVITZ</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CRIVITZ</u>                        | <u>2/2/11</u>   |
| 3. <u>Miles MANKUSKY</u>  | <u>W 9109 W 83<sup>rd</sup> Rd<br/>CRIVITZ</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>CRIVITZ</u>             | <u>2-2-11</u>   |
| 4. <u>Paul Weidner</u>  | <u>P.O. Box 403<br/>CRIVITZ WI</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>CRIVITZ</u>             | <u>4/2/11</u>   |
| 5. <u>Gary Ducaine</u>  | <u>W9572 CTV A<br/>CRIVITZ WI 54114</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Stephenson</u>          | <u>4/2/11</u>   |
| 6. <u>Dorothy Dadkiewicz</u>  | <u>Crivitz, WI 54114<br/>W8524 City Dr</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Stephenson</u>          | <u>4/2/11</u>   |
| 7. <u>Glenn A. Verland Sr</u>   | <u>W4502 City X<br/>Wausaukee WI 54177</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Wausaukee</u>           | <u>4/2/11</u>   |
| 8. <u>Lisa J. Verland</u>   | <u>W4502 City X<br/>Wausaukee WI 54177</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Wausaukee</u>           | <u>4/2/11</u>   |
| 9. <u>Byron Espan</u>   | <u>1216 3RD AVE<br/>CRIVITZ WI 54114</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>CRIVITZ</u>             | <u>4/2/11</u>   |
| 10. <u>Tracy Kasten</u>   | <u>14710 S. 911aibel<br/>11aibel WI 54227</u>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Mambel</u>              | <u>4-2-11</u>   |

### Certification of Circulator

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

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

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

4/4/2011  
(date)

David Smail  
(signature of circulator)

Please mail this form to: **Recall Jim**  
 P.O. Box 961 • Eagle River, WI 54521  
[www.recalljim.com](http://www.recalljim.com) • [admin@recalljim.com](mailto: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](mailto:gab@wi.gov)

# RECALL PETITION

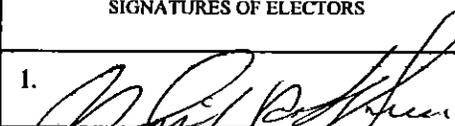
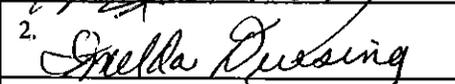
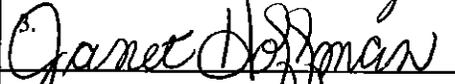
TO: Wisconsin Government Accountability Board

(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                   | DATE OF SIGNING |
| 1.    | 1136 BO-DI-LAC DR<br>LAC DU FLAMBEAU, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3/29/11         |
| 2.    | 1141 Bo Di Lac Dr.<br>Lac du Flambeau, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3/29/11         |
| 3.    | 1136 BO DI LAC<br>Lac du Flambeau WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3/30/11         |
| 4.    | 8762 Koolish Road<br>Muscogea WI 54548   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3/31/11         |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |

### Certification of Circulator

I, Janet M. Hoffman, certify:  
(name of circulator)  
 I reside 1136 Bo Di Lac Drive Lac du Flambeau WI 54538.  
(circulator's residence - include number, street, and municipality)

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

April 5 2011  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District

(jurisdiction or district of officeholder)

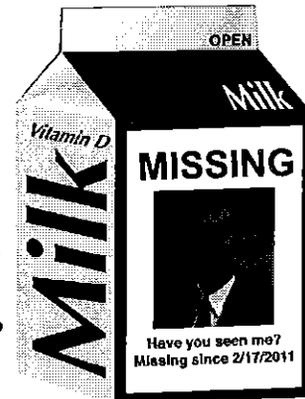
petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District

(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING   |
|-----------------------------|--|---|-------------------|
| 1. <u>Richard A Wiegert</u> | <u>W10512 Bluebell Rd<br/>Deerbrook WI 54424</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Deek</u>       | <u>3-17-11</u>    |
| 2. <u>Jim Blechit</u>       | <u>903 Thomas St<br/>Antigo WI 54409</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Antigo</u>     | <u>3/17/11</u>    |
| 3. <u>Bob Olesen</u>        | <u>755 LAURISA LN<br/>ANTIGO WI 54409</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>ANTIGO</u>     | <u>3/17/11</u>    |
| 4. <u>Christy South</u>     | <u>NAHL HWY 45 S.<br/>Antigo WI.</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Rolling</u>    | <u>3/17/11</u>    |
| 5. <u>Angela Reimer</u>     | <u>W3380 Reimer Rd<br/>Antigo WI 54409</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Polar</u>      | <u>3/17/11</u>    |
| 6. <u>Brenda Mayr</u>       | <u>1016 Arctic St.<br/>Antigo WI 54409</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Antigo</u>     | <u>3/17/11</u>    |
| 7. <u>Sue Steger</u>        | <u>N3606 Orchard<br/>Antigo WI 54409</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Antigo</u>     | <u>3-17-11</u>    |
| 8. <u>Gene Mason</u>        | <u>N9289 City Tr<br/>Deerbrook WI 54424</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Answorth</u>   | <u>3-17-11</u>    |
| 9. <u>Ben Ginn</u>          | <u>N5167 Springbrook Rd<br/>Deerbrook WI 54424</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Neva</u>       | <u>3-17-11</u>    |
| 10. <u>[Signature]</u>      | <u>[Redacted]</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>[Redacted]</u> | <u>[Redacted]</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.

3-17-11  
(date)

Laurie A Hottenstein  
(signature of circulator)

Please mail this form to:

Recall Jim

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>James M. Anderson</i>   | <i>419 VIRGINIA ST.<br/>ANTIGO, WI 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>ANTIGO, WI.</i>       | <i>3-21-11</i>  |
| 2. <i>Brandon Allen</i>   | <i>1107 10th Ave<br/>Antigo WI</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo WI</i>         | <i>3-21-11</i>  |
| 3. <i>Jim Madolich</i>  | <i>White Lake St<br/>White Lake WI 54409</i>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>White Lake</i>        | <i>3-21-11</i>  |
| 4. <i>Constance Dunlap</i>  | <i>108 Hudson St.<br/>Antigo, WI 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo, WI</i>        | <i>3-21-11</i>  |
| 5. <i>Richard Pihlaj</i>  | <i>727 Becker Ave<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo WI</i>         | <i>3-21-11</i>  |
| 6. <i>Wendy Kern</i>  | <i>909 Lincoln St<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo WI</i>         | <i>3-21-11</i>  |
| 7. <i>Brenda Raddatz</i>  | <i>822 Lincoln St.<br/>Antigo, WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo, WI</i>        | <i>03/21/11</i> |
| 8. <i>Mary Schofield</i>  | <i>13041 N. Railwood Rd<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3/21/11</i>  |
| 9. <i>Bob Wendt</i>   | <i>W11292 County Rd 4<br/>Antigo WI 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i> | <i>3/21/11</i>  |
| 10. <i>Lyle Tucker</i>  | <i>121 Lincoln St<br/>Antigo, Wis. 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3-21-11</i>  |

I, *LaRry W. Schumacher*, certify:  
(name of circulator)  
 I reside *4601 S. Tans E. Pl. Tulsa, OK 74145*  
(circulator's residence - include number, street, and municipality)

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

*3-25-2011* (date) *LaRry W. Schumacher* (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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| SIGNATURES OF ELECTORS      | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|-----------------------------|--|--|-----------------|
| 1. <i>Demetrius Nakonek</i> | 635 Dorr St Apt 301<br>W 5187 Hwy 69   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo, WI</i>                      | 3/22/11         |
| 2. <i>[Signature]</i>       | ALTICE, WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>ANTICE, WI</i>                      | 3/23/11         |
| 3. <i>Ann Kautz</i>         | Rhineland<br>6120 Pelican St   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rhineland WI</i>                    | 3/23/11         |
| 4. <i>[Signature]</i>       | 3020 Matonga Ave<br>Crandon  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Crandon</i>                         | 3/23/11         |
| 5. <i>[Signature]</i>       | 367 Highland<br>Rhineland  | <input checked="" type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhineland</i> | 3/23/11         |
| 6. <i>[Signature]</i>       | 4333 Forest Ln<br>Rhineland  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rhineland</i>                       | 3/23/11         |
| 7. <i>Justin Pollack</i>    | 524 W. Phillip St<br>Rhineland, WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhineland</i>                       | 3-23-11         |
| 8. <i>Patricia A. Meib</i>  | Fire #14092<br>Conover, WI 54519   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Conover</i>                         | 3/23/11         |
| 9. <i>Caroline Schweig</i>  | 1103 S Drexler Ave<br>Rhineland WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhineland</i>                       | 3/23/11         |
| 10. <i>Kenneth Vaughn</i>   | 665 W Kemp St<br>Rhineland WI 54501  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhineland</i>                       | 3-23-11         |

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

I reside 4625 S. Tand E. Pl, Tulsa, OK 74145  
(circulator's residence - include number, street, and municipality)

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

3-25-2011 (date) Larry W. Schumacher (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Ann Bernick</i>   | <i>635 DOOR ST<br/>Antigo WI 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>      | <i>3-22-11</i>  |
| 2. <i>Jack Felton</i>   | <i>1121 5th Av<br/>Antigo</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>      | <i>3-22-11</i>  |
| 3. <i>Karl</i>  | <i>W12355 Spring Rd<br/>Antigo</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>      | <i>3-22-11</i>  |
| 4. <i>Nancy Elliott</i>   | <i>W29541 Flight Rd<br/>Antigo WI 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Antigo</i>      | <i>3-22-11</i>  |
| 5. <i>Mark W...</i>   | <i>614 Pine Street<br/>Antigo, WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>      | <i>3-22-11</i>  |
| 6. <i>[Signature]</i>   | <i>46715 CTH D<br/>DOOR BROOK WI 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>NEVA</i>        | <i>3-22-11</i>  |
| 7. <i>Helis S. B...</i>   | <i>3747 Lake Woods Rd<br/>Blishaw WI 54429</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>CASSION</i>     | <i>3-22-11</i>  |
| 8. <i>John Warner</i>   | <i>305 Woodland Hgts<br/>Rhinelander</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelander</i> | <i>3/23/11</i>  |
| 9. <i>[Signature]</i>   | <i>900 Boulder Dr<br/>Rhinelander</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelander</i> | <i>3/23/11</i>  |
| 10. <i>[Signature]</i>  | <i>3510 N. Rifle<br/>Rhinelander</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Croscott</i>    | <i>3/23/11</i>  |

### Certification of Circulator

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

I reside *464 S. 72nd E. Pl., Tulsa OK 74145*  
(circulator's residence - include number, street, and municipality)

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

*3-25-2011* (date) *Larry W. Schumacher* (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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| SIGNATURES OF ELECTORS       | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|------------------------------|--|---|-----------------|
| 1. <i>Alan Meier</i>         | 9065 Pickerel Lk Rd.<br>Pickerel WI 54465  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Nashville | 2-28-11         |
| 2. <i>Greg Shesler</i>       | W644B PICKEREL LK RD<br>PEARSON, WI 54462  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City AINSWORTH | 2-27-11         |
| 3. <i>Marge Shesler</i>      | W6443 PICKEREL LK RD<br>PEARSON, WI 54462  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City AINSWORTH | 2-27-11         |
| 4. <i>Ann Manger</i>         | 9469 Deer Lane<br>Pickerel WI 54465  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Nashville | 2/27/2011       |
| 5. <i>Earl Holquist</i>      | N9544 HWY D<br>Pickerel WI 54465   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Langlade  | 2/27/11         |
| 6. <i>Jane Holquist</i>      | N9544 Hwy D RD<br>Pickerel WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Langlade  | 2/27/11         |
| 7. <i>Zach Zorn</i>          | 9517 Crystal Road<br>Pickard WI 54465  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City NASHVILLE | 2/27/11         |
| 8. <i>Russell Schumel</i>    | N9096 Chip N Dal<br>PICKEREL WI 54465  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Langlade  | 2-27-11         |
| 9. <i>Marlene Kreber</i>     | 685 Birch Dr.<br>Pickerel WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Nashville | 2-27-11         |
| 10. <i>Michelle Mulliken</i> | 335 Donald Ln<br>Pickerel WI 54465   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Nashville | 2-27-11         |

**ARTHUR F SEIDL** Certification of Circulator

certify:

Reside at N5677 CHILLIERD DEER BROOK WI 54424  
(circulator's residence - include number, street, and municipality) NEVA

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

2-27-11  
(date)

*Arthur F Seidl*  
(signature of circulator)

# RECALL PETITION

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

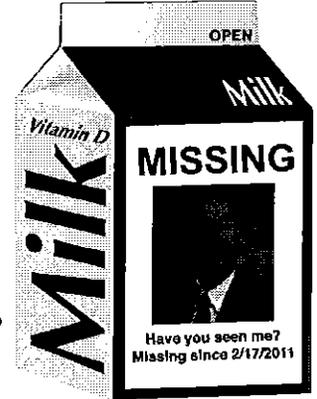
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>Robert G. Nelson</u>  | <u>8913 Townline Rd</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Woodruff</u> | <u>4/5/11</u>   |
| 2. <u>Andrea A. Meard</u>   | <u>8913 Townline Rd</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Woodruff</u> | <u>4/5/11</u>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

I, Robert G. Nelson **Certification of Circulator**, certify:  
(name of circulator)

I reside at 8913 Townline Rd., Woodruff, WI 54568  
(circulator's residence - include number, street, and municipality)

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

4/5/11  
(date)

Robert G. Nelson  
(signature of circulator)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

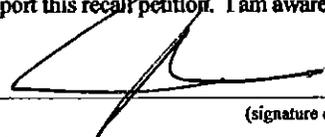
| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b><br><b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Lee Mendt</i>   | <i>17410 Regulus St<br/>Townsend WI 54175</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Townsend</i> | <i>3-4-11</i>   |
| 2. <i>Merton A. Luebke</i>  | <i>16554 Appleton Lane<br/>Townsend WI 54175</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Townsend</i> | <i>3-4-11</i>   |
| 3. <i>Barbara C. Luebke</i>   | <i>16554 Appleton Lane<br/>Townsend, WI 54175</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Townsend</i> | <i>3/8/2011</i> |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

### Certification of Circulator

I, *JAMES G. SCHMESSLER*, certify:  
(name of circulator)  
 I reside at *17950 SUNSET Bay Lane TOWNSEND WI 54175*  
(circulator's residence - include number, street, and municipality)

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

*3/9/11*  
(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

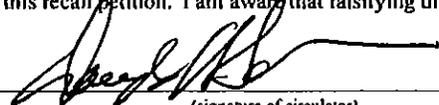
*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                   | DATE OF SIGNING |
| 1.   | 3257 Pokegama Lake Trl<br>Lac du Flambeau WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 4/1/11          |
| 2. Kenneth A. Schroeder   | <del>3257</del> 3257 POKEGAMA LKTR<br>LAC DU FLAMBEAU WIS.                                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 4/1/11          |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | / / 11          |

I, Douglas A. Schroeder, certify:  
(name of circulator)

I reside 3257 Pokegama Lake Trail, Lac du Flambeau WI  
(circulator's residence - include number, street, and municipality)

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

2 APR 2011 (date)  (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Judith A. Morrow</i>  | <i>3853 U.S. Hwy 51<br/>HARSHAW, WI 54529</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>CASSIAN</i> | <i>4/1/11</i>   |
| 2. <i>Charles C. Morrow</i>   | <i>3853 U.S. Hwy 51<br/>HARSHAW, WI 54529</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>CASSIAN</i> | <i>4/1/11</i>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |

### Certification of Circulator

I, *Judith Morrow*, certify:  
(name of circulator)

I reside *3853 U.S. Hwy 51 Harshaw, WI 54529 CASSIAN*  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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) *Judith A. Morrow* (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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|-------------------------|--|---|-----------------|
| 1. <u>Dennis Bulmer</u> | <u>717 Roosevelt St<br/>Tomahawk WI</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Tomahawk</u> | <u>3/26/11</u>  |
| 2.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 3.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 4.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 5.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.                     |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

**Certification of Circulator**

Nancy R. Her

(name of circulator)

certify:

reside at 11658 Burrows Lake Rd Tomahawk, WI, 54487

(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.

3-26-11

(date)

Nancy R. Her

(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or file no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Glenn J. Hald</i>   | <i>N 11360 Flower Ln<br/>P.O. Box 11 54428</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elcho</i>    | <i>3-28-11</i>  |
| 2. <i>Carolee K. Buggs</i>  | <i>1276 US Hwy 8 E<br/>Monroe WI 54501</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Monroe</i>   | <i>04-08-11</i> |
| 3. <i>Thyle Hummer</i>  | <i>894 Lake River Rd<br/>Pelican Lake WI 54463</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Schoepke</i> | <i>4-3-11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

### Certification of Circulator

I, *Jim Tyler*, certify:

I reside *827 Hwy 45 Pelican Lake Wis*  
(circulator's residence - include number, street, and municipality) *Town of Schoepke*

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

*Jim Tyler*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Janet L Olson</i>   | <i>9079 Doemel Ln.<br/>Pickeral WI 54465</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Nashville</i> | <i>3/16/11</i>  |
| 2. <i>Leo Alexander</i>   | <i>786 TAMARACK TRAIL<br/>PICKEREL, WI 54465</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>NASHVILLE</i> | <i>3/16/11</i>  |
| 3. <i>Angeline Alexander</i>  | <i>786 Tamarack Trail<br/>Pickeral, WI 54465</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Nashville</i> | <i>3-16-11</i>  |
| 4. <i>Kenneth L. Olson</i>  | <i>9079 Doemel Ln<br/>Pickeral, WI, 54465</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                  | <i>3-16-11</i>  |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |

### Certification of Circulator

I, *Janet L Olson* certify:  
(name of circulator)  
 I reside *9079 Doemel Ln, Pickeral, WI 54465*  
(circulator's residence - include number, street, and municipality)

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

*Janet L. Olson*  
(signature of circulator)

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

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

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

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

**STATEMENT OF REASON FOR RECALL**

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

**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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|------------------------------|--|--|-----------------|
| 1. <u>Jan T. [Signature]</u> | <u>4537 EAST LAKE LAUREL<br/>STAR LAKE WIS 54561</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>PLUM LAKE</u> | <u>3/18/11</u>  |
| 2.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 3.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 4.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 5.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 6.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 7.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 8.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 9.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 10.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |

**Certification of Circulator**

I, JOSEPH SKIBBIE, certify:  
(name of circulator)

I reside at 5920 Hwy K CONQUER  
(circulator's residence - include number, street, and municipality)

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

3-23-11  
(date)

[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.)*

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |  |                 |
|--|--|--|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                 |
| 2. <i>Allen Dush</i>   | 3752 Hemlock Ln.   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village <i>WASHINGTON</i><br><input type="checkbox"/> City                           |                 |
| 3. <i>Richard Hayden</i>   | 1651 McKinley Blvd   | <input checked="" type="checkbox"/> Town <i>LINCOLN</i><br><input type="checkbox"/> Village <i>WASHINGTON</i><br><input type="checkbox"/> City | 3/16/11         |
| 4.   |  | <input checked="" type="checkbox"/> Town <i>LINCOLN</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City                   | 3/21/11         |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                 |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                 |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                 |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                 |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                 |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                 |

### Certification of Circulator

I, Mary Hayden, certify:  
(name of circulator)

I reside 1651 McKinley Blvd 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.

3-22-11 (date) Mary Hayden (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 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Erving W. Booth</u>   | <u>2909 HY45 SCOTT<br/>Conover, Wis.</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    | <u>3/26/11</u>  |
| 2. <u>Sandra K. Verhulst</u>  | <u>11346 Willies Drive<br/>Arbor Vitae WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>3/26/11</u>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |

### Certification of Circulator

I, Paula Visnic, certify:  
(name of circulator)

I reside at 6045 BEAVER TR EAGLE RIVER CLOYENLAND  
(circulator's residence - include number, street, and municipality)

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

3/26/11 Paula Visnic  
(date) (signature of circulator)

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

# RECALL PETITION

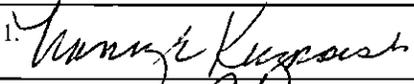
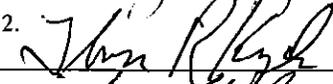
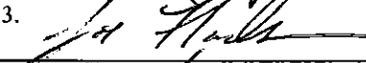
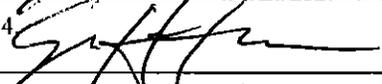
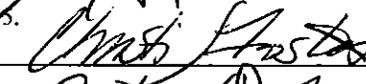
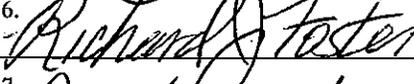
TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

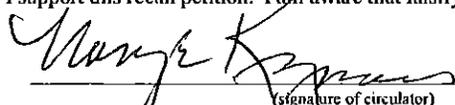
*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.   | 3810 E. PORT AURORA<br>RHINELANDER, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake | 3/1/11          |
| 2.   | 3810 E. PORT AURORA<br>RHINELANDER, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake | 3/1/11          |
| 3.   | 315 HILLDALE AVE<br>RHINELANDER, WI 54501  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>RHINELANDER          | 3/3/11          |
| 4.    | 3582 EMDEN CR. RD.<br>RHINELANDER WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>PELICAN   | 3/3/11          |
| 5.   | 4215 North View Dr.<br>Rhinelander, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake | 3/3/11          |
| 6.   | 4215 Northview Drive<br>Rhinelander, WI 54501  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake            | 3/3/11          |
| 7.   | 2695 Spring Dr<br>Rhinelander, WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Stella    | 3/17/11         |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |

I, Nancy E. Kuczma, **Certification of Circulator**, certify:  
(name of circulator)  
 I reside 3810 E. Port Aurora Rd. Rhinelander, WI 54501.  
(circulator's residence - include number, street, and municipality)

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

3/17/11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Robert Hoerman</i>  | <i>N1460 US Hwy 45 S,<br/>ANTIGO, WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rolling</i> | <i>3/29/11</i>  |
| 2. <i>Ann Hoerman</i>   | <i>N1460 US Hwy 45 S<br/>Antigo WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rolling</i> | <i>3/29/11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |

### Certification of Circulator

I, *Ann Hoerman*, certify:

I reside *N1460 US Hwy 45 S Antigo WI 54409 Rolling*.  
(circulator's residence - include number, street, and municipality)

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

*Ann Hoerman*  
(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Robert Seene</u>  | <u>4418 ROSALIE LN</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>NEWBOLD</u>     | <u>2/25/11</u>  |
| 2. <u>Robert Van Kib</u>  | <u>4836 RIDGE RD</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>PINE LAKE</u>   | <u>2/25/11</u>  |
| 3. <u>Jim Pellet</u>  | <u>722 DORR AVE</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>RHINELANDER</u> | <u>2/25/11</u>  |
| 4. <u>Robert A. Schreder</u>  | <u>3806 Penicost Ln</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CASSIAN</u>     | <u>2/25/11</u>  |
| 5. <u>Steve Jones</u>   | <u>404 N Stevens St</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Rhineland</u>   | <u>2/25/11</u>  |
| 6. <u>Diana Trapp</u>   | <u>8955 MOBILE DRIVE</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>WOODRUFF</u>    | <u>2/27/11</u>  |
| 7. <u>Tanner Lopez</u>  | <u>8905 mobile drive</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Woodruff</u>    | <u>2/27/11</u>  |
| 8. <u>Kathryn Kucharas</u>  | <u>1773 N Farming Rd</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>2/27/11</u>  |
| 9. <u>Jeremy Kucharas</u>   | <u>1773 N Farming Rd</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>2/27/11</u>  |
| 10. <u>Cathleen Burrows</u>   | <u>8860 Woodbridge Ln</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Woodruff</u>    | <u>3/1/11</u>   |

### Certification of Circulator

I, Jack R Trapp, (name of circulator) certify:

I reside at 8955 Mobil Drive Woodruff W. 54568  
(circulator's residence - include number, street, and municipality)

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

3-15-11  
(date)

Jack Trapp  
(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 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Joseph G. Helgeson</i>  | 177 Johnson St<br>Rhinelander WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City                       | 4/4/11          |
| 2. <i>Larry Clarke</i>  | 4514 Fetke LK Dr.<br>Rhinelander, WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  | 4-4-11          |
| 3. <i>Dane Hintz</i>  | W 136 Shinglemill Rd<br>GLEASON WI 54435   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  | 4-4-11          |
| 4. <i>Jon Hintz</i>   | W 136 Shinglemill Rd<br>GLEASON WI 54435   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City                       | 4-4-11          |
| 5. <i>Robert Esqueda</i><br>ROBERT ESQUEDA  | 8549 ROLLING BEAR TRAIL<br>MINOCQUA, WI 54548  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City                       | 4/4/11          |
| 6. <i>Sharon Samuelson</i>  | 6229 Muckelung Highways<br>Lake Tomahawk, WI 54537   | <input checked="" type="checkbox"/> Town Newbold<br><input type="checkbox"/> Village<br><input type="checkbox"/> City               | 4/4/11          |
| 7. <i>Lynne Kral</i>  | P.O. Box 242<br>Rhinelander, WI. 54501   | <input checked="" type="checkbox"/> Town Emmala<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Crescent       | 4/4/11          |
| 8. <i>Dawn Kral</i>   | PO Box 242<br>RHINELANDER, WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City 6480 Emmala, CRESCENT | 4-4-11          |
| 9. <i>Boyd Bateman</i>  | 4999 TIE LK RD<br>RHINELANDER WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City TIE LAKE              | 4-4-11          |
| 10. <i>Thomas D. Thuy</i>   | 5241 GREENHACK RD<br>RHINELANDER WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City BUE LAKE              | 4-4-11          |

### Certification of Circulator

I, Robert Talbot, certify:

I reside at 4475 County P Rhinelander, WI 54501 TOWN OF PELICAN  
(circulator's residence - include number, street, and municipality)

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

4/4/11  
(date)

*[Signature]*  
(signature of circulator)

Please mail this form to:

Recall Jim

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

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

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

(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|-------------------------------|--|--|-----------------|
| 1. <u>Donald G. Baumer</u>    | <u>8195 FOREST WOOD LN.<br/>ST. GERMAIN, WI 54558</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>St. GERMAIN</u> | <u>3/3/11</u>   |
| 2. <u>Mary A. Baumann</u>     | <u>8195 Forest Wood Ln<br/>St. Germain. WI 54558</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>St. Germain</u> | <u>3/3/11</u>   |
| 3. <u>Andrew J. Meriando</u>  | <u>3214 Forest Wood Ln.<br/>ST. GERMAIN, WI 54558</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>ST. GERMAIN</u> | <u>3/4/11</u>   |
| 4. <u>Judith Ann Meriando</u> | <u>8214 FOREST WOOD LN.<br/>ST. GERMAIN, WI 54558</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>ST. GERMAIN</u> | <u>3/4/11</u>   |
| 5. <u>Vernon Langley</u>      | <u>8106 Forest Dr<br/>St. Germain WI 54558</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>ST. GERMAIN</u>            | <u>3/5/11</u>   |
| 6.                            |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 7.                            |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 8.                            |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 9.                            |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 10.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |

**Certification of Circulator**

I Paula Visner

(name of circulator)

certify:

reside at 6045 BEAVER TR. CLOVERLAND

(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.

3/11/2011

(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

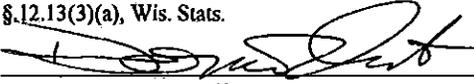
*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county 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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|--|--|---|-----------------|
| 1.  | 19614 PORTFOLIO CIRCLE<br>CRIVITZ, WI 54114  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>STEPHENSON | 3/29/11         |
| 2. Kathleen Dargatzis  | 19614 PORTFOLIO CIRCLE<br>CRIVITZ, WI 54114  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>STEPHENSON | 3/29/11         |
| 3.  | W12298 EAGLE RD<br>CRIVITZ, WI 54114   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>STEPHENSON | 3/30/11         |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | / / 11          |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | / / 11          |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | / / 11          |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | / / 11          |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | / / 11          |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | / / 11          |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | / / 11          |

I, DOMNICK VENTO, certify: **Certification of Circulator**  
(name of circulator)  
 I reside W12298 EAGLE RD CRIVITZ, WI 54114 STEPHENSON  
(circulator's residence - include number, street, and municipality)

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

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

# RECALL PETITION

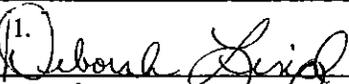
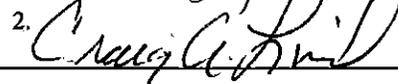
TO: Wisconsin Government Accountability Board

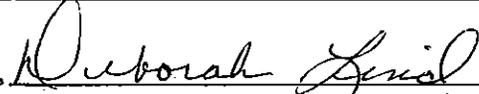
(official with whom nomination papers or declaration of candidacy for the office is filed)

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

### STATEMENT OF REASON FOR RECALL

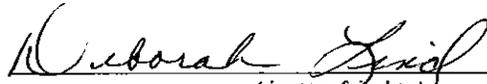
*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.   | 3026 Westman Dr.<br>Florence, WI 54121   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>HOMESTEAD | 4/12/11         |
| 2.   | 3026 Westman Dr.<br>Florence, WI 54121   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>HOMESTEAD | 4/12/11         |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | / / 11          |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | / / 11          |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | / / 11          |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | / / 11          |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | / / 11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | / / 11          |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | / / 11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         | / / 11          |

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

I reside 3026 Westman Dr. Florence, WI 54121 HOMESTEAD.  
(circulator's residence - include number, street, and municipality)

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

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.  | Rhinelander<br>4330 Island View Rd   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 4-8-11          |
| 2.  | 350 McCracken Ct<br>Rhinelander  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 4-8-11          |
| 3. Lou L. Oelrich   | 10250 Hwy K<br>Rhinelander, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Newbold     | 4-8-11          |
| 4. Virginia Ruchheim  | 5296 Sycamore St.<br>Rhinelander, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pelican     | 4/8/11          |
| 5. Eldon W. Zisaid  | 5104 Goodnow<br>HARSHAW WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City HARSHAW     | 4/8/11          |
| 6.  | 4010 Woodruff Rd<br>Woodruff, WI 54508   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Woodruff    | 4/8/11          |
| 7.  | 39 Annette Ct<br>Rhinelander, WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 4/8/11          |
| 8. Sandra Herbst  | 6600 King Rd<br>Rhinelander, WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Sugar Camp  | 4-8-11          |
| 9. James Roberts  | 425 Hamloch St<br>Rhine  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 4-8-11          |
| 10. Pedro Karamiwal   | 7553 Luber Ln<br>Rhinelander, Wisconsin  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Rhinelander | 4-8-11          |

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

I reside 2511 So 59th W. Ave, Tulsa OK 74107

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

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

4-12-11

(date)

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

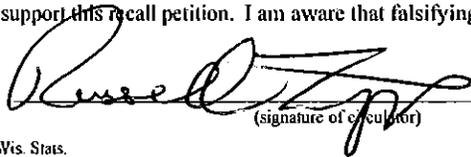
| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Brenda Treney</i>   | <i>3656 Mud Lk Rd<br/>878</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Florence</i> | <i>2-26-11</i>  |
| 2. <i>Beth Waldron</i>  | <i>872E. Fischer Lake Pkwy<br/>Niagara WI 54157</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Aurora</i>   | <i>2-26-11</i>  |
| 3. <i>Lorayne Hedlund</i>   | <i>719 Rice Rd<br/>Niagara, WI 54157</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Aurora</i>   | <i>2-26-11</i>  |
| 4. <i>El Holperin</i>   | <i>719 Rice Rd<br/>Niagara W. 54157</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Aurora</i>              | <i>2-26-11</i>  |
| 5. <i>Deborah...</i>  | <i>766 Rice Rd<br/>Niagara Wis 54157</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Aurora</i>              | <i>2-26-11</i>  |
| 6. <i>Jessie...</i>   | <i>1415 Steppards Ln<br/>Niagara WI 54157</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Aurora</i>   | <i>2-26-11</i>  |
| 7. <i>Dean...</i>   | <i>979 E Fischer Lake Pkwy<br/>Niagara WI 54157</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Aurora</i>              | <i>3-1-11</i>   |
| 8. <i>Jim Churchill</i>   | <i>3189 W.S Hwy 2<br/>Florence, WI 54121</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Florence</i> | <i>3-4-11</i>   |
| 9. <i>Amanda McLain</i>   | <i>COOK RDS<br/>Florence, WI 54121</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>FLORENCE</i> | <i>3-4-11</i>   |
| 10. <i>...</i>  | <i>P.O. Box 634<br/>6562 Packer Dr</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Florence</i> | <i>3/4/11</i>   |

### Certification of Circulator

I, Russell Tripp, certify:

I reside 3656 Mud Lake Rd Florence WI 54121  
(circulator's residence - include number, street, and municipality)

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

03/15/11 (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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Shirley Kirstein</i>  | <i>W8130 Cty. Rd. CC<br/>Tomahawk Wi. 5448</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Wilson</i> | <i>3/30/11</i>  |
| 2. <i>William R. Kirstein</i>   | <i>W8130 CTY RD CC<br/>TOMAHAWK WIS 54487</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>WILSON</i> | <i>3/30/11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          | <i>/ / 11</i>   |

### Certification of Circulator

I, *Shirley Kirstein*, certify:  
(name of circulator)

I reside *W8130 Cty. Rd CC Tomahawk Wi. 54487 Town of Wilson*.  
(circulator's residence - include number, street, and municipality)

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

*Shirley Kirstein*  
(signature of circulator)

# RECALL PETITION

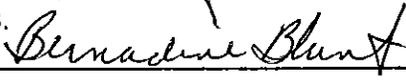
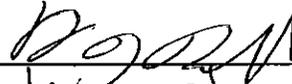
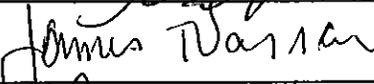
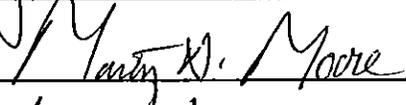
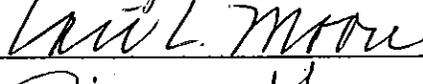
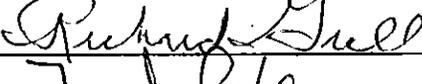
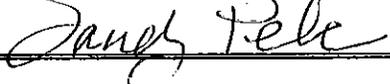
TO: Wisconsin Government Accountability Board

(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.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.   | 224 FLORENCE AVE   | <input checked="" type="checkbox"/> Town FLORENCE WI.<br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | 2/26/11         |
| 2.   | 4994 CAES LN   | <input checked="" type="checkbox"/> Town FLORENCE WI.<br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | 2/26/11         |
| 3.    | 4994 CAES LN   | <input checked="" type="checkbox"/> Town FLORENCE WI.<br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | 2-26-11         |
| 4.    | 5502 CAES LN   | <input checked="" type="checkbox"/> Town FLORENCE WI.<br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | 2-26-11         |
| 5.    | 609 LAKE AVE   | <input checked="" type="checkbox"/> Town FLORENCE WI.<br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | 2-26-11         |
| 6.   | P.O. Box 103   | <input checked="" type="checkbox"/> Town FLORENCE WI.<br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | 2-26-11         |
| 7.   | P.O. Box 103   | <input checked="" type="checkbox"/> Town FLORENCE WI.<br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | 2-26-11         |
| 8.   | P.O. Box 256   | <input checked="" type="checkbox"/> Town FLORENCE WI 54121<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 2-26-11         |
| 9.   | 5552 Cross Cut Rd<br>Florence WI 54121   | <input checked="" type="checkbox"/> Town Florence<br><input type="checkbox"/> Village<br><input type="checkbox"/> City          | 2/26/11         |
| 10.    | 5552 Cross Cut<br>Florence, WI 54121   | <input checked="" type="checkbox"/> Town Florence<br><input type="checkbox"/> Village<br><input type="checkbox"/> City          | 2/26/11         |

### Certification of Circulator

I, Russell H Tripp JR, certify:

I reside 3656 Mud Lake Rd Florence WI 54121  
(circulator's residence - include number, street, and municipality)

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

03/02/11  
(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.)*

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                   | DATE OF SIGNING |
| 1. <i>Jinda Fleinger</i>   | <i>308 S Effms St<br/>Wittenberg</i>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4-18-11</i>  |
| 2.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |
| 3.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                 |

I, CHRISTOPHER J. MAGEIRA, **Certification of Circulator**, certify:  
(name of circulator)

I reside 1506 PINE VIEW LANE, WAUSAU, WI 54403  
(circulator's residence - include number, street, and municipality)

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

4/17/2011  
(date)

*Christopher J. Mageira*  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|-----------------------------|--|--|-----------------|
| 1. <i>John W. White</i>     | <i>14055 Bell Crossing Rd<br/>Amberg, WI 54102</i>   | <input checked="" type="checkbox"/> Town <i>Amberg</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>3-17-11</i>  |
| 2. <i>Jennine A. White</i>  | <i>14055 Bell Crossing Rd<br/>Amberg, WI 54102</i>   | <input checked="" type="checkbox"/> Town <i>Amberg</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>3-17-11</i>  |
| 3. <i>William Anderson</i>  | <i>N17451 Twin Lake Rd<br/>Dunbar, WI 54119</i>  | <input checked="" type="checkbox"/> Town <i>Dunbar</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>3-17-11</i>  |
| 4. <i>Corinne Mathis</i>    | <i>N15105 Old Hwy 141 Rd<br/>Amberg, WI 54102</i>  | <input checked="" type="checkbox"/> Town <i>Amberg</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>3-17-11</i>  |
| 5. <i>Scott J. Mathis</i>   | <i>W9175 Corrine Dr.<br/>Beecher, WI 54156</i>   | <input checked="" type="checkbox"/> Town <i>Beecher</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3-17-11</i>  |
| 6. <i>Edith Mathe</i>       | <i>N15105 Old Hwy 141 Rd<br/>Amberg, WI 54102</i>  | <input checked="" type="checkbox"/> Town <i>Amberg</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>3/17-11</i>  |
| 7. <i>Bradly Barker</i>     | <i>W6075 Cty. K<br/>Amberg, WI 54102</i>   | <input checked="" type="checkbox"/> Town <i>Amberg</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>3-17-11</i>  |
| 8. <i>Ann G. O'Donoghue</i> | <i>W10614 Benson Lake Rd<br/>Amberg, WI 54102</i>  | <input checked="" type="checkbox"/> Town <i>Amberg</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>3/17/11</i>  |
| 9. <i>Leslie J. Della</i>   | <i>W10085 Spike Plains<br/>Dunbar, WI 54119</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>DUNBAR</i>  | <i>3/24/11</i>  |
| 10. <i>Charlene Ollala</i>  | <i>W10085 Spike Plains<br/>Dunbar, WI 54119</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Dunbar</i>  |                 |

### Certification of Circulator

I, *Clifford Teachout*, certify:

I reside at *N15570 U.S. Hwy 141 Amberg WI 54102*  
(circulator's residence - include number, street, and municipality)

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

*March 24, 2011*  
(date)

*Clifford Teachout*  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Pamela J LaBine</i>   | <i>1015907 SPORTSMAN RD<br/>GOODMAN, WI 54125</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Goodman</i>   | <i>3/1/2011</i> |
| 2. <i>W. Dickinson</i>  | <i>6908 CITY RD<br/>FRANK, WI 54120</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>FENCE</i>                | <i>3/3/2011</i> |
| 3. <i>Timothy J. LaBine</i>   | <i>1015907 Sportsman Rd<br/>Goodman, WI 54125</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Goodman</i>              | <i>3/3/2011</i> |
| 4. <i>Bonnie Fronck</i>   | <i>7995 County Rd DD<br/>Pickeral WI 54465</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Nashville</i> | <i>3/4/2011</i> |
| 5. <i>Andy Rafferty</i>   | <i>3570 U.S. Hwy B<br/>Cavour, WI 54511</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Cavour</i>    | <i>3/5/2011</i> |
| 6. <i>James D. Duffell</i>  | <i>4080 Lakeside Lane<br/>Cedar Wj</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Lincoln</i>              | <i>3-15-11</i>  |
| 7. <i>Deane Baldwin</i>   | <i>4298 Cemetery Rd<br/>Cavour, WI 54511</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Cavour</i>    | <i>3-15-11</i>  |
| 8. <i>Tom Salomon</i>   | <i>4298 Cemetery<br/>Cavour WI 54511</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Cavour</i>               | <i>3/16/11</i>  |
| 9. <i>Dale L. Adams</i>   | <i>1514 Hwy 32 South<br/>Wabeno WI 54566</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Wabeno</i>    | <i>3-16-11</i>  |
| 10. <i>P. Hill</i>  | <i>1322 B INDIAN SET. RD<br/>MOLLIK WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>NASHVILLE</i> | <i>3/25/11</i>  |

### Certification of Circulator

I, *Pamela J. LaBine*, certify:  
(name of circulator)

I reside at *1015907 Sportsman Rd Goodman, WI 54125*  
(circulator's residence - include number, street, and municipality)

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

*3/25/2011*  
(date)

*Pamela J LaBine*  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>John Thatch</i>  | <i>7091 Highland Dr.<br/>Monroe, WI 54548</i>  | <input checked="" type="checkbox"/> Town <i>Monroe</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City        | <i>3/31/11</i>  |
| 2. <i>John P. Langer</i>   | <i>6541 Oriole Rd<br/>LAKE TOMAHAWK</i>  | <input checked="" type="checkbox"/> Town <i>LAKE TOMAHAWK</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4/1/11</i>   |
| 3. <i>Vicki Langer</i>   | <i>6541 Oriole<br/>Lake Tomahawk</i>   | <input checked="" type="checkbox"/> Town <i>LAKE Tomahawk</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4/7/11</i>   |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |

### Certification of Circulator

I, JOHN P. LANGER, certify:  
(name of circulator)

I reside 6541 ORIOLE RD LAKE TOMAHAWK, WI  
(circulator's residence - include number, street, and municipality)

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

4-8-2011  
(date)

*John P. Langer*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|------------------------|--|--|-----------------|
| 1. <i>Carl Mewing</i>  | <i>N3976 Cty. Rd. K<br/>MERRILL, WI 54452</i>  | <input checked="" type="checkbox"/> Town <i>MERRILL</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3/30/11</i>  |
| 2. <i>Mark Rehrer</i>  | <i>W291 Cty Road C<br/>Gleason, WI 54435</i>   | <input checked="" type="checkbox"/> Town <i>Schley</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>4/4/11</i>   |
| 3. <i>[Signature]</i>  | <i>403 Cottage St<br/>Merrill, WI</i>  | <input checked="" type="checkbox"/> Town <i>Merrill</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4/7/11</i>   |
| 4. <i>[Signature]</i>  | <i>500 E Riverside Ave<br/>Merrill WI</i>  | <input type="checkbox"/> Town <i>Merrill</i><br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City | <i>4/7/11</i>   |
| 5.                     |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ /11</i>    |
| 6.                     |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ /11</i>    |
| 7.                     |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ /11</i>    |
| 8.                     |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ /11</i>    |
| 9.                     |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ /11</i>    |
| 10.                    |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ /11</i>    |

### Certification of Circulator

I, *Roy Lange*, certify: (name of circulator)  
 I reside *W 366 County Rd C Gleason WI 54435 Schley*.  
(circulator's residence - include number, street, and municipality)

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