RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursua.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert Swenson	704 Mason St	☐ Town ☐ Village ☒ City Rhinelander	4/1/11
2. Mark Reinke	W4958 Mark Dr	☐ Town ☐ Village ☒ City TOMAHAWK	4/1/11
3. Judy Reinke	W4958 MARK DR	☒ Town ☐ Village ☒ City TOMAHAWK	4/1/11
4. Josie Shaver	2600 Pelican Ranch Rd	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
5. Gerald E Shaver	2600 Pelican Ranch Rd	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
6. Todd O'Neill	3440 E. Hunter Lake Rd C	☐ Town ☒ Village ☐ City Conover	4/1/11
7. Margaret Stuebsky	437 Lake St.	☐ Town ☐ Village ☒ City Rhinelander	4/1/11
8. [illegible]	437 Lake St	☒ Town ☐ Village ☐ City Rhinelander	4/1/11
9. [illegible]	5041 Senate Dr	☒ Town ☐ Village ☐ City Monico	4-1-11
10. Innes, Roberta	411 W Phillip St	☐ Town ☐ Village ☒ City Rhinelander, WI	4-1-11

Certification of Circulator

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

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

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

4/1/11
(date)

Sherri E Ferrell
(signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	8757 Arbutus ~~PO Box 442~~ Woodruff, WI 54568	☑ Town ☐ Village ☐ City Woodruff	4-1-11
2.	3570 Emfer Lake Rd. Rhinelander	☑ Town ☐ Village ☐ City Pelican	4/1/11
3.	4092 Forest Lane 1	☑ Town ☐ Village ☐ City Newbold	4-1-11
4.	9241 Mason St Rhinelander WI	☐ Town ☐ Village ☑ City Rhinelandr	4-1-11
5.	6708 Hwy 47 Lake Tomahawk, WI	☐ Town ☐ Village ☐ City Lake Tomahawk	4-1-11
6.	904 Alban St ALBAN ST	☐ Town ☐ Village ☑ City Rhinelandr	4-1-11
7.	6985 Long Lake R	☐ Town ☐ Village ☑ City Rhinelandr	4-1-11
8.	6985 Long Lake R	☐ Town ☐ Village ☑ City Rhinelandr	4-1-11
9.	8062 Boardwalk	☐ Town ☐ Village ☑ City Eagle River	4-1-11
10.	3011 Co A Rhinelander WI	☑ Town ☐ Village ☐ City Sugar Camp	4-1-11

Certification of Circulator

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

I reside 324 BERKSHIRE DR COCOA FL 32922
(circulator's residence - include number, street, and municipality)

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

4/2/11
(date)

Sherri E Ferrell
(signature of circulator)

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	219 Woodland Hgts East	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
2. [illegible]	412 Dodd St	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
3. Susan Zotter	2771 Germond Rd	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
4. [illegible]	10367 Cedar Falls	☒ Town ☐ Village ☐ City Hazelhurst	4-1-11
5. Donna Rendina	N047 Mikana Rd Rhinelander	☐ Town ☒ Village ☐ City Sugar Camp	4-1-11
6. B Kemble	3570 Emerald Lake	☒ Town ☐ Village ☐ City Pelican	4-1-11
7. Tiffany Ludwig	1871 Towering Oaks Ln	☐ Town ☐ Village ☒ City Eagle River	4/1/11
8. Allan A. Bartholt	124 W. Division St.	☐ Town ☐ Village ☒ City Eagle River	4/1/11
9. [illegible]	101 Johnson St	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
10. [illegible]	4681 Spruce	☒ Town ☐ Village ☐ City Rhinelander	4-1-11

Certification of Circulator

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

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

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

04/01/11 (date)

Sherri E. Ferrell (signature of circulator)

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karina Mendoza	2797 wazhashk tr. Idf WI	☒ Town ☐ Village ☐ City Lac du Flambeau	4/1/11
2. [illegible]	5622 Silent Dr.	☒ Town ☐ Village ☐ City Rhinelander	4/1/11
3. Melissa Christensen	13801 Sugarbush Trail Lac du Flambeau WI	☒ Town ☐ Village ☐ City Lac du Flambeau	4-1-11
4. [illegible]	7308 County Rd. C Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
5. Charles N. Vetternek	521 WASWAGON ST Lac du Flambeau WI	☒ Town ☐ Village ☐ City Lac du Flambeau	4-1-11
6. Lauren Mauel	Land O' Lakes WI [illegible]	☒ Town ☐ Village ☐ City Land O' Lakes	4-1-11
7. Jennifer Basius	2669 County G	☒ Town ☐ Village ☐ City Pelican Lake	4-2-11
8. [illegible]	5462 Beech ST Laona	☒ Town ☐ Village ☐ City Laona	4-2-11
9. Bruce [illegible]	5381 Beech St Laona	☒ Town ☐ Village ☐ City Laona	4-2-11
10. [illegible]	1840 RIVER ST	☐ Town ☐ Village ☒ City RHINELANDER	4-2-11

Certification of Circulator

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

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

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

4/2/11
(date)

Sherri G. Ferrell
(signature of circulator)

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sharon Wollet	N1232 Wis River Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Pine River	3/30/11
2. John Beel	N3331 Cty K Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	3/30/11
3. Sharon Harvey	900 E. 3rd St. Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3/30/11
4. Marie Teplas	MERRILL WI 54452 1111 E Main St #17	☒ Town ☐ Village ☐ City MERRILL	3/30/11
5. Darrylle Jones	~~[illegible]~~ W991 Gross ~~[illegible]~~ Gleason, WI	☒ Town ☐ Village ☒ City Russell ~~[illegible]~~	3-30-11
6. Angela Dintle	W 7089 Countryside Circle Merrill WI	☐ Town ☐ Village ☐ City 54452 Merrill	3/30/11
7. [illegible]	~~[illegible]~~ 54452 N1852 HWY 17 · Merrill	☒ Town ☐ Village ☐ City Merrill	3/30/11
8. Amber A Gutowski	1608 East 1st St Merrill WISC 54452	☐ Town ☐ Village ☒ City MERRILL	3/30/11
9. Lacey Mattson	~~[illegible]~~ 1013 ELM ST. ~~[illegible]~~ Merrill	☐ Town ☐ Village ☒ City 54452 Merrill	3-30-11
10. Harold X Helgen	W1791 TOTEM TRAIL RD GLEASON, WI 54435	☒ Town ☐ Village ☐ City GLEASON	3-30-11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jim Holt	2644 Trump Lk Rd. Waberno, WI 54566	☒ Town ☐ Village ☐ City Waberno	3-13-2011
2. Margaret Diny	2943 Maple Lin Waberno, WI 54566	☒ Town ☐ Village ☐ City Waberno	3-15-11
3. Carol Diny	2982 Trump Lake Rd Waberno, WI 54566	☒ Town ☐ Village ☐ City Waberno	3-15-2011
4. Jerold J. Diny	2982 TRUMP LAKE RD Waberno, WI 54566	☒ Town ☐ Village ☐ City Waberno	3-15-2011
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jerold J. Diny (name of circulator), certify:

reside at 2982 Trump Lake Road, Waberno, WI 54566
(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 istrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated pposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under .12.13(3)(a), Wis. Stats.

March 18, 2011 (date)

Jerold J. Diny (signature of circulator)

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 from office pursuant
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	5281 Fairway Court	☒ Town ☐ Village ☐ City Laona	3/7/11
2. [illegible]	620 S. Lake Ave.	☐ Town ☐ Village ☒ City Crandon	3/7/11
3. [illegible]	7837 Ross Lake Road	☒ Town ☐ Village ☐ City Caverne	3/7/11
4. [illegible]	5297 Spruce St.	☒ Town ☐ Village ☐ City Laona	3/7/11
5. [illegible]	5281 Fairway Ct.	☒ Town ☐ Village ☐ City Laona	3/9/11
6. [illegible]	5280 Forest Ave.	☒ Town ☐ Village ☐ City Laona	3/10/11
7. [illegible]	5297 Spruce St.	☒ Town ☐ Village ☐ City Laona	3/10/11
8. [illegible]	4804 Cherry St.	☒ Town ☐ Village ☐ City Laona	3/10/11
9. [illegible]	5470 Connor Farm Rd	☒ Town ☐ Village ☐ City Laona	03/10/11
10. [illegible]	2615 Trump Lake Rd.	☒ Town ☐ Village ☐ City Wabeno	3/15/11

Certification of Circulator

I, Brian R. Connor (name of circulator), certify:

reside at 5281 Fairway Court, Golf Hills Subdivision, Laona, WI 54541
(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 istrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated pposite his or her name. I know their 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)

[illegible]
(signature of circulator)

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Page No. 507

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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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Senator Jim Holperin left the state when he was needed in Madison for voting on legislation.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marianne S Janssen	60 Rest Lake Rd P.O. Box 338	☒ Town ☐ Village ☐ City Manitowish Waters	3/15/2011
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Marianne S Janssen (name of circulator), certify:

I reside 60 Rest Lake Rd, Manitowish Waters, WI (circulator's residence - include number, street, and municipality).

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

3/15/2011
(date)

Marianne S Janssen
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Reed	16091 E. Chainlake rd P.O. Box 130	☒ Town ☐ Village ☐ City Lakewood	3-13-11
2. Elizabeth Reed	16091 E. Chainlake Rd. PO Box 130	☒ Town ☐ Village ☐ City Lakewood	3/13/11
3. Philip Reed	16091 E. Chainlake Rd. PO Box 130	☒ Town ☐ Village ☐ City Lakewood	3/14/11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, James A Reed, certify:
(name of circulator)

I reside 16091 E. Chainlake rd Lakewood, WI 54138.
(circulator's residence - include number, street, and municipality)

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

3-14-11
(date)

James Reed
(signature of circulator)

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Page No. 509

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Julie M. Manthei	1075 Brandy Lake Rd. Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	2-27-11
2. Jeanne J. Manthei	1075 BRANDY LAKE RD ARBOR VITAE, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	2-27-11
3. Valerie Osuslowski	1516 Marsha Ln Arbor Vitae, WI	☒ Town ☐ Village ☐ City Arbor Vitae	3-1-11
4. [illegible]	PO Box 1030 Minocqua, WI	☒ Town ☐ Village ☐ City Minocqua	3-1-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Julie Manthei (name of circulator), certify:

I reside 1075 Brandy Lake Rd., 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.

X 3-16-11
(date)

X Julie M Manthei
(signature of circulator)

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

Page No. 510

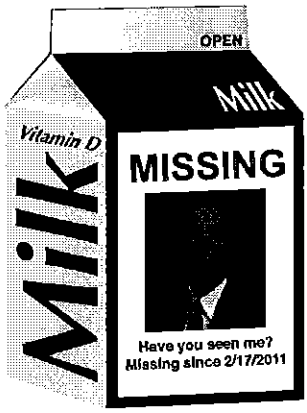
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Roger Passow	9386 W. TOMAHAWK LK Rd MINOCQUA	☑ Town MINOCQUA ☐ Village ☐ City	03/15/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, ROGER PASSOW (name of circulator), certify:

I reside at 9386 W. TOMAHAWK LK. Rd MINOCQUA (circulator's residence - include number, street, and municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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) Roger Passow (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. 511

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bonnie Jean Daigle	W. 5222 Road Lake Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	03/02/11
2. Cindy A. Gould	650 7th St. Apt. 13 Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-2-11
3. Sue Rychnovsky	W. 291 W. Kraft Rd. Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3-2-11
4. Jean Schulz	225 W Lincoln Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-2-11
5. Stacie Petto	N9485 City Rd H Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-6-11
6. Peter J Petto	N9485 City Rd H Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Skanawan	3/6/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Bonnie Jean M. Daigle (name of circulator), certify:

I reside W. 5222 Road Lake Rd. - Tomahawk WI 54487 Tn. of Bradley (circulator's residence - include number, street, and municipality).

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

X Bonnie Jean Daigle (signature of circulator)

(date) March 18th 2011

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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

Page No. 512

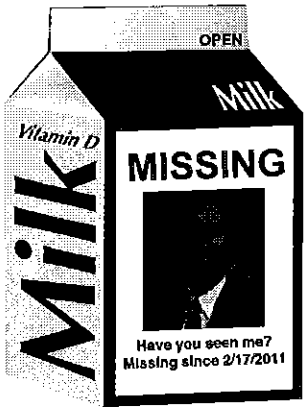
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Paul [illegible]	112 WEST MERRILL Tomahawk WI, 54487	☐ Town ☐ Village ☑ City Tomahawk	3/16/11
2. Dan Hanke	W4098 Co Rd H Irma, WI 54442	☑ Town ☐ Village ☐ City Skanawan	3/16/11
3. Barb Zastrow	118 W. Merrill Tomahawk, WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3/16/11
4. Betty Dorowa	4/350 Co Rd S Irma, WI 54442	☑ Town ☐ Village ☐ City Skanawan	3/24/11
5. Elmer Krause	W4350 Co. Rd. S Irma, WI 54442	☑ Town ☐ Village ☐ City Skanawan	3/24/11
6. Timothy Amber	W4053 Cty. H Irma, WI 54442	☑ Town ☐ Village ☐ City Skanawan	3/24/11
7. Lena Amelze	W4075 CTY RD H Irma WI 54442	☑ Town ☐ Village ☐ City Skanawan	3/24/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Daniel C Hanke, certify:
(name of circulator)

I reside at W4098 Co Rd H, Irma, WI 54442.
(circulator's residence - include number, street, and municipality)

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

3/24/2011 (date) Daniel C Hanke (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. 513

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sam Huitquist	N12165 Lubka Rd	☑ Town ☐ Village ☐ City Wausaukee	3-15-11
2. Edward C. Huitquist	N12214 Lubka Rd.	☑ Town ☐ Village ☐ City Wausaukee 54177	3-15-11
3. JOHN SGRATSA	W6764 Judy St	☑ Town ☐ Village ☐ City WAUSAUKEE 54177	3/16/11
4. Paul Schmidt	N10965 SCHIES RD	☑ Town ☐ Village ☐ City WAUSAUKEE 54177	3/16/11
5. Norbert L VanDenElzen	W 6891 Pike River Rd	☑ Town ☐ Village ☐ City Wausaukee 54177	3/16/11
6. Noel Schmidt	N12304 Lubka Rd	☑ Town ☐ Village ☐ City Wausaukee 54177	3/17-/11
7. Charity Huitquist	N12165 Lubka Rd	☑ Town ☐ Village ☐ City Wausaukee 54177	3-17-11
8. Janet J. Huitquist	331 maple st.	☐ Town ☑ Village ☐ City Lena 54139	3-18-11
9. Belinda Huitquist	N12214 Lubka Rd Wausaukee WI 54177	☑ Town ☐ Village ☐ City Wausaukee 54177	3-19-11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Sam Huitquist, certify:
(name of circulator)

I reside at N12165 Lubka Rd. Town of Wausaukee 54177.
(circulator's residence - include number, street, and municipality)

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

3-22-11
(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. 514

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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
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lori Gierke	11530 Eagle Rd Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	2-25-11
2. Mary Pappenfuss	10300 Old Hwy 51 S Arbor Vitae	☒ Town ☐ Village ☐ City Arbor Vitae	2-25-11
3. [illegible]	152 LAKESHORE DR ARBOR VITAE, WI 54568	☒ Town ☐ Village ☐ City ARBOR VITAE	2-25-11
4. [illegible]	11348 5412 MARILLA ST AV	☐ Town ☐ Village ☐ City Arbor Vitae	2-25-11
5. [illegible]	8995 Hy Woodruff	☒ Town ☐ Village ☐ City Woodruff	2-25-11
6. Terry Schy	#82 PINE LANE WOODRUFF	☒ Town ☐ Village ☐ City Arbor Vitae	2-25-11
7. Bryce Stupp	7916 HIGHLAND LANE SAYNER WI 54560	☐ Town ☐ Village ☐ City Plum Lake	2-25-11
8. [illegible]	201 FRONT STREET MINOCQUA WI 54548	☒ Town ☐ Village ☐ City Minocqua	2-25-11
9. Lorene Schlecht	317 Pack Ave Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	2-25-11
10. [illegible]	302 Balsam St	☐ Town ☒ Village ☐ City Arbor Vitae	2-25-11

Certification of Circulator

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

I reside at 10885 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.

2-25-11
(date)

Carol Cady
(signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 515

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 from office pursuant
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Wayne A Klg	5899 Lakeshore Dr.	☑ Town ☐ Village ☐ City Woodruff	2-25-11
2. Marilyn Dreussel	8949 Sandpiper Road	☑ Town ☐ Village ☐ City Woodruff	2-25-11
3. [illegible]	1348 Old Hwy 51	☑ Town ☐ Village ☐ City Woodruff	2-25-11
4. Rose [illegible]	1565 Old Hy 51 N	☐ Town ☐ Village ☐ City Arbor Vitae	2-25-11
5. [illegible]	1565 Old Hwy 51 N.	☐ Town ☐ Village ☐ City Arbor Vitae	2-25-11
6. [illegible]	7652 Tower Rd	☐ Town ☐ Village ☐ City Lake Tomahawk	
7. [illegible] Chapman	~~8856 Mossy Oak~~	☐ Town ☐ Village ☐ City Woodruff	2-25-11
8. Shirley M. Gauger	8451 Denise Dr. Woodruff WI 54568	☑ Town ☐ Village ☐ City Minocqua	2-25-11
9. William J Shaber, Jr.	1318 Cal Ave Apt c Woodruff, WI. 54568	☑ Town ☐ Village ☐ City Woodruff	2-25-11
10. Edward Schwab	401 4th AVE Woodruff WI 54568	☑ Town ☐ Village ☐ City Woodruff	2-25-11

Certification of Circulator

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

I reside at 18885 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.

2-25-11
(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
(jurisdiction or district of officeholder),

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert Rubin	8998 Blamenstein Rd Woodruff WI	☒ Town ☐ Village ☐ City Woodruff	2-25-11
2. Glen Chapman	3749 Little Trout Loop Rd Lac du Flambeau, WI	☒ Town ☐ Village ☐ City LAC DU FLAMBEAU	2-25-11
3. Michelle Grub	667 Rupple Rd. Three Lakes, WI	☒ Town ☐ Village ☐ City Three Lakes	2-25-11
4. Sandy Kolberg	12438 Scotchman Lk Rd Minocqua, WI 54548	☐ Town ☐ Village ☐ City Minocqua	2-25-11
5. John Koch	8262 County Oneida Wi, Rd	☐ Town ☒ Village ☐ City Hazelhurst	2-25-11
6. [illegible]	212 1 MAIN ST EAGLE RIVER WI	☐ Town ☐ Village ☐ City Eagle River	2-25-11
7. Kathleen D Wade	9753 W Lake Rd Hazelhurst 54531	☐ Town ☒ Village ☐ City Hazelhurst Village	2-25-11
8. Carl Chapman	3749 LITTLE TROUT LAC DU FLAMBEAU	☐ Town ☐ Village ☐ City LAC DU FLAMBEAU	2-25-11
9. Susan Barrett	10038 Woodcrest Dr. Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	2-25-11
10. CHARLES SCHMITZ	7600 BLUE LAKE PINES RD Minocqua	☐ Town ☐ Village ☐ City MINOCQUA	2-25-11

Certification of Circulator

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

I reside at 12885 Broken Bow Tr. Arbor Vitae WI 54568
(circulator's residence - include number, street, and municipality).

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2-25-11
(date)

Carol L 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)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	1098 Old 8 Rd Crandon, WI 54520	☑ Town ☐ Village ☐ City CRANDON	4/4/11
2. [illegible]	608 W Madison St Crandon WI 54520	☐ Town ☐ Village ☑ City Crandon	4/4/11
3. Carey B Wilson	696 Hwy 8 east Monico WI. 54501	☑ Town ☐ Village ☐ City Monico	4/9/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 5610 Jennie Wilson Lake Rd. Rhinelander WI 54501 Town of Sugar Camp.
(circulator's residence - include number, street, and municipality)

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

4/13/11
(date)

[signature]
(signature of circulator)

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

Page No. 518

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	6937 Winter [illegible]	☒ Town ☐ Village ☐ City Three Lakes	3/01/11
2. [illegible]	6285 Tavernier	☒ Town ☐ Village ☐ City Three Lakes	3/1/11
3. [illegible]	6282 E. Big Lake Rd	☒ Town ☐ Village ☐ City Three Lakes	3/01/11
4. Tammy Sherry	6282 E. Big Lake Rd	☒ Town ☐ Village ☐ City Three Lakes	3/1/11
5. [illegible]	7621 Hwy X Three Lakes	☒ Town ☐ Village ☐ City Three Lakes	3/1/11
6. [illegible]	3860 Kula Vista Dr. Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	3/1/11
7. [illegible]	480 Meta Lake Road Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	3/1/11
8. [illegible]	Eagle River 4717 PO Box 1193 Hwy 17	☐ Town ☐ Village ☐ City Washington	3/1/11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Arthur Simpe
(name of circulator), certify:

reside at Arthur Simpe 3860 Kula Vista Dr Lincoln
(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 istrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated pposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 12.13(3)(a), Wis. Stats.

9/20/11
(date)

(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

AWOL Senator

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David L Wendt	N8607 Long Lake Drive Gleason WI	☒ Town ☐ Village ☐ City Harrison	3/17/11
2. Carol Wendt	N8607 Long Lake Dr Gleason WI	☒ Town ☐ Village ☐ City Harrison	3/17/11
3. [illegible]	N10847 HWY 17 Gleason WI	☒ Town ☐ Village ☐ City Harrison	3/18/11
4. Jerry L. Funk	N7062 Co. Hwy B Gleason, WI	☒ Town ☐ Village ☐ City Harrison	3/27/11
5. Beverly [illegible]	W759 [illegible] [illegible], WI 54435	☒ Town ☐ Village ☐ City Harrison	3/27/11
6. [illegible]	W1251 Long Lake Dr Gleason, WI 54435	☒ Town ☐ Village ☐ City Harrison	4/6/11
7. Roxann [illegible]	W1251 Long Lake Dr Gleason WI 54435	☒ Town ☐ Village ☐ City Harrison	4-6-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Barbara B. Dunst
(name of circulator), certify:

reside at W1237 Long Lake Dr. N. Gleason 54435 – Town of Harrison
(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 istrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated pposite his or her name. I know their 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)

Barbara B. Dunst
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
X 1. [signature]	9165 PALMER RD	☐ Town ☐ Village ☐ City WAUSAKEE	3/29/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, GEORGE DUNN, certify:
(name of circulator)

I reside 9165 PALMER RD WAUSAKEE, WI 54177.
(circulator's residence - include number, street, and municipality)

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

3-29-11 (date) [signature] (signature of circulator)

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

Page No. 521

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Chelsey D. Dempsey	N3770 POLAR-EVERGREEN Rd BRYANT, WI 54418	☒ Town ☐ Village ☐ City	3/29/11
2. Geraldine F. Dempsey	N3770 Polar-Evergreen Rd Bryant, Wis 54418	☐ Town ☐ Village ☐ City	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, Chelsey D. Dempsey (name of circulator), certify:

X I reside N3770 POLAR—EVERGREEN ROAD, BRYANT, WIS—54418 (circulator's residence - include number, street, and municipality).

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

X 4-2-11 (date) Chelsey D. Dempsey (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 522

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gary L. Devore	W8647 Hwy AA Antigo Wis	☐ Town ☐ Village ☐ City Norwood	4/4/11
2. Evonne D. Devore	W8647 Cty Rd aa Antigo WI 54409	☐ Town ☐ Village ☐ City Norwood	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Evonne Devore (name of circulator), certify:

I reside W8647 Cty Rd aa, Antigo, WI, Town of Norwood (circulator's residence - include number, street, and municipality).

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

Evonne Devore (signature of circulator)

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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.)

Dereliction of Duty

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	1270 Donald Dr. Arbor Vitae Wi	☒ Town ☐ Village ☐ City Arbor Vitae	4/2/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Lyle W. Dallmann, certify:
(name of circulator)

I reside AT 1270 Donald Dr Arbor Vitae Wisconsin.
(circulator's residence - include number, street, and municipality)

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

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

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Howard Dobizl	6369 Northwestern Dr	☑ Town ☐ Village ☐ City Newbold	4/6/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Howard Dobizl, certify:
(name of circulator)

I reside 6369 Northwestern Dr, Rhinelander, WI 54501 NEWBOLD.
(circulator's residence - include number, street, and municipality)

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

4/6/11
(date)

Howard Dobizl
(signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	3446 OLD Hwy 70 East Eagle River, WI 54521	☒ Town ☐ Village ☐ City Washington	2-28-11
2. [illegible]	897 McKinley Park Eagle River, WI 54521	☐ Town ☐ Village ☒ City Eagle River	2/28/11
3. [illegible]	4790 Dyer Rd 47 [illegible] Eagle River, WI 54521	☒ Town DYER RD ☐ Village ☐ City Lincoln	2/28/11
4. Marty Dyer	4790 DYER RD EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/28/11
5. Theresa E Koerner	2518 LAHTI LN. Phelps, WI 54554	☒ Town PHELPS ☐ Village ☐ City	2/28/11
6. Jerry M Koerner	2518 LAHTI LN. PHELPS, WI 54554	☒ Town PHELPS ☐ Village ☐ City	2/28/11
7. Cheryl Wiesenberg	2745 Bakers Lake Stub Phelps WI 54554	☒ Town Phelps ☐ Village ☐ City	2/28/11
~~8. [illegible]~~	~~337 N. 2nd St~~ ~~Eagle River~~	~~☐ Town ☐ Village ☒ City Eagle River~~	~~2/28/11~~
9. Duane Raabe	4733 Victoria Dr. Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pine Lake	3-16-11
10. Mary Raabe	4733 Victoria DR Rhinelander WI	☒ Town Pine Lake ☐ Village ☐ City	3-16-11

Certification of Circulator

I, HARVEY L. Hydop (name of circulator), certify:

I reside 309 No. 2nd St. Eagle River, Wis 54521
(circulator's residence - include number, street, and municipality)

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

3/16/11
(date)

Harvey L. Hydop
(signature of circulator)

GAB-170 (Rev 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
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Page No. 526

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. April M. Felch	10729 Hwy 70 E Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City	3/31/11
2. Michael Felch	10729 Hwy 70E ARBOR VITAE, WI 54568	☒ Town ☐ Village ☐ City	3/31/11
3. Patrick Ward	8292 Carib P. Remere Minocqua, WI 54548	☒ Town ☐ Village ☐ City	3/31/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, April Felch, certify:
(name of circulator)

I reside 10729 Hwy 70E, 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.

4/4/11 (date)

April M. Felch (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 527

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Art Krolow	W6191 cyt rd wittenberg WI	☒ Town ☐ Village ☐ City	4/1/11
2. Judy Roeder	W6204 Co R.M. Wittenberg wi.	☒ Town ☐ Village ☐ City	4/1/11
3. Jane Wendler	Wittenberg wi.	☒ Town ☐ Village ☐ City	4/1/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Judy Roeder, certify:
(name of circulator)

I reside N6204 Co. R. M. Wittenberg, Wi. 54499.
(circulator's residence - include number, street, and municipality)

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

4-2-11
(date)

Judy Roeder
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Henry J. Brubach	N6487 Tarin Lane	☒ Town ☐ Village ☐ City Gleason	3/31/11
2. Kathleen S. Brubach	N6487 Tarin Lane	☒ Town ☐ Village ☐ City Gleason	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Kathleen S. Brubach (name of circulator), certify:

I reside N6487 Tarin Lane, Gleason, Wi 54435 (circulator's residence - include number, street, and municipality).

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

Kathleen S. Brubach (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Busha	W5097 Winkelman IRMA, WI 54442	☑ Town ☐ Village ☐ City Rock Falls	03/28/11
2. Beverly Busha	W5097 Wenkelman Ave Irma, WI 54442	☑ Town ☐ Village ☐ City Rock Falls	3/28/11
3. Mary Verheyen	W4785 Cty Rd V Irma WI 54442	☑ Town ☐ Village ☐ City Birch	3/30/11
4. [illegible]	W5138 Winkelmanave Irma WI 54442	☑ Town ☐ Village ☐ City Rock Falls	3/30/11
5. Michelle Wegner	W6535 Little Lakes Rd. Irma, WI 54442	☑ Town ☐ Village ☐ City Rock falls	4/1/11
6. [illegible]	W6581 Tug Lake Av Irma, WI 54442	☑ Town ☐ Village ☐ City Rock Falls	4/6/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Richard Busha, certify:
(name of circulator)

I reside W5097 Winkelman Ave, IRMA, WI 54442.
(circulator's residence - include number, street, and municipality)

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

April 5, 2011
(date)

Richard Busha
(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.)

not showing up for work

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James T. Pretasky	1981 Ruth Rd Tripoli WI 54564	☒ Town ☐ Village ☐ City Lynn	3/30/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, James Pretasky (name of circulator), certify:

I reside 1981 Ruth Rd Tripoli, WI 54564 (circulator's residence - include number, street, and municipality).

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

X 04/06/11 (date) X James T. Pretasky (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 531

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Steve Kohtala (Kohtala)	W-9104 LES-8 Pembine	☒ Town ☐ Village ☐ City Pembine, WI	3/11/11
2. DAVID DRINKA	W7895 Culip Lane ~~PO Box 317~~ Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine WI	3/15/11
3. Melissa Drinka (Drinka)	W7891 Culip Lane ~~PO Box 317~~ Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine WI	3-15-11
4. Steven J. Lemmen	N18380 HWY 141 Pembine	☒ Town ☐ Village ☐ City DEMBINE, WI	3-16-11
5. Robert J. Zemanovic (Zemanovic)	N16915 B.B.R. DRIVE PEMBINE, WI. 54156	☒ Town ☐ Village ☐ City BEECHER, WI.	3-18-11
6. Debbie Burgess	N18160 Lindquist Lk Rd. Dunbar WI 54114	☒ Town ☐ Village ☐ City Dunbar	3-18-11
7. Ryan Berge	W7892 Hwy 2 Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3-18-11
8. Connie Matson	W5035 Shangrila Rd Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3-19-11
9. Connie A Flanagin	W7523 Steele Rd Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3-22-11
10. Gary A Flanagin (Flanagin)	W7523 Steele Rd Pembine, WI 54156	☒ Town ☐ Village ☐ City Pembine	3-22-11

Certification of Circulator

I, Richard A. Burgess (Burgess), certify:
(name of circulator)

I reside at 18160 Lindquist Lk Rd, Dunbar, WI 54119
(circulator's residence - include number, street, and municipality)

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

4-13-2011
(date)

(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	3792 TROUT LK RD WOODRUFF WI	☒ Town ☐ Village ☐ City	3/30/11
2. Mary R Robinson	3792 Trout Lk Rd. Woodruff, WI	☒ Town ☐ Village ☐ City	3/30/11
3. Patricia Robinson	10264 Hwy. 70 W. MINOCQUA, WI 54548	☒ Town ☐ Village ☐ City	4/1/11
4. [illegible]	10264 HWY 70 W MINOCQUA, WI 54548	☒ Town ☐ Village ☐ City	4/01/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, PATRICIA ROBINSON, certify:
(name of circulator)

I reside 10264 Hwy. 70 West, MINOCQUA, WI 54548 (Town of MINOCQUA).
(circulator's residence - include number, street, and municipality)

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

4/1/11
(date)

Patricia Robinson
(signature of circulator)

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

Page No. 533

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gerald Diehl	1063 REED RD THREE LAKES, WI	☒ Town ☐ Village ☐ City THREE LAKES	3/31/11
2. Gretchen C Diehl	1063 Reed Rd. THREE LAKES, WI	☒ Town ☐ Village ☐ City THREE LAKES	3/31/11
3. Thomas J Lechner	2657 Star Lake Rd Eagle River WI	☒ Town ☐ Village ☐ City Cloverland ~~EAGLE RIVER~~	3/30/11
4. Mary Don Frank	5205 Old Hwy 70 W Eagle RIVER, WIS 54521	☒ Town ☐ Village ☐ City Sugar Camp	3/30/11
5. Mary A. Vogel	P.O. BOX 279/1220 Sinooks Ln St GERMAIN	☒ Town ☐ Village ☐ City St. GERMAIN	3/30/11
6. Tyron Sass	1347 South Bay RD St. Germain	☒ Town ☐ Village ☐ City St. Germain	3/30/11
7. Lowell Frank	5205 Old Hwy 70 W Eagle River, WI 54521	☒ Town ☐ Village ☐ City Sugar Camp	3/30/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, GERALD F. DIEHL, certify:
(name of circulator)

I reside 1063 REED RD. 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.

3/31/11
(date)

Gerald F Diehl
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	9567 Beaver Rd Box 486 Brulder Jct Wi	☒ Town ☐ Village ☐ City	3/30/11
2. Sue Rimmer	9567 Beaver Rd Box 486 Brulder Jct, Wi	☒ Town ☐ Village ☐ City	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Sue Rimmer (name of circulator), certify:

I reside 9567 Beaver Rd Box 486 Brulder Jct, 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)

Sue Rimmer (signature of circulator)

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

RECALL PETITION

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Bill Hoodl JR	1423 Gross Rd. Arbor Vitae Wis.	X Town ARBOR VITAE Village City	Feb. 24 2011
2 Jack Trapp	8955 Mobil drive Woodruff Wi.	Town X Village WOODRUFF City	FEB 24 2011
3 Robert Blohm	Woodruff WI.	X Town Village Woodruff City	2-24-11
4 Frank Arnone	1467 3RD AVE Woodruff WI	Town X Village WOODRUFF City	3-1-11
5 Jamie Dreher	8420 Camp Highland Rd SAYNER WI. 54560	Town Village City PLUM LAKE	3-1-11
6 Phyllis Dreher	5306 Forest View Rd. SAYNER WI. 54560	X Town Village SAYNER City	3-2-11
7 John Petrowski	18210 Country LN WOODRUFF WI 54568	Town X Village WOODRUFF City	3-2-11
8		Town Village City	
9		Town Village City	
10		Town Village City	

CERTIFICATION OF CIRCULATOR

I, CHARLES ZAGER, certify that I reside at 1200 ALPINE HEIGHTS DR ARBOR VITAE

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

2/24/2011 (date)

(Signature of Circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael H. Westrich	1724 RIVER ST. NIAGARA, WI. 54151	☐ Town ☐ Village ☒ City	3/29/11
2. Philip A. Westrich	1032 PROSPECT ST. NIAGARA, WI. 54151	☐ Town ☒ Village ☐ City	3/30/11
3. Donald Powell	1084 FOREST ST NIAGARA, WI 54151	☐ Town ☐ Village ☒ City	3/30/11
4. Helen M. Westrich	1824 Ridge St Niagara, WI	☐ Town ☐ Village ☒ City	4/1/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, MICHAEL H. WESTRICH, certify:
(name of circulator)

I reside 1724 RIVER ST. NIAGARA, WI 54151.
(circulator's residence - include number, street, and municipality)

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

4-1-2011
(date)

Michael H. Westrich
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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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STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or lot no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jim Tyler	827 Hwy 45 Pelican Lake	☑ Town ☐ Village ☐ City Schoepke	3-17-11
2. Ruth Tyler	827 US Hwy 45 Pelican Lake	☑ Town ☐ Village ☐ City Schoepke	3-17-11
3. Wade D. Noble	901 City Rd. A Pelican Lake	☑ Town ☐ Village ☐ City Schoepke	3-17-11
4. [illegible]	1601 Melski Stanley Rd Pelican Lk	☑ Town ☐ Village ☐ City Schoepke	3-17-11
5. Lana L. Eudson	W1670 Capitol Dr Pelican Lk	☐ Town ☐ City ☑ Village ☐ City Elcho	3-17-11
6. Hope DeHart	N11874 Forest RD Elcho WI	☑ Town ☐ Village ☐ City Elcho	3-17-11
7. Paul S. Rivers	889 Hwy. 45 Pelican Lake WI	☑ Town ☐ Village ☐ City Schoepke	3-17-11
8. Stephanie Flood	W10365 City Rd K Elcho, WI 54428	☑ Town ☐ Village ☐ City Elcho	3-17-11
9. WAYNE SPARKS	745 APPLETON ST PELICAN LAKE WI	☑ Town ☐ Village ☐ City SCHOEPKE	3-18-11
10. Leonard Guth III	365 Old Elcho Rd Pelican Lake.	☑ Town ☐ Village ☐ City Enterprise	3-24-11

Certification of Circulator

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

I reside 827 Hwy 45 Pelican Lake Wis TOWN OF SCHOEPKE (circulator's residence - include number, street, and municipality).

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

3-27-11
(date)

Jim Tyler
(signature of circulator)

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

Page No. 538

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert LeClair	7719 Trout Creek Rd Rhinelander, W. 54501	☒ Town ☐ Village ☐ City Woodboro	3/30/11
2. Rose LeClair	7719 Trout Creek Rd Rhinelander, W. 54501	☒ Town ☐ Village ☐ City Woodboro	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Robert LeClair (name of circulator), certify:

I reside 7719 Trout Creek Rd., Rhinelander, WI 54501 Woodboro
(circulator's residence - include number, street, and municipality)

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

Robert LeClair
(signature of circulator)

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

RECALL PETITION

TO: WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the DISTRICT # 12,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	W10391 Bear Lk Rd Antigo Wi	☒ Town ☐ Village ☐ City Rolling	3-10-11
2. Robert Burnes	N5857 Rosedale Rd. Deerbrook Wi.	☒ Town ☐ Village ☐ City Deerbrook	3-10-11
3. Bernard [illegible]	W9047 cty B Bryant WI 54448	☐ Town ☐ Village ☐ City Nera	3-10-11
4. Bill Skinner	904 Superior St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-10-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, James E Tatro, certify:
(name of circulator)

I reside at N4354 Hwy 52 Antigo
(circulator's residence - include number, street, and municipality)

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

3-18-11
(date)

James E. Tatro
(signature of circulator)

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

Page No. 540

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Steve Baker	N8166 Koepenick RD Deerbrook	Town X Village 3-5-2011 City	3-5-2011
2 Allen Cohen	406 E 7th St. Merrill, Wis, 54452	Town Merrill Village 3-5-2011 X City	3-5-2011
3 Tim Sabatke	202 N. Ohio St. Merrill, WI	Town Village Merrill X City	3/5/11
4 Jerry Ziegelbauer Jr.	203 West 6th St. Merrill Wisconsin	Town Village Merrill X City	3-5-11
5 WAYNE RYDELL	E5885 ROCKY RIDGE RD ANIWA, WI.	X Town Village City EASTON	3-5-11
6 Warren Rydell	E5885 Rocky Ridge Rd. Aniwa, WI.	X Town Village Easton City	3-5-11
7 Kirk Beasley	N10035 MOHAWKSIN RD TOMAHAWK, WI 54487	Town Village (City) TOMAHAWK	3-5-11
8 Douglas Blahnik	320 East 2nd Street Merrill, Wisconsin	Town Village X City Merrill	3-5-11
Bruce Hall	RR WAUSAU WIS	Town Village City WAUSAU	3-5-11
10 Patricia Blahnik	604 Johnson Merrill WI	Town Village City MERRILL	3-5-11

CERTIFICATION OF CIRCULATOR

I, THOMAS V. WAKELY, certify that I reside at 1207 MASON RHINELANDER

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

3-5-11
(date)

Thomas V. Wakely
(Signature of Circulator)

Page: 2 541

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 from office pursuant
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Connie L. Eaton	3932 Lake Ardenn Rd	☒ Town ☐ Village ☐ City Sugar Camp	2/26/11
2. Kenneth L Eaton	" " " "	☒ Town ☐ Village ☐ City Sugar Camp	2/26/11
3. Ona Lee Jost	5410 Rice Creek Lane	☐ Town ☒ Village ☐ City Cloverland	2/26/11
4. Gregory Allen	5291 Rangeline Road	☒ Town ☐ Village ☐ City Lincoln	2/26/11
5. JERRY CHRISTEL	1879 Meta Lk	☐ Town ☐ Village ☒ City Eagle River	2/26/11
6. Ellen M. Christel	1879 Meta Lk Rd. ER	☐ Town ☐ Village ☒ City Eagle River	2/26/11
7. Judith Olson	4251 Spruce Ln. #57 Eagle River Wi	☐ Town ☐ Village ☐ City Lincoln	2/26/11
8. RW. Reineck	519 E Wall St	☐ Town ☐ Village ☒ City Eagle River	2/26/11
9. Karen Reineck	519 E. Wall St	☐ Town ☐ Village ☒ City Eagle River	2-26-11
10. [illegible]	8440 Old Mill	☐ Town ☐ Village ☐ City Three Lakes	2-26-11

Certification of Circulator

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

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

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

2/26/2011
(date)

Paula Visin
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kristen Schefdore	1808 River St Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	4/11/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, John V Schefdore (name of circulator), certify:

I reside 1808 River St, Merrill, WI 54452 (circulator's residence - include number, street, and municipality).

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

4/11/2011 (date)

John V Schefdore (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	1006 E 2nd St	☐ Town ☐ Village ☒ City Merrill	4/13/11
2.	N6743 Deer Shower Gleason WI	☒ Town ☐ Village ☐ City Gleason	4/13/11
3.		☐ Town ☐ Village ☒ City Merrill	4/13/11
4.	W2455 Burgener Ave Merrill, WI.	☐ Town ☐ Village ☒ City Merrill	4/13/11
5.	6411 W. 2nd St Merrill	☐ Town ☐ Village ☒ City Merrill	4/7/11
6.	N2339 Lake Pesobic Rd Merrill	☐ Town ☐ Village ☒ City Merrill	4/7/11
7.	N2015 Corning Rd Merrill WI	☐ Town ☐ Village ☐ City Corning	4/7/11
8.	Tomahawk, WI	☐ Town ☐ Village ☐ City Bradley	4-7-11
9.	119 S. Genesee St Merrill WI	☐ Town ☐ Village ☒ City Merrill	4-7-11
10.	W2630 Yanda Ave Gleason	☐ Town ☐ Village ☒ City Merrill	4-7-11

Certification of Circulator

I, John V Schefdor (name of circulator), certify:

I reside 1808 River St, Merrill, WI 54452 (circulator's residence - include number, street, and municipality).

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

4/11/2011 (date)

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 544

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David Niewinski	4276 Nighthawk Rd Rhinelander WI	☐ Town ☐ Village ☒ City Pine Lake Rhinelander	4/2/11
2. Judy Niewinski	4276 Nighthawk Lane Rhinelander, WI	☐ Town ☐ Village ☒ City Pine Lake Rhinelander	4/2/11
3. Todd Friedrich	6410 Pigeon Rd Lake Tomahawk WI 54539	☐ Town ☒ Village ☐ City	4/5/11
4. Dennis M Martens	5465 Silver Lake Rhinelander	☒ Town ☐ Village ☐ City Pine Lake	4/5/11
5. [illegible]	434 Spring Lake Rd Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
6. Connie Warshell	3807 Harshaw Rd. Harshaw, WI 54529	☒ Town ☐ Village ☐ City Cassian (Harshaw) 54529	4/5/11
7. [illegible]	4047 TRAILS END RD. RHINELANDER, WI 54501	☒ Town ☐ Village ☐ City PINE LAKE	4/5/11
8. [illegible]	148 Maple ST Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Robert Talbot (name of circulator), certify:

I reside 4475 Country P Rhinelander WI 54501 TWN 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.

4/5/11
(date)

(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

He ran away from his duties of his office.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Theodore T. Zielinski	7103 Big Lake Road Land-o-Lakes wisconsin	☑ Town ☐ Village ☐ City Land-o-Lakes	3/29/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Theodore T. Zielinski, certify:
(name of circulator)

I reside 7103 Big Lake Road Land-o-Lakes wis. 54540.
(circulator's residence - include number, street, and municipality)

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

3-29-2011
(date)

Theodore T. Zielinski
(signature of circulator)

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

Page No. 54L

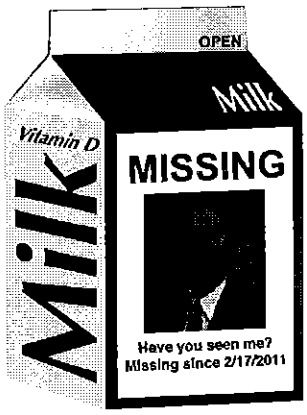
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jacqueline Bisbane	5837 Buffalo Dr. Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Oneida G. Superior	4/5/11
2. William Schutz	5320 LAKEWOOD HARSHAW	☒ Town ☐ Village ☐ City LASIA N	4/5/11
3.	54529	☐ Town ☐ Village ☐ City	
4. William Schutz	5390 LAKEWOOD RD. HARSHAW 54529	☒ Town ☐ Village ☐ City LASIA N	4/5/11
5. Gunthart Marquardt	3687 So. Limberlost Rd Rhinelander WI 5450	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
6. Rainer J. Martens	5465 Silver Lk Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pine Lake	4-5-11
7. Ralph C. Klush	2251 S. River Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Crescent	4/5/11
8. Randy Cardwell	3807 Harshaw Rd Harshaw 54529	☒ Town ☐ Village ☐ City Lassian	4/5/11
9. Susan M. Whitbeck	4047 Trails End Rd. Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pine Lake	4/5/11
10. Linda Spallinger	148 Maple St Rhinelander	☒ Town ☐ Village ☐ City Oneida	4/5/11

Certification of Circulator

I, Robert Tillo, certify:
(name of circulator)

I reside at 4775 Country R, Rhinelander WI 54501 TWN 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.

4/5/11
(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. 547

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patricia O'Neil	9086 JENNY PLACE ST. GERMAIN, WI 54558	☒ Town ☐ Village ☐ City	3/5/2011
2. Robert O'Neil	9086 Jenny Place St. Germain 54558	☒ Town ☐ Village ☐ City	3/5/2011
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Robert O'Neil (name of circulator), certify:

I reside 9086 Jenny Place St. Germain WI 54558 (circulator's residence - include number, street, and municipality).

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

3/5/2011 (date)

Robert O'Neil (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gregory A. Kroll	4840 HORSEHEAD LAKE RD	☒ Town ☐ Village ☐ City HARSHAW	3-3-2011
2. Ellen J. Kroll	4840 Horsehead Lk. Rd.	☒ Town ☐ Village ☐ City Harshaw	3-3-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, GREGORY A. KROLL, certify:
(name of circulator)

I reside 4840 HORSEHEAD LAKE RD, HARSHAW, WISCONSIN 54529.
(circulator's residence - include number, street, and municipality)

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

3-3-2011
(date)

Gregory A. Kroll
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 549

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Pamela Broeske	620 Park St. Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	4-8-11
2. [illegible]	N6136 Burgher Ln. Wittenberg, WI	☐ Town ☐ Village ☐ City White Lake	4-8-11
3. Thyrle Mays	917 Delaglise Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	4-8-11
4. Dale R DeBruin	W8459 Rocky Rd. Deerbrook, WI 54424	☒ Town ☐ Village ☐ City Neva	4-8-11
5. [illegible]	917 Delaglise St Antigo WI	☐ Town ☐ Village ☒ City Antigo	4-8-11
6. Jacquelin Arnold	N4315 Central	☒ Town ☐ Village ☐ City White Lake	4/8/11
7. [illegible]	110 N Ohio ST	☐ Town ☐ Village ☒ City Merrill	4/8/11
8. [illegible]	1335 Hudson St	☐ Town ☐ Village ☒ City Antigo	4/8/11
9. Polly Fredens	5th Ave	☐ Town ☐ Village ☒ City Antigo	4/8/11
10. [illegible]	W19026 Emma St Aniwa WI 54408	☐ Town ☒ Village ☐ City Aniwa	4/8/11

Certification of Circulator

I, Mark Vigil (name of circulator), certify:

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

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

4-8-11 (date)

Mark V (signature of circulator)

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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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dave Pepe	160 Max Rd.	☒ Town ☐ Village ☐ City Pelican Lake	3-29-2011
2. Ann Lawrence	5624 Riverview Dr.	☒ Town ☐ Village ☐ City Pine Lake	3-29-11
3. [illegible]	3981 Village Rd	☒ Town ☐ Village ☐ City Lavour	3-29-11
4. Ellen Greenland	5247 Dundee Rd 5247 DUNDEE RD	☒ Town ☐ Village ☐ City Rhinelander	3-29-11
5. Marilyn Versch	3025 E Lake George Rd 3025 E. LAKE GEORGE RD	☐ Town ☐ Village ☒ City Rhinelander	3-29-11
6. Nancy Kuzynski	1718 O'Neil Rd E.R. Wis	☒ Town ☐ Village ☐ City THREE LAKES 3 Lakes	3-29-11
7. [illegible]	7635 Hwy D E.R. Wi	☐ Town ☒ Village ☐ City Sugar Camp	3-29-11
8. [illegible]	4459 County P. Pleasantville Wis	☒ Town ☐ Village ☐ City Pelican	3.29.11
9. [illegible]	4895 Eastview Rd	☐ Town ☐ Village ☐ City Sugar Camp	3-29-11
10. Deborah Nicholson	11698 Sumach Lk Rd	☒ Town ☐ Village ☐ City Arbor Vitae	3-29-11

Certification of Circulator

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

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

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

3/29/11 (date)

Sherri E Ferrell (signature of circulator)

Page No. 551

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Russell Tripp	3656 Mud Lake Rd Florence	☒ Town ☐ Village ☐ City Florence	2/25/11
2. Wendy Gehlhoff	2317 Montgomery Lake Rd. Florence	☒ Town ☐ Village ☐ City Florence	2/25/11
3. Billijus	979E Fischer lake PKWY Niagara, WI 54151	☒ Town ☐ Village ☐ City Niagara	2/25/11
4. W. E. Frisque	4666 TALL PINES RD. FLORENCE	☒ Town ☐ Village ☐ City FLORENCE	2/25/11
5. D. McDanniel	533 Olive Avenue Florence, WI 54121	☒ Town ☐ Village ☐ City Florence	2/25/11
6. Rochelle Tripp	3656 Mud Lk Florence	☒ Town ☐ Village ☐ City Florence	2/25/11
7. James H. Gehlhoff	2317 Montgomery Lk Rd Florence, WI 54121	☒ Town ☐ Village ☐ City Florence	2/25/11
8. Jal [illegible]	5003 US Hwy 2 Florence WI. 54121	☒ Town ☐ Village ☐ City Florence	2/25/11
9. Terry Stites	908 QUINNESES ST. FLORENCE WI 54121	☒ Town ☐ Village ☐ City FLORENCE	2/25/11
10. Scott Young	3433 Montgomery Lake Rd. Florence, WI.	☒ Town ☐ Village ☐ City FLORENCE	2/26/11

Certification of Circulator

I, Russell H Tripp Jr, 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.

03/02/11
(date)

(signature of circulator)

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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

Page No. 552 Φ

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Mike Baginski	N3474 CTH Antigo WI 54409	X Town Village City Ackley	2/23/11
2 Erin Baginski	N3474 Hwy H Antigo, WI 54409	X Town Village City Ackley	2/23/11
3 Carrol Dickman	W10747 Hwy 64 ANTIGO, W. 54409	X Town Village City ACKLEY	2/25/11
4 Jim Galasowski	407 Dresch St ANTIGO WI	Town Village X City Antigo	2-25-11
5 Jim Dwette	N1340 STONEY RD ANTIGO WI	X Town Village City Rolling	2-25-11
6 ARLENE DICKMAN	W10747 HWY 64 ANTIGO, WI 54409	X Town Village City ACKLEY	2-25-11
7 John Baginski	715 LAURIGA LN ANTIGO, WI 54409	Town Village X City ANTIGO	2-25-11
8 Jennie Gustafson	W11310 1st Ave Antigo WI 54409	Town Village X City Antigo	2-25-11
9 Russell Ryan	N2864 SCHIELKE Rd GLENSON, WI	X Town Schley Village City LINCOLN CO.	2-24-11
10 Robert Kapusta Robert Kapusta	Antigo WI N343 Hwy 64	X Town Village ~~Antigo~~ City ACKLEY	2/27/11

CERTIFICATION OF CIRCULATOR

I, Mike Baginski, certify that I reside at N3474 CTH, Antigo WI 54409

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

2/27/11 (date) (Signature of Circulator) Antigo

Page: 553

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Holly L Schinke	N2965 Hinz Rd	☒ Town ☐ Village ☐ City Merrill	4-2-11
2. Morgan Strand	N4826 Cty Hwy K	☒ Town ☐ Village ☐ City Merrill	4-2-11
3. [illegible]	N4013 Old 17 Rd	☒ Town ☐ Village ☐ City Merrill	4/2/11
4. Rebecca Wollen	N2455 French Ridge Rd	☒ Town ☐ Village ☐ City Merrill	4/2/11
5. Judith Elliott	2704 Glen Dr.	☐ Town ☐ Village ☒ City Merrill	4/2/11
6. Alfred H Elliott	2204 Glen Dr	☐ Town ☐ Village ☒ City Merrill	4-2-11
7. Judith Jeffrey	W5984 Hillside Dr. Merrill	☐ Town ☐ Village ☒ City Merrill WI	4-2-11
8. Jack A Jeffrey	W5984 HILLSIDE DR	☐ Town ☐ Village ☒ City MERRILL	4-2-11
9. [illegible]	104 E 4th St	☐ Town ☐ Village ☒ City Merrill	4-2-11
10. Michelle Krupp	1305 E. 6th street	☐ Town ☐ Village ☒ City Merrill	4-2-11

Certification of Circulator

SHERRI FERRELL, certify:
(name of circulator)

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

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

4/2/11
(date)

Sherri E Ferrell
(signature of circulator)

007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.
bed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
/gab.wi.gov email: gab@wi.gov

Page No. 554

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bob Teske	W8643 Joe Snow Rd	☒ Town ☐ Village ☐ City Corning	4-3-11
2. Kristine Mik	14207 Cty Rd O Merrill, WI 54452	☒ Town ☐ Village ☐ City Berlin	4-3-11
3. Carolyn A. Sutton	825 N. State Street	☐ Town ☐ Village ☒ City Merrill	4-3-11
4. Sally Gmeinwacher	N930 Center Rd Merrill WI	☒ Town ☐ Village ☐ City Pine River	4-3-11
5. Becki Hendrickson	2008 Water St Merrill, WI	☐ Town ☐ Village ☒ City Merrill	4-3-11
6. [illegible]	W3944 Lincoln Rd Merrill WI	☒ Town ☐ Village ☐ City Merrill	4-3-11
7. Brenda Burkhardt	912 West St Merrill	☒ Town ☐ Village ☐ City Merrill	4/3/11
8. [illegible]	1812 Water St. Merrill	☐ Town ☐ Village ☒ City Merrill	4-3-11
9. [illegible]	W4741 Lake Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	4-3-11
10. Gwen Foster	605 Liberty Street	☐ Town ☐ Village ☒ City Merrill	4-3-11

Certification of Circulator

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

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

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

~~SHORT~~ 4/3/11
(date)

Sherri E. Ferrell
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.
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Page No. 555

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Christina A. Kallerud	N11990 Honey Rd.	☒ Town ☐ Village ☐ City Tripoli	4-3-11
2. Tracy Gogel	306 W. 6th St.	☐ Town ☐ Village ☒ City Merrill	4.3.11
3. Cindy Pruesen	W1997 Cty Rd	☐ Town ☒ Village ☐ City Gleason	4-3-11
4. [illegible]	2204 Willow Bend Dr. Apt C	☐ Town ☐ Village ☒ City Merrill	4-3-11
5. Robert Nelson	504 N Sixth St.	☐ Town ☐ Village ☒ City Merrill	4-3-11
6. Dave Kershey	1008 Elm St	☐ Town ☐ Village ☒ City Merrill	4/3/11
7. [illegible]	721 Kraftline	☐ Town ☐ Village ☒ City Merrill	4/3/11
8. Denise Klaue	306 E. 5th St	☐ Town ☐ Village ☒ City Merrill	4/3/11
9. J Kevin Kann	N864 Grandwood Ct	☐ Town ☐ Village ☒ City Merrill	4/3/11
10. Amy David	1804 Logan Ave. Apt 1	☐ Town ☐ Village ☒ City Merrill	4/3/11

Certification of Circulator

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

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

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

4/3/11 (date)

Sherri E. Ferrell (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patrick O'Brien	521 Evergreen Ct Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	4-8-11
2. Linda Roberts	7154 Somo Dr Rhinelander, WI	☐ Town ☐ Village ☑ City Newbold	4-8-11
3. [illegible]	8555 Sugarbush Trail Rhinelander	☑ Town ☐ Village ☐ City Lac du Flambeau	4-8-11
4. [illegible]	6802 Railway Lane Rhinelander 54501	☐ Town ☐ Village ☐ City Sugar Camp	[illegible]
5. [illegible]	N10096 Hwy 17 Gleason WI 54435	☑ Town ☐ Village ☐ City Harrison	4-8-11
6. Michael Crolo	3144 Wildflower Bay Rd Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Pelican	4-8-11
7. [illegible]	114 East Monico Rhinelander WI 54501	☐ Town ☐ Village ☑ City Rhinelander	4-8-11
8. Paula Johnson	1204 Town St Prentice WI 54556	☐ Town ☑ Village ☐ City Prentice	4-8-11
9. [illegible]	331 Woodland Hts Dr Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	4-8-11
10. Chris Saari	513 S Baird Rhinelander	☐ Town ☐ Village ☑ 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)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 557

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	3830 CRESCENT RD Rhinelander WI 54501	☒ Town ☐ Village ☐ City CRESCENT	4/8/11
2. Leroy C. Miller Sr.	5400 Balsam Rd Hawkins WI	☒ Town ☐ Village ☐ City Hawkins	4-8-11
3. [illegible]	7074 Rainbow Lake Rd Lake Tomahawk, WI 54539	☐ Town ☒ Village ☐ City Woodruff	4-8-11
4. Phillip Gauthier	7204 Pheasant Ln Rhinelander WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	4-18-11
5. Michele L. Marcak	3723 S. Lindbergh Rd RNldr	☐ Town ☒ Village ☐ City Pine Lake	4-8-11
6. Thomas Seelaf	314 Lynette Terrace Rhl	☐ Town ☐ Village ☒ City Rhl	4-8-11
7. Jenna Barlow	1402 River St Rhinelander W 54501	☐ Town ☐ Village ☒ City Rhinelander	4-8-11
8. Sylvia Sundberg	453 Wildwood Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4-8-11
9. [illegible]	2120 FOREST LANE RHINELANDER	☒ Town ☐ Village ☐ City NEWBOLD	4-8-11
10. Linda R. O'Brien	521 Evergreen Ct Rhinelander	☐ Town ☐ Village ☒ 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)

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John DeRoss	P.O. Box 3100 (2/2) Rhinelander W.	☐ Town ☐ Village ☒ City RHINELANDER	3/29/11
2. Kyle Larson	623 W. Davenport St	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
3. Tim Jongeneel	82 E. HARVEY Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
4. [illegible]	828 THAYER ST RHINELANDER, WI	☐ Town ☐ Village ☒ City RHINELANDER	3-29-11
5. [illegible]	828 Thayer St Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3-29-11
6. Wendy M. Doolan	8758 Hardrich Rd Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-29-11
7. Dawn Schneider	7045 Hwy 70 E St. Germain, WI 54558	☒ Town ☐ Village ☐ City Cloverland	3-29-11
8. Jodi Dvelle	7388 Pine Grove Circle Minocqua WI	☐ Town ☐ Village ☒ City Minocqua	3/29/11
9. Barbara Borrud	1650 Mattke Rd Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3/29/11
10. Agnes Cleo So	PO Box 662 520 Chicago St.	☐ Town ☒ Village ☐ City Lac du Flambeau	3/29/11

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.

3-29-11
(date)

(signature of circulator)

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	P.O. Box 124 W1444 Hwy 64, Merrill	☒ Town ☐ Village ☐ City Pine River	3/26/11
2. Rachel Mathews	313 N. Center Ave	☐ Town ☐ Village ☒ City Merrill	3/26/11
3. Maxine Sharp	215 GRAND Ave	☐ Town ☐ Village ☒ City Merrill	3/26/11
4. Dave Wagner	5777 Diana circle Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	3-26-11
5. Lindy Schmidt	301 N Prospect St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3-26-11
6.	301 N Prospect St Merrill WI	☐ Town ☐ Village ☒ City Merrill	3-26-11
7. Sam Brown	Merrill WI 713 Martin St. #9	☐ Town ☐ Village ☒ City Merrill	3-26-11
8. Jamie Woodward	2016 N. State St	☐ Town ☐ Village ☒ City Merrill	3-26-11
9.	W2784 cty c meri	☐ Town ☐ Village ☐ City Merrill WI	3-26-11
10. Cindy Huber	713 2nd St #300	☒ Town ☐ Village ☐ City Merrill	3/26/11

Certification of Circulator

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

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

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

3-26-11
(date)

(signature of circulator)

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Page No. 560

9

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	N249 SCOTT RD MERRILL	☒ Town ☐ Village ☐ City SCOTT	4/3/2011
2.	~~Box~~ 1219 Phillips Apt 304	☐ Town ☐ Village ☒ City Rhinelander	4/3/2011
3.	4454 HARMONY HILL LN	☒ Town ☐ Village ☐ City NEWBOLD	4-4-11
4.	4099 N. Shore Dr. R	☒ Town ☐ Village ☒ City Pelican Rhinelander	4-4-11
5.	620 Brier St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	4/4/11
6.	7721 Trout Creek Rd Rhinelander	☒ Town ☐ Village ☐ City Woodboro	4/4/11
7.	425 Highview Pkwy Rhinelander	☐ Town ☐ Village ☒ City RHINELANDER	4-4-11
8.	6005 Point On Rhinelander	☒ Town ☐ Village ☐ City Newbold	4-4-11
9.	4051 Cty C Rhinelander	☒ Town ☐ Village ☐ City Pelican Lake	4.4.11
10.	4209 Lily Bass Rd Rhinelander WIS	☐ Town ☐ Village ☒ City Rhinelander	4-4-11

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.

4-4-11
(date)

(signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 561

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ralph James	~~PO Box 842~~ N2616 Chief Josett Keshena, WI 54135	☐ Town ☒ Village ☐ City Keshena	4/9/11
2. Warren J. P. [illegible]	8015 Wa-Pu-An	☐ Town ☒ Village ☐ City Neopit	4-9-11
3. Delozy K. Kuka	~~P.O. Box 325~~ 432 Chief Tomah Keshena WI	☐ Town ☒ Village ☐ City Keshena	4/9/11
4. William Boivin Sr	Neopit WI W2506 Wild rice ct	☐ Town ☒ Village ☐ City NEOPIT	4/9/11
5. [illegible]	W1570 Chief Pakanawen	☐ Town ☒ Village ☐ City Neopit	4-9-11
6. Joey Caldwell	N1967 Pakanawen Neopit WI 54150	☐ Town ☒ Village ☐ City Neopit	4-9-11
7. Anthony CORN	W2860 Dodgeld	☐ Town ☒ Village ☐ City Keshena	4-9-11
8. Shannon Peters	W2615 Chief Tomtah Keshena, WI 54135	☐ Town ☒ Village ☐ City KESHENA	4-9-11
9. [illegible]	N1123 oldsouthbird K	☐ Town ☒ Village ☐ City Keshena	4-9-11
10. Sharon Tourtellott	W2914 Shuguaw Rd Keshena	☐ Town ☒ Village ☐ City KESHENA	4-9-11

Certification of Circulator

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

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

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

4/9/11
(date)

Sherri E. Ferrell
(signature of circulator)

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Page No. 562

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	W850 cty B.	☐ Town ☒ Village ☐ City Menominee	4/9/11
2.	313 West Vinal Street	☐ Town ☒ Village ☐ City Wittenberg	4/9/11
3.	N581 Burnett Ln	☐ Town ☒ Village ☐ City Keshena	4/9/11
4.	N479 Chief Lemon rd	☐ Town ☒ Village ☐ City Keshena	4/9/11
5.	W6460 Windrice Ct	☐ Town ☒ Village ☐ City Neopit	4-9-11
6.	W852 V.V. EAST	☐ Town ☒ Village ☐ City Keshena	4-9-11
7.	N1202 V.V EAST	☐ Town ☒ Village ☐ City KESHENA	4-9-11
8.	N3336 STH 55	☐ Town ☒ Village ☐ City Keshena	4-9-11
9.	N3336 St. Hwy 55	☐ Town ☒ Village ☐ City Keshena	4-9-11
10.	N2465 Morning Star	☐ Town ☒ Village ☐ City Keshena	4-9-11

Certification of Circulator

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

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

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

4/9/11 (date)

Sherri E. Ferrell (signature of circulator)

RECALL PETITION

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Paula McDowell	N18989 2nd St. Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	4-4-11
2. John F. Lafaniere	W10713 Blueberry Point Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	4-4-11
3. Ann E Dunlap	1011 Pierce St. Niagara WI 54151	☐ Town ☐ Village ☒ City Niagara	4-4-11
4. Barbara A Dymnick	Lot 300 Fayette Niagara, WI 54151	☒ Town ☐ Village ☐ City Niagara	4-4-11
5. Jacqueline M. Tuggle	W8429 County Rd N Neagara, WI 54151	☒ Town ☐ Village ☐ City Neagara	4-4-11
6. Bruce Dorn	1840 Pine Street Niagara, WI 54151	☐ Town ☐ Village ☒ City Niagara	4/4/11
7. Amanda Planing	1321 Cleveland St Niagara, WI 54151	☐ Town ☐ Village ☒ City Niagara	4-4-11
8. [illegible]	N14856 ctyRd A Amberg WI 54102	☒ Town ☐ Village ☐ City Ambers	4-4-11
9. Ann Wise	W7720 Cardin St. Niagara 54151	☐ Town ☐ Village ☐ City Niagara	4-4-11
10. Mary C Ramsey	1301 Grant Niagara	☐ Town ☐ Village ☐ City Niagara	4-4-11

Certification of Circulator

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

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

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

4-5-11
(date)

Duane Schumacher
(signature of circulator)

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Page No. 564

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael M[illegible]	2416 Cottrect Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3-31-11
2. Jeff Mersschmidt	911 E 8th ST MERRILL WI 54452	☐ Town ☐ Village ☒ City MERRILL	3-31-11
3. Jeff Hentl	W 8872 Taylor St merrill WI	☒ Town 54452 ☐ Village ☐ City Merrill	3-31-11
4. Mark Fleischman	507 1/2 E 7th St Merrill, WI 54452	☒ ~~Town~~ ☐ Village ☒ City Merrill	3-31-11
5. Rick [illegible]	W6812 HWY 64/107 Merrill, WIS. 54452	☐ Town ☐ Village ☒ City Merrill	3-31-11
6. [illegible]	710 Superior St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3-31-11
7. Gary DeHart	N1217 Heritage Rd. Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	3-31-11
8. [illegible]	N2819 County Rd. K Merrill W.I. 54452	☐ Town ☐ Village ☒ City Merrill	3-31-11
9. Renee Williams	605 Jefferson St. Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3-31-11
10. Robert Jackson	1003 Cedar St. Merrill 54452	☐ Town ☐ Village ☒ City Merrill	3-31-11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

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

Page No. 565

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Chris Lobel	106 S. Prospect St Merrill 54452	☐ Town ☐ Village ☑ City Merrill	3/31/11
2. Steve Stine	2204 Rice St Merrill 54452	☐ Town ☐ Village ☑ City Merrill	3/31/2011
3. [illegible]	1007 E 8th Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	3/31/11
4. Anna M. Hankerson	100 N Poplar St. Merrill 54452	☐ Town ☐ Village ☑ City Merrill	3/31/11
5. Tammy Engel	W5099 S. Shore Dr. Merrill WI 54452	☑ Town ☐ Village ☐ City Merrill	3/31/11
6. Rod Engel	704 N Prospect St Merrill WI 54452	☑ Town ☐ Village ☐ City Merrill	3-31-11
7. Jenny Kasper	504 E. 7th St Merrill 54452	☐ Town ☐ Village ☑ City Merrill	3-31-11
8. Sara Clark	712 Superior St Merrill, WI 54452	☐ Town ☐ Village ☑ City Merrill	3-31-11
9. Lori Engel ~~Lori Engel~~	704 → N. Prospect St Merrill 54452	☐ Town ☐ Village ☑ City Merrill	3-31-11
10. John [illegible]	507 N. Prospect Merrill 54452	☐ Town ☐ Village ☑ City Merrill	3-31-11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

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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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sarl	22 S. TOMAHAWK #3 TOMAHAWK, 54487	☐ Town ☐ Village ☒ City TOMAHAWK	3/31/11
2. Elaine Johnson	W8650 Waswatosa Ave Tomahawk 54487	☒ Town ☐ Village ☐ City Tomahawk	3/31/11
3. [illegible]	N9481 CTY Rd T Tripoli WI 54564	☑ Town ☐ Village ☐ City Tomahawk	3/31/11
4. [illegible]	3116 Hillcrest Dr. Tomahawk WI 54487	☑ Town ☐ Village ☐ City Tomahawk	3/31/11
5. Debbie Smith	433 S. Tomahawk Ave Tomahawk, WI 54487	☑ Town ☐ Village ☐ City Tomahawk	3/31/11
6. [illegible] H. Vannasi	22 S. Tomahawk Ave Tomahawk WI 54487	☑ Town ☐ Village ☐ City Tomahawk	3/31/11
7. [illegible]	2 W. MERRILL AVE. TOMAHAWK WI 54487	~~☐ Town~~ ☐ Village ☒ City TOMAHAWK	3-31-11
8. [illegible] Schneider	N6828 MISTWOOD TOMAHAWK WI 54487	☒ Town ☐ Village ~~☐ City~~ Rock Falls	3-31-11
9. [illegible]	7819 W Bilby Rd TOMAHAWK WI 54487	☑ Town ☐ Village ☐ City TOMAHAWK	3-31-11
10. Jackie [illegible]	414 Pine Ridge Tomahawk WI 54487	☑ Town ☐ Village ☐ City Tomahawk	3/31/11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tracy M Rigney	2275 Martin Dr Tomahawk, WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3/31/11
2. Carole Pontel	4125 Horseshoe Lk Rd Irma 54442	☐ Town Arpin ☐ Village ☐ City 4125 Horseshoe Lk. Rd	3-31-11
3. Nicole Schuett	N2339 Lake Posquic Merrill WI 5445	☐ Town ☐ Village ☑ City Merrill Lake Posquic	3/31/11
4. Helen Severt	Merrill 54452 1611 E. 3rd St	☐ Town ☐ Village ☑ City MERRILL, WI	3-31-11
5. Jay Ellen Brown	1202 B CHAN PAGE St. MERRILL, WI 54	☐ Town ☐ Village ☑ City MERRILL	3/31/11
6. Dillon Mogell	W4781 Pope Rd Merrill 54452	☐ Town ☐ Village ☑ City Merrill, WI	3/31/11
7. Mike Zumchuty	N885 County W MERRILL WI	☑ Town ☐ Village ☐ City PINE RIVER	3/31/11
8. Darwin G Erickson	W 2661 City Hwy P Merrill 54452	☑ Town ☐ Village ☐ City Pine River	3-31-11
9. Earl Krause	N5456 Batchlers Ave Gleason 54435	☐ Town ☐ Village ☑ City Russell	3-31-11
10. [illegible]	N1896 Sunset Dr Merrill 54452	☑ Town ☐ Village ☐ City Scott	3-31-11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert Kulikowski	108 E. Somo Ave. Tomahawk, Wisc.	☐ Town ☐ Village ☒ City Tomahawk	3-31-11
2. Mark Ty	N398 Brush Rd Merrill, WI, 54452	☐ Town ☐ Village ☒ City Merrill	3-31-11
3. Ryan Pelawski	219½ E 2ND ST MERRILL, WI 54452	☐ Town ☐ Village ☒ City MERRILL	03-31-11
4. Joan L. Page	603 Coolidge St. Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	03-31-11
5. Eileen Irvin	N11147 Tannery Rd Tomahawk WI 54487	☒ Town ~~☒ Village~~ ☐ City Bradley ~~Tomahawk~~	3-31-11
6. Jeff Coffman	N11147 Tannery Rd Tomahawk, Wis 54487	☒ Town ~~☒ Village~~ ☐ City Bradley ~~Tomahawk, Wis~~	3-31-11
7. Louis Musil	310 West Wi Ave Tomahawk Wi 54487	☒ Town ☐ Village ☐ City Tomahawk	3-31-11
8. Henry Schulz	N9956 Gouda Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Harrison	3/31/11
9. Barry Aiken	W5306 Rd. Cameron Tomahawk 54487	☒ Town ☐ Village ☐ City Bradley	3/31/11
10. Judith K. Wagner	W7819 W. Bibby Tomahawk 54487	☒ Town ☐ Village ☐ City Tomahawk	3/31/11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	10040 LAKEVIEW DR MINOCQUA 54548	☐ Town ☐ Village ☒ City MINOCQUA	3/31/11
2. [illegible]	N9339 Mitchell Rd TOMAHAWK WI 54487	☒ Town ☐ Village ☐ City TOMAHAWK	3/31/11
3. Katherine Galloway	N9339 Mitchell Rd Tomahawk Wis. 54487	☒ Town ☐ Village ☐ City Tomahawk	3/31/11
4. Monica Matte	~~[illegible]~~ 11163 Old 18 Tomahawk WI 54487	☒ Town ☐ Village ☐ City Little Rice	3/31/11
5. G Eckelberg	Block RD 3230 W TOMAHAWK WI 54487	☒ Town ☐ Village ☐ City King	3-31-11
6. M. Eckelberg	W. 3230 Block Rd. Tomahawk WI 54487	☒ Town ☐ Village ☐ City King	3-31-11
7. Thom Fed	N11050 ~~[illegible]~~ Cty Rd. A Tomahawk, Wi 54487	☒ Town ☐ Village ☐ City Bradley	3-31-11
8. Mary C. Lefrand	1991 Hwy Y Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	3-31-11
9. Craig Sellers	W4815 ~~[illegible]~~ Hwy J IRMA WI. 54442	☐ Town ☒ Village ☐ City Tomahawk	3-31-11
10. John Sparr	W6423 W. KRAFT RD Tomahawk wi 54487	☒ Town ☐ Village ☐ City Bradley	3-31-11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 570

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marilyn Nuenberger	9½ E Somo Ave Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3.31.11
2. Angela Mayle	W6175A Hwy 86 Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-31-11
3. [illegible]	1016 E Somo Ave Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-31-11
4. John Gallagher	216 W Merrill Ave Tomahawk, WI 54487	☐ Town ☐ Village ☐ City Tomahawk	3-31-11
5. Wilbert Nelson	1340 East King Rd Tomahawk WI	☐ Town 54587 ☐ Village ☒ City Tomahawk	3/31/11
6. William J Bradley	655 Southgate Dr Apt 3 Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-31-11
7. Gary Baity	W6453W Kraft Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Bradley	3-31-11
8. Marlon Weyers	~~Tomahawk~~ W6170 Nowak Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3-31-11
9. [illegible]	~~Tomahawk, WI 54487~~ 411 N. 4th St	☐ Town ☐ Village ☒ City Tomahawk	3-31-11
10. Justin N. Olson	W5626 Beach Rd Tomahawk 54487	☐ Town ☐ Village ☒ City Tomahawk	3-31-11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

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RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Donald Brauchacher	W2464 Keshena Rd. - Keshena	☐ Town ☐ Village ☐ City Keshena Menominee	4/9/11
2. Pam Barker	N3614 Neopit	☐ Town ☐ Village ☐ City Neopit Menominee	4/9/11
3. Jaime L. Wilson	W850 Cty. B Rd Suring, WI 54174	☐ Town ☐ Village ☐ City Menominee	4-9-11
4. Karen Kelley	W5134 Basswood	☐ Town ☐ Village ☐ City Neopit	4-9-11
5. [illegible]	N1440 State Hwy 47	☐ Town ☐ Village ☐ City Neopit	4-9-11
6. [illegible]	W2858 Main St	☐ Town ☐ Village ☐ City Keshena	4-9-11
7. [illegible]	W1878 Buckhorn Rd	☐ Town ☐ Village ☐ City Keshena	4-9/11
8. Jerome Sampson	~~P.O. Box 237~~ 2910 West Branch Rd Keshena WIS	☐ Town ☐ Village ☐ City Keshena	4/9/11
9. Sarah Barnes	W8098 Pa-Wa-Wa-Say	☐ Town ☐ Village ☐ City Zoar	4/9/11
10. Valerie Wilber	N3705 St Hwy 47/55 Keshena	☐ Town ☐ Village ☐ City Menominee	4-9-11

Certification of Circulator

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

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

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

4/9/11 (date)

Sherri E Ferrell (signature of circulator)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	W14459 School House Rd Bowler WI 54416	☐ Town ☐ Village ☐ City Seneca	3-21-11
2. [illegible]	6505 Gamble St White Lake WI 54491	☐ Town ☒ Village ☐ City White Lake	3/21/11
3. Philip Falann	6505 Gamble St White Lake 54491	☐ Town ☒ Village ☐ City White Lake	3/21/11
4. Walter L Kemp	N3124 CTY RD P WHITE LAKE 54491	☐ Town ☒ Village ☐ City WHITE LAKE	3-21-11
5. [illegible]	N5142 [illegible] Rd DERBY WI 54434	☐ Town ☒ Village ☐ City Derby	3/21/11
6. William Jr. Kelly	1630 N Superior St Antigo WI 54409	☐ Town ☐ Village ☒ City Langlade	3/21/11
7. [illegible] Kelly	1630 N Superior St Antigo WI 54409	☐ Town ☐ Village ☒ City Langlade	3/21/11
8. [illegible]	9156 Hwy 32 Argonne WI 54571	☒ Town ☐ Village ☐ City Argonne	3/21/11
9. Vicki D. Deckert	P4001 State Hwy 52 Aniwa, WI 54408	☒ Town ☐ Village ☐ City Plover	3/21/11
10. Larry D. Hiba	P4001 State Hy 52 Aniwa WI 54408	☒ Town ☐ Village ☐ City Plover	3/21/11

Certification of Circulator

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

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

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

3-25-11
(date)

Duane Schumacher
(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Brandee Benson	7630 Fawn Lake Rd. Lake Tomahawk, WI 54539	☒ Town ☐ Village ☐ City Lake Tomahawk	3/24/11
2. [illegible]	1016 Randle Ave Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
3. [illegible]	5653 River Rd Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Newbold	3/24/11
4. [illegible]	5653 River Rd Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Newbold	3/24/11
5. Megan Magee	14 C East Harvey St Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
6. Rachel Posielenzny	8439 Burnt Bridge TR St. Germain	☒ Town ☒ Village ☐ City St. Germain	3/24/11
7. DJ Bronk	2640 Hwy 17 S Rhinelander 54501	☒ Town ☒ Village ☒ City Rhinelander	3/24/11
8. David [illegible]	209 Randall St Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
9. [illegible]	~~600~~ RHINELANDER WI 54550	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
10. Ezequiel Garcia	209 Randall St Apt B Rhinelander 54501	☐ Town ☐ Village ☒ City Rhinelander	3/24/11

Certification of Circulator

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

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

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3-25-11
(date)

[signature]
(signature of circulator)

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

Page No. 574

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bettie Brigham	N5441 Langlade Price Rd Bryant WI	☒ Town ☐ Village ☐ City Price 54410	3/21/11
2. Rhonda Demer	N4177 Price Polar Rd Bryant WI 54418	☐ Town ☐ Village ☐ City Polar	3/21/11
3. Scott Anderson	13290 CAMP 14 RD BOWLER WI 54416	☐ Town ☐ Village ☐ City Bowler	3/21/11
4. Carol Fuyge	7540 HWY 55 Crandon WI 54520	☒ Town ☐ Village ☐ City Nashville	3/21/11
5. Tod Kidd	Antigo, Wis. 54409 7201 DeLeGlise St.	☐ Town ☐ Village ☒ City Langlade	3/21/11
6. Jewel Weste	521 MILL ST WHITE LAKE W. 54491	☒ Town ☐ Village ☐ City Langlade	3/21/11
7. Bob Nd	821 LINCOLN ST ANTIGO, WI, 54409	☐ Town ☐ Village ☒ City Langlade	3/21/11
8. Sherry Jones	N9623 Lake Dr Bowler 54416	☒ Town ☐ Village ☐ City ALMON	3/21/11
9. Hal Jonsen	W3743 Wilson Shore Rd White Lake, WI 54491	☒ Town ☐ Village ☐ City Evergreen	3/21/11
10. Kathy Schmidt	ANTIGO, WI 54409 W1076 1st Ave	☐ Town ☐ Village ☒ City Antigo	3/21/11

Certification of Circulator

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

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

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

3-25-11
(date)

Duane Schumacher
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	1759 COUNTY RD N AURORA, WI 54151	☑ Town ☐ Village ☐ City Niagara	4/4/11
2. Melody	949 Main St. Niagara WI	☐ Town ☐ Village ☐ City Niagara	4-4-2011
3.	817 Roosevelt Rd Niagara WI 54151	☐ Town ☐ Village ☐ City Niagara	4-4-11
4. Heidi	1224 Grant Niagara WI 54151	☐ Town ☐ Village ☐ City Niagara	4-4-11
5. Margaret Buchanan	703 Roosevelt Rd Niagara WI 54151	☐ Town ☐ Village ☐ City Niagara	4-4-11
6. Michelle Kulman	1416 Mill Street Niagara WI 54151	☐ Town ☐ Village ☐ City Niagara	4-4-11
7. Carol M Barth	1900 Ledge St Niagara WI 54151	☐ Town ☐ Village ☐ City Niagara	4-4-11
8.	N20370 Florence 54120 Hwy H	☑ Town ☐ Village ☐ City Niagara	4-4-11
9.	N19145 Doris Road Pembine 54156	☑ Town ☐ Village ☐ City Dunbar	4-4-11
10. Nick	1476 Menominee River Rd Florence WI	☐ Town ☐ Village ☐ City Florence	4-4-11

Certification of Circulator

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

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

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

4-5-11
(date)

Duane Schumacher
(signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

he reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of e 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Calvin Turner	S28 Theiler Drive Tomahawk WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3-4-11
2. Shelley Alp	W8749 Duxbury Rd Tomahawk WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3/6/11
3. Michele Paulsen	W3670 Stevenson Rd Irma WI 54442	☐ Town ☐ Village ☐ City Irma	3-5-11
4. Karen Markeene	N4380 River Road Brantwood, WI 54513	☑ Town ☐ Village ☐ City KNOX	3-5-11
5. Mary Kruth	2816 Cty rd L Tomahawk, WI	☑ Town ☐ Village ☐ City Nokomis	3-5-11
6. Judy Haskin	115 VOERMAN TOMAHAWK WI	☐ Town ☐ Village ☑ City TOMAHAWK	3-5-11
7. Michelle Hansen	1938 County RD4 Tomahawk, WI 54487	☑ Town ☐ Village ☐ City Nokomis	3/5/11
8. Trent Wadaly	1305 COON Rhinelander, WI 54501	☐ Town ☐ Village ☑ City	3/5/11
9. Kathleen A Watson	N10655 NORWAY PINE TRL TOMAHAWK, WI 54487	☑ Town ☐ Village ☐ City WILSON	3/5/11
10. Robert Watson	N10655 NORWAY PINE TOMAHAWK, WI 54487	☑ Town ☐ Village ☐ City WILSON	3/5/11

Certification of Circulator

John Jahn, certify:
(name of circulator)

eside at 1109 Tomahawk Ave Tomahawk WI 54487
(circulator's residence - include number, street, and municipality)

ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or trict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated osite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 2.13(3)(a), Wis. Stats.

3-06-11
(date)

John Jahn
(signature of circulator)

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

Page No. 577

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ronald D Borth	1785 E Tippecanoe R.D. Lac Du Flambeau 54538	☒ Town ☐ Village ☐ City Lac Du Flambeau	2-27-11
2. Sandra T. Borth	1785 E Tippecanoe Rd Lac du Flambeau, WI 54538	☒ Town ☐ Village ☐ City Lac du Flambeau	2-27-11
3. Paul C Harris	12957 BLACKBERRY LN MINOCQUA, WI 54548	☒ Town ☐ Village ☐ City LAC du FLAMBEAU	3-1-11
4. Robert Tupper	8776 CURTIS K. DR. Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-1-11
5. Glen Esswein	523 Cedar ST Woodruff, WI 54568	☒ Town ☐ Village ☐ City Woodruff	3-1-11
6. Peggy M Koehler	8448 Henry Circle St. Germain WI 54558	☒ Town ☐ Village ☐ City St. Germain	3-1-11
7. Karl Koehler	8448 Henry Circle St Germain Wis 54558	☐ Town ☐ Village ☐ City St Germain	3-1-11
8. Alden Bauman	1450 Mitten Lk Rd Lac du Flambeau 54538	☒ Town ☐ Village ☐ City Lac du Flambeau	3-1-11
9. Michael T. Kilker	2780 BASSWOOD BLVD. SAYNER WI. 54560	☒ Town ☐ Village ☐ City ST. GERMAIN	3-1-11
10. Kimberly Jennik	729 Lemma Creek Rd Woodruff, WI 54568	☒ Town ☐ Village ☐ City Woodruff	3-1-11

Certification of Circulator

I, Ronald D Borth, certify:
(name of circulator)

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

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

3-2-11
(date)

Ronald D Borth
(signature of circulator)

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

Page No. 0576

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Grace Prugont	714 No. 10th Ave	☐ Town ☐ Village ☑ City Wausau	3-31-11
2. Janet Peterson	W. 1215 OVERLOOK Rd.	☑ Town ☐ Village ☐ City GLEASON	3-31-11
3. Kelly Roman	W4440 Sunset Ln	☐ Town ☐ Village ☑ City Merrill	3-31-11
4. Scott T. Boyce	W13 Hwy 64	☐ Town ☐ Village ☑ City ATHENS	3-31-11
5. Margo Tophal	N5744 Pangio Rd. Irma	☑ Town ☐ Village ☐ City Irma	3/31/11
6. [illegible]	N2887 Alexander Lake Rd	☑ Town ☐ Village ☐ City HARDING	3/31/11
7. Sherry Parker	W2495 Center Rd	☐ Town ☐ Village ☑ City Merrill	3-31-11
8. Carla Kloess	6600 W MILLER RD Butte	☑ Town ☐ Village ☐ City BUTTERNUT	3-31-11
9. Mark Boyce	431 THAYER THAYER	☐ Town ☐ Village ☑ City Rhinelander	3-31-11
10. Lana Dankee	427 Lennox St Rhi	☐ Town ☐ Village ☑ City Rhinelander	3/31/11

Certification of Circulator

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

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

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

3-31-11
(date)

(signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Phyllis Pelishek	12238 Lees Rd Suring, WI 54174	☐ Town ☒ Village ☐ City Mountain	4/1/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, Phyllis Pelishek, certify:
(name of circulator)

X I reside 12238 Lees Rd. Suring WI 54174 MOUNTAIN.
(circulator's residence - include number, street, and municipality)

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

X 4-8-11 (date) X Phyllis Pelishek (signature of circulator)

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

Page No. 580

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	15549 Meadow Cr	☒ Town ☐ Village ☐ City Riverview	3/29/11
2. [signature]	15549 Meadow Cr	☒ Town ☐ Village ☐ City Riverview	3/30/11
3. [signature]	16970 Nicolet Road	☒ Town ☐ Village ☐ City TOWNSEND	3/30/11
4. Marilyn Karow	16970 Nicolet Rd.	☒ Town ☐ Village ☐ City Townsend	3/30/11
5. Harold Reckngel	17064 Unity Dr	☐ Town ☐ Village ☐ City Townsend	4/1/11
6. Jannine M Reckngel	17064 Unity Drive	☐ Town ☐ Village ☐ City Townsend	4/1/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, [signature] Lorraine L. Runge, certify:
(name of circulator)

X I reside 15549 Meadow Circle, Mountain Dr Riverview
(circulator's residence - include number, street, and municipality)

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

X 4/8/11 (date) X [signature] (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Leon J Kukanich	5481 West Rd	☑ Town ☐ Village ☐ City cloverland	3/29/11
2. Wendy L. Dollack	5481 West Road	☑ Town ☐ Village ☐ City cloverland	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, LEON KUKANICH (name of circulator), certify:

I reside 5481 WEST RD 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.

4-9-2011 (date)

Leon Kukanich (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen K. Walbruck	11069 Strollers Lane	☒ Town ☐ Village ☐ City Arbor Vitae	2/25/11
2. Gary E. Walbruck	11069 STROLLERS LANE	☒ Town ☐ Village ☐ City ARBOR VITAE	2/25/11
3. Anna Kania	10338 Big Arbor Vitae Dr	☒ Town ☐ Village ☐ City Arbor Vitae	2/25/11
4. Brad Walbruck	1265 W Harbor Dr	☒ Town ☐ Village ☐ City Arbor Vitae	2/25/11
5. [illegible]	1265 W Harbor Dr	☒ Town ☐ Village ☐ City Arbor Vitae	2/25/11
6. Nancy Vaultz	9335 High Lake Rd.	☒ Town ☐ Village ☐ City Boulder Junction	2/27/11
7. Sandra Peck	8999 Tomahawk Rd Woodruff, WI	☒ Town ☐ Village ☐ City Woodruff, WI	3/1/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Karen K. Walbruck (name of circulator), certify:

I reside 11069 Strollers Lane, Arbor Vitae, WI (circulator's residence - include number, street, and municipality).

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

3/1/11 (date)

Karen K Walbruck (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	TOMAHAWK WI 54487 N9808 SHOREWOOD RD	☒ Town ☐ Village ☐ City KING	3/31/11
2. Victoria Newbauer	N9808 Shorewood Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City KING	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, DANIEL J NEWBAUER, certify:
(name of circulator)

I reside N9808 SHOREWOOD RD TOMAHAWK, WI 54487 KING.
(circulator's residence - include number, street, and municipality)

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

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sherry Hoffmann	W2989 Cty Rd D Tomahawk WI 54487	☒ Town ☐ Village ☐ City King	4/1/11
2. Dan Hoffmann	W2989 Cty Rd D Tomahawk, WI 54487	☒ Town ☐ Village ☐ City King	4/1/11
3. Donald Hara	N 9882 N Twin Lake Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City	4/1/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I Dan Hoffmann (name of circulator), certify:

I reside W2989 Cty Rd D Tomahawk, WI 54487 King
(circulator's residence - include number, street, and municipality)

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

Dan Hoffmann
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 585

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mark F Schroeder	N7872 Co Rd. H	☒ Town of Summit ☐ Village ☐ City Glenson	04/01/11
2. Jason L Tuff	N11253 Kaufman Rd. Tomahawk, WI 54487	☐ Town ☒ Village Bradley ☐ City	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Mark F Schroeder (name of circulator), certify:

I reside at N7872 Co Rd. H, Glenson, WI, 54435 SUMMIT TWN
(circulator's residence - include number, street, and municipality)

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

April 1, 2011
(date)

Mark F Schroeder
(signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Heath Nance	P.O. Box 1090 Minocqua, WI 54548	☐ Town ☐ Village ☒ City Minocqua	4/2/11
2. K. A. Brock Kelly Brock	P.O. Box 1090 Minocqua, WI 54548	☐ Town ☐ Village ☒ City Minocqua	4/2/11
3. [illegible]	1510 Meister Stockley Rd Pelican Lake WI 54463	☒ Town ☐ Village ☐ City Schoepke	4/2/11
4. Andrew F. Dorthin	N6334 HWY 107 TOMAHAWK, WI 54487	☒ Town ☐ Village ☐ City Rock Falls	4/2/11
5. [illegible]	W10974 CTYC DEERBROOK WI 54424	☒ Town ☐ Village ☐ City Peck	4/3/11
6. Patrick Fischer	3809 Hoover Dr Madison, WI 53714	☐ Town ☐ Village ☒ City Madison	4/3/11
7. [illegible]	5133 Horse Head Lake Rd Harshaw WI 54529	☒ Town ☐ Village ☐ City Cassian	4/3/11
8. Ron Cranoff	9924 Range Line Rd Argonne Wisc 54511	☒ Town ☐ Village ☐ City Crandon	4/3/11
9. Jim Sugn	1781 Mathum Merrill WI	☐ Town ☐ Village ☒ City Merrill	4/3/11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, James R. Buckley, certify:
(name of circulator)

I reside 615 4TH AVE ANTIGO, WI. 54409.
(circulator's residence - include number, street, and municipality)

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

4-3-11
(date)

James R. Buckley
(signature of circulator)

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

Page No. 587

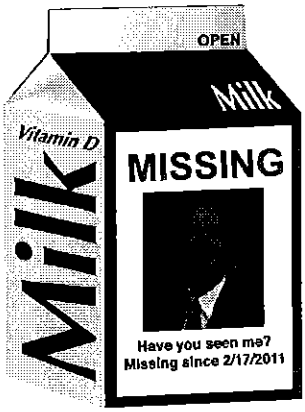
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kathleen E. Kloehn	8534 Bo-Di-Lac Dr. Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/16/11
2. Caroline Gebert	1505 Old 51 No. Arbor Vitae, WI	☒ Town ☐ Village ☐ City	3-16-11
3. Robert Schulz	8979 Arnold Stock Lane Minocqua Wis	☒ Town ☐ Village ☐ City Minocqua	3/16/11
4. Carol J. Cardinal	2355 Birch St Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3/16/111
5. Christine Hotchkiss	917 third Ave Apt 120 Woodruff, WI 54568	☒ Town ☐ Village ☐ City Woodruff	3/16/11
6. John Kloehn	8534 Bo-Di-Lac Dr Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-16-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Kathleen E. Kloehn, certify:
(name of circulator)

I reside at 8534 Bo-Di-Lac Dr. Minocqua, WI 54548.
(circulator's residence - include number, street, and municipality)

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

March 16, 2011 (date) Kathleen E. Kloehn (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. 588

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kenneth Resch	12698 BIRCH TRAIL	☒ Town ☐ Village ☐ City Minocqua	3/15/11
2. Mary L. Resch	12698 BIRCH TRAIL Minocqua, WI 54548	☒ Town ☐ Village ☐ City MINOCQUA	3/15/11
3. MKL Heil	12714 Kodiak ct MINOCQUA WI 54548	☒ Town ☐ Village ☐ City MINOCQUA	3/16/11
4. Rudolf Heil	12714 KODIAK CT MINOCQUA WI 54548	☒ Town ☐ Village ☐ City MINOCQUA	3/16/11
5. [illegible]	12714 KODIAK CT	☒ Town ☐ Village ☐ City MINOCQUA	3/16/2011
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, KENNETH RESCH, certify:
(name of circulator)

I reside at 12698 BIRCH TRAIL MINOCQUA, WI 54548.
(circulator's residence - include number, street, and municipality)

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

3/16/11 (date) Kenneth Resch (signature of circulator)

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

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RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen Torkelson	2065 Lk. Nokomis Rd. Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	4/8/11
2. Stanley A. Torkelson	2065 Lk. Nokomis Rd. Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	4/8/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Karen Torkelson, certify:
(name of circulator)

I reside 2065 Lk. Nokomis Rd. Tomahawk, WI 54487 Nokomis.
(circulator's residence - include number, street, and municipality)

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

4/8/11 (date)

Karen Torkelson (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	1205 4th Ave PO Box 1821	☒ Town ☐ Village ☐ City Woodruff	3-9-11
2. Kelly L. Thielman	1205 4th Ave P.O. Box 1821	☒ Town ☐ Village ☐ City Woodruff	3-9-11
3. Jacob Stein	350 Highview Pkwy	☐ Town ☐ Village ☒ City Rhinelander	3/11/11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Chris Thielman (name of circulator), certify:

I reside 1205 4th Ave, Town of Woodruff, Woodruff WI (circulator's residence - include number, street, and municipality).

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

4-5-11 (date) [signature] (signature of circulator)

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

Page No. 0591

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Larry J. Ten Haken	9751 LEE LAKE DR. HAZELHURST, WI 54531	☒ Town ☐ Village ☐ City	4/2/11
2. Faye C. Tenhaken	9751 Lee Lake Drive Hazelhurst, WI 54531	☐ Town ☐ Village ☐ City	/ /11
3. Tammy L. Dallmann	1278 Donald Drive Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City of Arbor Vitae	04/01/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, LARRY J. TEN HAKEN, certify:
(name of circulator)

I reside LEE LAKE RD. HAZELHURST, WI 54531.
(circulator's residence - include number, street, and municipality)

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

APRIL 1, 2011
(date)

Larry J. Ten Haken
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 592

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Dennis Thompson	8859 Art Thompson Rd Harshaw, WI 54529	X Town Village City Cassian	3/17/2011
2 Angela Thompson	8859 Art Thompson Rd Harshaw, WI 54529	X Town Village City CASSIAN	3/17/11
3 Sally Thompson	8844 Art Thompson Rd Harshaw, WI 54529	X Town Village City CASSIAN	3/21/11
4 Donald J. [illegible]	8844 Art Thompson Rd Harshaw, WI 54529	X Town Village City CASSIAN	3/21/11
5 Harriet Reinicke	5395 Lobeck Rd Harshaw, WI 54529	Town Village City Cassian	3/22/11
6 George Reinicke	5395 Lobeck Rd Harshaw, WI 54529	Town ✓ Village City Cassian	3/22/11
7 Jeff Baer	8824 ART THOMPSON HARSHAW 54529	Town Village City Cassian	3/27/11
8 Vera Jang	3581 Eagles Nest Ln Tomahawk, WI 54487	Town Village City Nokomis	3/25/11
9 Barbara Jang	3581 Eagles Nest Ln Tomahawk, WI 54487	✓ Town Village City Nokomis	3/25/11
10 Robert [illegible]	8050 Fawn Lake Rd Harshaw, WI 54529	✓ Town Village City Cassian	3-25-11

CERTIFICATION OF CIRCULATOR

I, Dennis J. Thompson, certify that I reside at 8859 Art Thompson Rd

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

March 25, 2011 (date)

Dennis Thompson (Signature of Circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	4651 HW 55 Crandon WI 54520	☒ Town ☐ Village ☐ City Nashville	3/11/11
2. [illegible]	4324 Pentigo Rd Laona WI 54541	☒ Town ☐ Village ☐ City Laona	3/11/11
3. [illegible]	8255 E. Pioneer St Crandon, WI 54520	☐ Town ☐ Village ☒ City City of Crandon	3/11/11
4. Kirk M Schallock	4651 HWY 55 Crandon WI 54520	☒ Town ☐ Village ☐ City Nashville	3/12/11
5. Wanda Schallock	4651 Hwy 55 Crandon Wi. 54520	☒ Town ☐ Village ☐ City Nashvill	3/12/11
6. Alyce Papapetrou	9965 Range Line Rd Argonne, Wi 54511	☒ Town ☐ Village ☐ City Crandon	3/25/11
7. Derrill Papapetrou	9965 Range Line Rd Argonne, Wi 54511	☐ Town ☐ Village ☐ City Crandon	3-25-11
8. Renee Bolling	307 E. Elm Street Crandon, WI 54520	☐ Town ☐ Village ☒ City Crandon	3-25-11
9. Carole C Gray	4476 Roberts Lake Rd Laona, Wi 54541	☒ Town ☐ Village ☐ City Laona	3-25-11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Constance R. Tracy (name of circulator), certify:

I reside 1129 Tracy Rd Crandon, WI 54520 (circulator's residence - include number, street, and municipality).

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

3-29-11 (date)

Constance R. Tracy (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bonnie Slattery	N4962 Hwy 52 Bryant, WI 54418	☑ Town ☐ Village ☐ City Price	4/7/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside N4962 Hwy 52 Bryant, WI 54418 Town of Price
(circulator's residence - include number, street, and municipality)

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

4-7-2011
(date)

Bonnie Slattery
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 595

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Barry J Seidel MD	8245 Bassett Rd Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/4/11
2. [illegible]	9729A Blue Lake Rd Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/4/11
3. Donah L. Seidel	8245 Bassett Rd Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/4/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Donah L. Seidel, certify:
(name of circulator)

I reside 8245 Bassett Rd, Minocqua, WI 54548.
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Donah L. Seidel
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ray Sackett	541 S. BAIRD AV.	☐ Town ☐ Village ☑ City RHINELANDER	3/29/11
2. Karen Sackett	541 S. Baird Ave Rhlder, wi	☐ Town ☐ Village ☑ City RHINELANDER	4/6/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Ray Sackett RAY SACKETT, certify:
(name of circulator)

I reside 541 S. Baird AV RHINELANDER, WI 54501.
(circulator's residence - include number, street, and municipality)

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

4/8/11 (date) Ray Sackett (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 597

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard A. Short	900 Park Lane Eagle River, WI 54521	☒ Town ☐ Village ☐ City Washington	3/31/11
2. Dan A. Bokenhagen	3975 Columbus Rd. Eagle River WI 54521	☒ Town ☐ Village ☐ City Conover	3/31/11
3. Sarah A. Bokenhagen	3975 Columbus Rd Eagle River WI 54521	☒ Town ☐ Village ☐ City Conover	3/31/11
4. Betty Bokenhagen	3988 Columbus Rd Eagle River WI 54521	☒ Town ☐ Village ☐ City Conover	3/31/11
5. [redacted]	[redacted]	☒ Town ☐ Village ☐ City [redacted]	[redacted]11
6. [illegible]	[redacted] 900 Park Lane Eagle River WI 54521	☒ Town ☐ Village ☐ City Washington	4/7/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Richard A. Short, certify:
(name of circulator)

I reside 900 Park Lane, Eagle River, WI 54521 Town of Washington.
(circulator's residence - include number, street, and municipality)

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

4-8-2011
(date)

Richard A. Short
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Brian A. Brunsch	9388 Brinkland Court Minocqua, WI 54548	☒ Town ☐ Village ☐ City	3-23-11
2. Lynda M Brunsch	9388 Brinkland Court Minocqua, WI 54548	☒ Town ☐ Village ☐ City	3-23-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Brian Brunsch, certify:
(name of circulator)

I reside 9388 Brinkland Court, Minocqua, WI, 54548.
(circulator's residence - include number, street, and municipality)

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

3-23-11
(date)

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 0599

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bernard M. Joyce	717 Birch Street	☐ Town ☐ Village ☒ City Antigo	3/22/2011
2. Patricia J Joyce	717 Birch Street	☐ Town ☐ Village ☒ City Antigo	3/22/2011
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Bernard M. Joyce (name of circulator), certify:

I reside at 717 Birch Street Antigo, Wis (circulator's residence - include number, street, and municipality).

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

3/22/2011 (date)

Bernard M. Joyce (signature of circulator)