RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Meyers	RHLBR WI 54501 4094 W	☑ Town ☐ Village ☐ City PINE LAKE	3/31/11
2. Monica Marlign	328 LOIS ST. RHINELANDER, WI 54501	☐ Town ☐ Village ☑ City RHINELANDER	3/31/11
3. Rick Tenisek	306 N STATE St APPLETON WI 54911	☐ Town ☐ Village ☑ City APPLETON	3-31-11
4. Rebecca Carpenter	333 Wilson St. Rhinelander, WI 54501	☐ Town ☐ Village ☑ City Rhinelander	3-31-11
5. Joyce Richmond	408 N Stevens Rhinelander WI	☐ Town ☐ Village ☑ City Rhinelander	3-31-11
6. Frederick H. Lavey	2135 Champion Ln. Rhinelander, Wi.	☑ Town ☐ Village ☐ City Woodboro	3-31-11
7. Bob Kengel	411 North Brown St Rhinelander WI	☐ Town ☐ Village ☑ City Rhinelander	3-31-11
8. Ann Remmen	410 Iverson	☐ Town ☐ Village ☑ City Rhinelander	3-31-11
9. Penny Huffman	3330 Meadow Ln	☑ Town ☐ Village ☐ City Stella Rhinelander	3-31-11
10. Suzanne Luedtke	4481 Cty P Rhinelander	☑ Town ☐ Village ☐ City Pelican	3-31-11

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.

3-31-11
(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

Page No. 701

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Thomas K Wirt	8800 CEDAR LANE HILES, WI 54511	☑ Town ☐ Village ☐ City HILES	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, THOMAS K WIRT, certify:
(name of circulator)

I reside 8800 CEDAR LANE HILES, WI 54511.
(circulator's residence - include number, street, and municipality)

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

3/31/11 (date)

Thomas K Wirt (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]	1895 Cty Rd D Lac Du Flambeau,	☑ Town ☐ Village ☐ City Lac Du Flambeau	4/17/2011
2. [illegible]	3620 County Rd. H Lac du Flam	☑ Town ☐ Village ☐ City Lac du Flambeau	4-17-11
3. Madge Nutty	11263 Airport Rd	☑ Town ☐ Village ☐ City Arbor Vitae	4-17-11
4. Sarah Blumer	101 W. Merrill Ave 11	☑ Town ☐ Village ☐ City Tomahawk	4-17-11
5. [illegible]	11 W. Merrill Ave #10 11 W. Merrill Ave #10	☑ Town ☐ Village ☐ City Tomahawk	4-17-11
6. Barbara Moore	11 W. Merrill Ave #10 11 W. Merrill Ave. #10	☑ Town ☐ Village ☐ City tomahawk	4-17-11
7. [illegible]	231 S. 4th St. Tomahawk	☑ Town ☐ Village ☐ City Tomahawk	4-17-11
8. Tiffany L. Simmons	822 Eagle St Rh	☐ Town ☐ Village ☑ City Rhinelander	4-17-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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

4-17-11
(date)

[illegible]
(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. Shawn Frederick	N10581 E. Isle of Pine	☐ Town ☐ Village ☒ City Elcho	4/16/11
2. Joseph Frederick	N10581 E. Isle of Pine	☐ Town ☐ Village ☐ City Elcho	4/16/11
3. Michael [illegible]	3620 City Rd H	☒ Town ☐ Village ☐ City Lac du Flambeau	4/16/11
4. Deborah L. [illegible]	9506 West Tomahawk Lk Rd	☒ Town ☐ Village ☐ City Minocqua	4-17-11
5. Thomas H. Harper	6672 Swan Sanger Hgts Swan Sanger Rd	☒ Town ☐ Village ☐ City Minocqua	4/17/11
6. [illegible]	1330 Riverview dr	☒ Town ☐ Village ☐ City St Germain	4/17/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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4-17-11
(date)

(signature of circulator)

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1. Linda A. Olson	5999 Pelican Ct Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Newbold	3/31/11
2. Genevieve Pennwitz	3249 Clover Rd Rhinelander W.	☒ Town ☐ Village ☐ City PELICAN	3/31/11
3. [illegible]	4349 CEDAR LN. RHINELANDER	☒ Town ☐ Village ☐ City NEWBOLD	3/31/11
4. C. J. Harder	4141 VETS MEM. DR. RHINELANDER, WI. 54501	☒ Town ☐ Village ☐ City NEWBOLD	3/31/11
5. [illegible] Rudolph	87 Crescent St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
6. William Petrosky	431 Clover St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
7. Nora Lambert	4585 Old 8 RD Rhinelander WI	☒ Town ☐ Village ☐ City Oneida	3/31/11
8. [illegible]	1011 Mason	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
9. [illegible]	727 MARGARET ST	☐ Town ☐ Village ☒ City RHINELANDER	3/31/11
10. [illegible]	10196 N. Pine Sq Rd	☒ Town ☐ Village ☐ City Tondhaak	3/31/11

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.

3-31-11
(date)

(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. Debra Anderson	7970 BIG BULL CIR E WOODRUFF WI 54568	☒ Town ☐ Village ☐ City WOODRUFF	3-31-11
2. Trisha Duffin	1369 S. Big Lake Loop Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3-31-11
3. Heidi Nordstrom	W2395 County Rd A Tomahawk WI 54487	☒ Town ☐ Village ☐ City Harrison.	3-31-11
4. PATRICIA FISHER	5620 Stone Lake Rhinelander, WI 54501	☒ Town ☐ Village ☒ City SUGAR CAMP Rhinelander	3-31-11
5. Ron Bettega	2917 S. River Rd RHIDR WI 54501	☐ Town ☐ Village ☐ City Crescent Rhinelander	3-31-11
6. Jamie Kuspmanski	4362 South Shore Drive Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pelican	3-31-11
7. Andrea Kay	1940 PINE [illegible] ST Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
8. Brenda Stafford	633 Albutus St Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
9. Denise A Zalewski	8802 Virgin Lake Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Woodboro	3-31-11
10. Patricia J Liso	Rhinelander WI 1798 HWY G 54501	☒ Town ☐ Village ☐ City Enterprise	3-31-11

Certification of Circulator

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

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

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

3-31-11 (date)

(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. Robt L. Klein	W6870 Arrowhead Ln. Crivitz, WI 54114	☑ Town ☐ Village ☐ City LAKE Marinette Cty.	3/30/11
2. Charlotte L. Klein	W6870 Arrowhead Ln. Crivitz, WI 54114	☑ Town ☐ Village ☐ City LAKE (Marinette Cty)	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 L. Klein, certify:
(name of circulator)

I reside W 6870 Arrowhead Lane, Crivitz, WI 54114 (Town of Lake).
(circulator's residence - include number, street, and municipality)

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

3/31/2011
(date)

Robt L. Klein
(signature of circulator)

RECALL PETITION

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He abanded his District for 3 Weeks and helped terrorizing his College's in the Capitol,

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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. Ingeborg Eiden	W. 6561 Cty Z. Beecher WI	☒ Town ☐ Village ☐ City	3/29/11
2. [illegible]	W. 6561 Cty Z Beecher / WI	☐ 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

I, INGEBORG Eiden (name of circulator), certify:

I reside W. 6561 Cty Z Beecher 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)

Ingeborg Eiden (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. Joseph M. [illegible]	2106 MUSKY DAM LN EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City CLOVERLAND	2-25-2011
2. [illegible]	2106 MUSKY DAM LN EAGLE RIVER WI 54521	☒ Town ☐ Village ☐ City CLOVERLAND	2-25-11
3. Carole Hogan	2145 MUSKY DAM LN. EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City CLOVERLAND	2-25-11
4. Dan Hogan	2145 MUSKY DAM LN EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City CLOVERLAND	2-25-11
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, CAROLE J. HOGAN (name of circulator), certify:

I reside 2145 MUSKY DAM LANE, EAGLE RIVER, WI TOWN OF CLOVERLAND (circulator's residence - include number, street, and municipality).

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

MARCH 2, 2011 (date)

Carole J. Hogan (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. Jon Mark	3945 Velvet Lake Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Newbold	2-28-11
2. Mildred Haenel	4039 Boyle Rd Rhinelander	☒ Town ☐ Village ☐ City Pine Lake	2-28-11
3. Caryl Denney	4868 Hilltop Rd. Rhinelander Wi.	☒ Town ☐ Village ☐ City Pelican	2-28-11
4. Rose M. Nelson	209 Highwood Parkway Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	2-28-11
5. Shelley Stoffers	633 Arbutus St. Rhinelander, Wis 54501	☐ Town ☐ Village ☒ City Rhinelander	2-28-11
6. Doris Morris	815 Messer St. Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	2-28-11
7. Brenda Stafford	633 Arbutus St. Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	2-28-11
8. Phyllis M. Jaler	7262 Long Lake Rd Rhinelander, WIS	☒ Town ☐ Village ☐ City Crescent	3/1/11
9. Bonnie Hanson	2775 E ONEIDA LANE Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pelican	3/1/11
10. John Hanson	2775 E ONEIDA LANE Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pelican	3/1/11

Certification of Circulator

I, Caren A. Moyer (name of circulator), certify: TOWN OF CASSIAN.

I reside 4716 Horsehead Lake Rd. Harshaw, WI. 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.

March 1 2011
(date)

Caren A. Moyer
(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]	714 E. 2nd St. Apt. 7 Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4/2/11
2. Kaitlynn O'Connor	808 E. 9th St Merrill	☐ Town ☐ Village ☒ City Merrill	4/2/11
3. Travis Stanson	310 N Prospect	☐ Town ☐ Village ☒ City Merrill	4/2/11
4. Michelle Steiler	W8030 Stateline Rd Lena 54139	☐ Town ☒ Village ☐ City Corning	4/2/11
5. [illegible]	2301 W Jackson St.	☐ Town ☐ Village ☒ City Merrill	4/2/11
6. [illegible]	701 N. Genesee St N Genesee St	☐ Town ☐ Village ☒ City Merrill	4/2/11
7. Tom Mahn	606 E 7th St.	☐ Town ☐ Village ☒ City Merrill	4-2-2011
8. Debra D Wenzlick	N2201 Moritzville Ave	☒ Town ☐ Village ☐ City Merrill	4-2-2011
9. April Anderson	2202 E ~~Merr~~ Main	☒ Town ☐ Village ☐ City Merrill	4-2-2011
10. Ashley Doerr	209 East Street	☐ Town ☐ Village ☒ City Merrill	4-2-2011

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.

4/2/11 (date)

Sherri E. Ferrell (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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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]	22 S. Tomahawk Ave Apt #1 Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	04/02/11
2. [illegible]	9204 Pine Rd. Tripoli WI	☒ Town ☐ Village ☐ City Tomahawk	04/02/11
3. [illegible]	N10454 Pine Shore	☒ Town ☐ Village ☐ City King	4/2/11
4. [illegible]	110 E. Spirit Tomahawk	☒ Town ☐ Village ☒ City Tomahawk	4-2-11
5. [illegible]	126 S 2nd Street	☒ Town ☐ Village ☒ City Tomahawk	4-2-11
6. Rebecca Case	227B Menominee St Tomahawk, WI	☒ Town ☐ Village ☐ City Tomahawk	4/2/11
7. [illegible]	N11051 Muskellunge Lk Rd Tomahawk, WI	☒ Town ☐ Village ☐ City Tomahawk	4/2/11
8. [illegible]	N12090 Sunset Dr Tomahawk, WI	☒ Town ☐ Village ☐ City Brady	4/2/11
9. [illegible]	4a Spirit Ave Tomahawk WI	☒ Town ☐ Village ☐ City Tomahawk	4-2-11
10. Ann Arnott	1828 Theiler Dr Tomahawk	☒ Town ☐ Village ☒ City Tomahawk	4-2-11

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.

4/2/11 (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. Ruben D Rajek	W2422 Heinemann Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Schley	4-2-11
2. [illegible]	1004 E. 1st 2nd Marty	☒ Town ☐ Village ☐ City Merrill	4-2-11
3. David [illegible]	809 N. Clauland St	☐ Town ☐ Village ☒ City Merrill WI	4-2-11
4. [illegible]	N3965 Hay Rd Mer	☐ Town ☐ Village ☒ City Merrill, WI	4-2-11
5. [illegible]	114 Logan St M.	☒ Town ☐ Village ☐ City Merrill, WI	4-2-11
6. [illegible]	114 Logan St	☒ Town ☐ Village ☐ City MERRILL	4-2-11
7. [illegible]	W2246 Heritage Rd Merrill	☐ Town ☐ Village ☐ City Pine River	4-2-11
8. Mary K Lade	W4247 Spring Lake Rd Merrill	☐ Town ☒ Village ☐ City Merrill	4-2-11
9. [illegible]	10131 Myre RD Tomahawk WI	☒ Town ☐ Village ☐ City Nokomis	4-2-11
10. Brad Mattson	N4826 Co. Hwy K Irma	☒ Town ☐ Village ☐ City Merrill	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(8)(a), Wis. Stats.

4/2/11 (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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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. Kimberly Rowe	#1421 E. Main St. #1	☐ Town ☐ Village ☒ City Merrill, WI	04/02/11
2. [illegible]	N4980 Bradley St Gleason, WI 54435	☒ Town ☐ Village ☐ City GLEASON	4-2-11
3. [illegible]	N1290 Deer Run Ave	☒ Town ☒ Village ☐ City DINGERWER MERRILL	4-2-11
4. [illegible]	602 Summit Ave	☒ Town ☐ Village ☐ City Merrill	4-2-11
5. Andrea O'Neal	2211 River ST	☒ Town ☐ Village ☐ City Merrill	4-2-11
6. DORY GELLSTROM [illegible]	[illegible] W4166 CARTER RD	☒ Town ☐ Village ☐ City MERRILL	4-2-11
7. Kenneth Gehrt	W7516 MATHEWS RD MERRILL WI 54452	☒ Town ☐ Village ☐ City ROCK FALLS	4-2-11
8. Joanne Grutzmacher	713 MARTIN Apt 8 Merrill WI 54452	☐ Town ☐ Village ☒ City MERRILL	4-2-11
9. [illegible]	N2458 AIRPORT RD. MERRILL WI 54452	☒ Town ☐ Village ☐ City MERRILL	4/2/11
10. Barbara Bieder	N2468 AIRPORT Merrill WI 54452	☒ Town ☐ Village ☐ City MERRILL	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 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. Shirley Lossen	W9033 Forrest Rd Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	2/26/11
2. Linda Harrington	N2265 Maple Rd Antigo WI 54409	☒ Town ☐ Village ☐ City Norwood	2-26-11
3. Brian Langjahr	W9860 Hwy 47 Antigo WI 54409	☒ Town ☐ Village ☐ City Rolling	2/26-11
4. Mary Wiegert	N5490 Hwy 52 Bryant, WI 54418	☒ Town ☐ Village ☐ City Price	3-5-11
5. [illegible]		☐ Town ☐ Village ☐ City	
6. R. MALTZ	W8041 CTY RD T PARSON WISC 54462	☐ Town ☐ Village ☐ City LANGLADE	3-5-11
7. Jan Maltz	SAME	☐ Town ☐ Village ☐ City Same	3-5-11
8. Judy Schroeffer	737 Deresch St Antigo, WI 54409	☐ Town ☐ Village ☐ City Antigo	3-5-11
9. Marlene Grinde	735 Lawson Ln. Antigo, WI. 54409	☐ Town ☐ Village ☒ City ANTIGO	3-7-11
10. [illegible]	W17161 Hwy 2 Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Birnamwood	3-8-11

Certification of Circulator

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

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

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

3-8-11
(date)

Laurie A Hittenstein
(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. email: gab@wi.gov

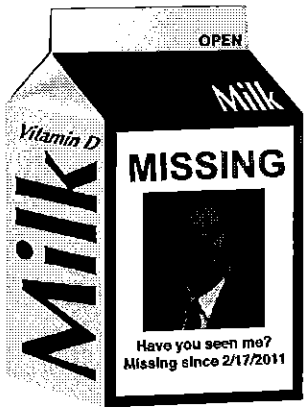
RECALL PETITION

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.)

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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. Terry Wilson	N959 SUGAR BUSH ANTIGO WI	☑ Town ☐ Village ☐ City ROLLING	3-29-11
2. Rose Dowling	536 W 5th AVE ANTIGO WI	☐ Town ☐ Village ☑ City ANTIGO	3-29-11
3. William P. Krex	17195 Bismark La White Lake, WI 54491	☑ Town ☐ Village ☐ City Doty	3-29-11
4. Gene Plamann	N 1396 Sugar Bush Rd Antigo WI 54409	☑ Town ☐ Village ☐ City Rolling	3/29/11
5. [illegible]	129 S. PARK ST ANTIGO, WI 54409	☑ Town ☐ Village ☐ City Antigo	3-29-11
6. Tim Dusek	W7509 Hwy 64 Antigo WI	☑ Town ☐ Village ☐ City Polar	3-29-11
7. Richard J. Clay	1015 Superior ST Antigo WI	☐ Town ☐ Village ☑ City Antigo	3-29-11
8. Carol Schreiber	GLEASON, WI W13547 2nd AVE	☐ Town ☐ Village ☐ City Gleason	3-29-11
9. Wayne E. Schreiber	GLEASON, WI W13547 2ND AVE	☐ Town ☐ Village ☐ City Gleason	3-29-11
10. Judith Resch	N1510 Pirate Rd Birnamwood, WI	☑ Town ☐ Village ☐ City Birnamwood	3-21-11

Certification of Circulator

I, Jennifer Nery (name of circulator), certify:

I reside at 9830 St Hwy 32 Hiles, WI 54511
(circulator's residence - include number, street, and municipality)

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

3-29-11 (date) Jennifer L Nery (signature of circulator)

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

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

RECALL PETITION

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

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

petition for the recall of Jim 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. Donald J Ahm	1195 Minne Wonka Ln Three Lks WI 54545	☒ Town ☐ Village ☐ City Three Lakes	3/28/2011
2. C. Denise Kerr	1195 Minnewonka Ln Three Lakes WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3/28/2011
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, Donald J Ahm, certify:
(name of circulator)

I reside at 1195 Minne Wonka Ln THREE LAKES.
(circulator's residence - include number, street, and municipality)

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

3/28/2011 (date) Donald J Ahm (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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608-266-8005, http://gab.wi.gov email: gab@wi.gov

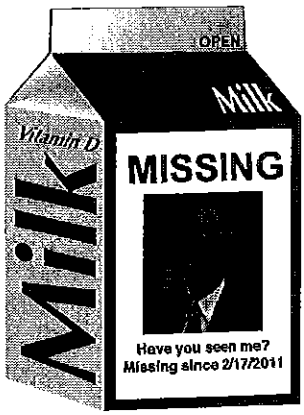
RECALL PETITION

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

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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. Joseph W. Koehler	7094 Timbershore Ln Three Lakes WI	☒ Town ☐ Village ☐ City 3 Lakes	3-25-11
2. Elizabeth M. Koehler	7094 Timbershore Lane Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3-25-11
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, ELIZABETH M. KOEHLER, certify:
(name of circulator)

I reside at 7094 Timbershore Lane 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.

Elizabeth M. Koehler ⟷ 3-30-11
(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

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. Charles H. Willey	13025 Tar Dam Rd Mountain, WI 54149	☑ Town ☐ Village ☐ City RIVERVIEW	3/31/11
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, CHARLES H. WILLEY, certify:
(name of circulator)

I reside 13025 TAR DAM ROAD, MOUNTAIN, WI 54149 RIVERVIEW-TOWN 715.610.1626
(circulator's residence - include number, street, and municipality)

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

4.4.2011
(date)

Charles H. Willey
(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)

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STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	421 Wells Ave Peshtigo WI 54157	☐ Town ☐ Village ☒ City Peshtigo	03/30/11
2. [illegible]	1103 Carney Blvd Marinette WI 54143	☐ Town ☐ Village ☒ City Marinette	3/30/11
3. Kenneth Rozmarek	N 12989 Harper Road SilverCliff WI 54104	☒ Town ☐ Village ☐ City Silver Cliff	4/1/11
4. Barbara Rozmarek	N 12989 Harper Rd Silver Cliff, WI 54104	☒ Town ☐ Village ☐ City Silver Cliff	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, Kenneth C. Rozmarek (name of circulator), certify:

I reside N 12989 Harper Road Silver Cliff, WI 54104 (circulator's residence - include number, street, and municipality).

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

April 5, 2011 (date)

Kenneth C. Rozmarek (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.	6998 W. Rapids Rd	☒ Town ☐ Village ☐ City Lake Tomahawk	2-27-11
2. Jonathan Langlois	Pine Lake 5045 Forest Ln	☒ Town ☐ Village ☐ City Pine Lake	2-27-11
3.	W 3483 Eagle Point	☐ Town ☐ Village ☒ City Tomahawk	2-27-11
4.	6066 S. Eastern Ave Rhin	☐ Town ☐ Village ☒ City Rhinelander	2-27-11
5. William Walters	W24690 Pine Rd Pleasen WI 54435	☒ Town ☐ Village ☐ City Harrish	2-27-11
6.	6065 Eastern Ave Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	2-27-11
7.	5641 Katie Ln Conover WI 54519	☒ Town ☐ Village ☐ City Conover	3-3-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Dewey Lewis, certify:
(name of circulator)

I reside Sugar Camp WI 6345 Hunter Haven Rd 54501 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.

4-6-2011
(date)

Dewey Lewis
(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. Jack Lucas	W8016 MOOSE LAKE RD. ANTIGO, WI 54409	☒ Town ☐ Village ☐ City NORWOOD	3/29/11
2. Marlin Benkowski (MARLIN BENKOWSKI)	W8064 Moose Lk Rd Antigo WI 54409	☒ Town ☐ Village ☐ City Norwood	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, JOHN W. "JACK" LUCAS, certify:
(name of circulator)

I reside W8016 MOOSE LAKE RD. • ANTIGO, WI 54409 (TOWNSHIP 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.

4-7-11
(date)

John W. "Jack" Lucas
(signature of circulator)

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Page No. 722

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 Misty A. Valadez	1203 Arrowhead Dr.	X Town Village City Arbor Vitae	2-25-11
2 Rodolfo G. Valadez	1203 Arrowhead Dr.	X Town Village City Arbor Vitae	2/25/11
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, CHARLES ZARLER, certify that I reside at 1200 ARROWHEAD DR ARBOR VITAE

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

2/25/2011 (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,
(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]	206 ILLINOIS ST	☐ Town ☐ Village ☒ City EAGLE RIVER E.R.	2/26/11
2. [illegible]	206 [illegible] St	☐ Town ☐ Village ☒ City EAGLE RIVER E.R.	2/26/11
3. [illegible]	4110 Rolling Acres Dr.	☒ Town ☐ Village ☐ City Sugar Camp	2/27/11
4. Barbara Lee	4110 Rolling Acres Dr	☒ Town ☐ Village ☐ City Sugar Camp	2/27/11
5. Marge Behling	3936 Hwy 17 N	☐ Town ☐ Village ☒ City Eagle River	2-27-11
6. Lynn Bernsdorf	1360 Bear Tail PT.	☐ Town ☐ Village ☐ City Phelps	2-27-11
7. [illegible]	4810 Echo Ridge Dr	☒ Town ☐ Village ☐ City Sugar Camp	2-27-11
8. [illegible]	580 Raven Lane	☐ Town ☐ Village ☒ City Eagle River	2/27/11
9. Brenda G. Otto	1395 White Pine Dr Eagle River WI 54521	☐ Town ☐ Village ☐ City Lincoln	2/27/11
10. Judy Chaplin	415 E. Pine St E. R. WI 54521	☐ Town ☐ Village ☒ City EAGLE RIVER	2/27/11

Certification of Circulator

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

I reside at 6045 BEAVER TR.
(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 s.12.13(3)(a), Wis. Stats.

2-27-11
(date)

Paula Visner
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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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. Virginia Schman	4898 N HW 47	☐ Town ☐ Village ☒ City RHLANDER	4/1/11
2. Gerald Zschach	7958 SO. ALVA RD.	☐ Town ☒ Village ☐ City HARSHAW	4/1/11
3. Nancy C. Zschach	7958 S. ALVA Rd.	☐ Town ☒ Village ☐ City HARSHAW	4/1/11
4. Carolyn Carr	~~905 Annette Ct.~~	☐ Town ☐ Village ☒ City Rhlnr	4/1/11
5. Gayl Hamm	W4546 CTY RD D	☒ Town ☐ Village ☐ City TOMAHAWK	4/1/11
6. Hollis Dexter	5950 Canadian Ave	☐ Town ☐ Village ☒ City Crandon	4/1/11
7. Kelly Shepherd	323 Abner ST Rh	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
8. Wendy Moritz	3994 Harbor Rd RJ	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
9. Mark Zahl	425 E 8th Ave	☐ Town ☐ Village ☒ City Antigo	4-1-11
10. Robert L Fuller	2600 PELICAN RANCH RD LOT 3	☒ Town PELICAN ☐ Village ☐ City	4-1-11

Certification of Circulator

I, SHERRI F 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.

4/1/11 (date)

Sherri F. Ferrell (signature of circulator)

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Page No. 725

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Timothy J. Skinner	7537 Squash Lake Rd Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Woodboro	3/30/11
2. Andrew T. Skinner	4000 Shady Point Drive Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pine Lake	3/30/11
3. Rachel M. Skinner	4000 Shady Point Drive Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pine Lake	3/30/11
4. Rachelle G Skinner	7537 Squash Lake Road Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Woodboro	3/30/11
5. [illegible]	182 Sundstein Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	3/30/11
6. [illegible]	PO Box 63 Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/30/11
7. [illegible]	N8752 Cty Rd E Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3/30/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Timothy J Skinner, certify:
(name of circulator)

I reside 7537 Squash Lake Road 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)

Timothy J Skinner
(signature of circulator)

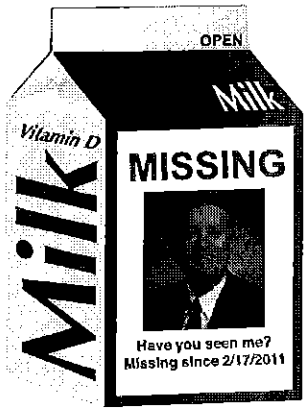
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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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. Harry H. Hicks	7214 BAY RD RHINELANDER, WI 54501	☒ Town ☐ Village ☐ City CRESCENT	3/27/11
2. Scott A Buechel	5822 Warbonnet Lane Hazelhurst WI 54531	☐ Town ☒ Village ☐ City Hazelhurst	3/27/11
3. Floyd J Stelle	7567 GLACIER PARK CT Rhinelander, WI 54501	☒ Town ☐ Village ☐ City WOODBORO	3/27/11
4. Emma M. Kane	315 Hillandale Ave Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-27-11
5. [illegible]	N9685 S. Birch Rd Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-27-11
6. Cindy Rall	3687 Lake Thompson Rd Rhinelander Wis	☒ Town ☐ Village ☐ City Pelican	3/27/11
7. Marilyn Fober	5316 Mann Rd. Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pine Lake	3/28/11
8. Rosalie Skinner	5635 Moonlite Bay Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pine Lake	3-28-11
9. Thomas J. Welch	4155 CIRCLE DR. RHINELANDER, WI 54501	☒ Town ☐ Village ☐ City PELICAN	3-28-11
10. George Angell	1831 Rover St. Rhinelander, WI 54501	☐ Town ☐ Village ☐ City CRESCENT	3-28-11

Certification of Circulator

I, ~~4471 Country P~~ Robert Talbot, certify:
(name of circulator)

I reside at 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.

3/28/01
(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. 727

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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.)

Missing too much work and not representing all people in Wisconsin.

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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. Arthur Walentowski	3066 Black Ln, Crandon WI 54520	☒ Town ☐ Village ☐ City Nashville	3-4-11
2. Andrea Walentowski	7602 Hwy 32 N Crandon Argonne WI 54521	☒ Town ☐ Village ☐ City Argonne	3-11-11
3. Beverly Walentowski	206 S. Forest Ave Crandon WI 54520	☐ Town ☐ Village ☐ City Crandon	3-11-11
4. Nicole Walentowski	3066 Black Lane Crandon WI 54520	☒ Town ☐ Village ☐ City Nashville	3-11-11
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, Brent Walentowski (name of circulator), certify:

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

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

3-15-11 (date)

Brent Walentowski (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. Donald W Helm	N 3253 FLAK RD ELTON, WI	☒ Town ☐ Village ☐ City EVERGREEN	3/30/11
2. Virginia L Helm	N 3253 FLAK RD ELTON, WI	☒ Town ☐ Village ☐ City EVERGREEN	3/30/11
3. Debra Domasal		☒ 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, DONALD W HELM, certify:
(name of circulator)

I reside N 3253 FLAK RD DONALD HELM ELTON 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.

3-31-11
(date)

Donald W Helm
(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. 729

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

FAILURE TO RESPONSIBLY FULFILL HIS LEGISLATIVE DUTIES

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ronald Thompson	608 ELM STREET	☐ Town ☑ Village ☐ City ATHENS	2 MAR 2011
2. Rinne M. Thompson	608 Elm St.	☐ Town ☑ Village ☐ City Athens	3. 2. 2011
3. Lori A. Ellenbecker	5864 Corlad Road	☑ Town ☐ Village ☐ City Johnson	3/2/11
4. Dale Augustine	612 Damon ST Athens Wi	☐ Town ☑ Village ☐ City Athens	3/2/11
5. Dale Augustine	612 Damon St Athens WI 54411	☐ Town ☑ Village ☐ City Athens	3/16/11
6. Mark E Welbes	201 E Degner St	☐ Town ☑ Village ☐ City Athens	3-16-11
7. Norbert Muszynski	209 Munes ST	☐ Town ☑ Village ☐ City Athens	3-16-11
8. Marbert Daniels	216 Jensen St	☐ Town ☑ Village ☐ City Athens	3/16/11
9. Ruth Augustine	508 Pine St	☐ Town ☑ Village ☐ City Athens	3/18/11
10. Duane W. Hein	209 Duenow St Box 173	☐ Town ☑ Village ☐ City Athens	3/18/11

Certification of Circulator

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

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

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

30 MARCH 2011 (date)

Ronald J Thompson (signature of circulator)

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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. Sowell A Sibert	N11051 Muskellunge Lk Rd	☒ Town ☐ Village ☐ City Tomahawk, WI 54487	3/31/11
2. Jerry T Tarsitano	N1160 Roberts Rd	☐ Town ☐ Village ☒ City Tomahawk, WI	3/31/11
3. Pamela Ebert	W6379 W Kragt Rd	☐ Town ☐ Village ☒ City Tomahawk, WI.	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, Richard F Johnson (name of circulator), certify:

I reside W5958 Military Rd Tomahawk, WI 54487 (circulator's residence - include number, street, and municipality).

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

March 31, 2011 (date)

Richard Johnson (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)

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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. Dennis K. Elfstrom	N15057 Old Hwy 141 Amberg, WI. 54102	☒ Town ☐ Village ☐ City Amberg	3/31/11
2. Ken Mattison	N15096 Grant ST Box 1	☒ Town ☐ Village ☐ City Amberg	4/1/11
3. Margaret Mattison	N15096 Old Hwy Grant	☒ Town ☐ Village ☐ City Amberg	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, Dennis K. Elfstrom, certify:
(name of circulator)

I reside N15057 Old Hwy 141 Amberg, WI. 54102.
(circulator's residence - include number, street, and municipality)

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

~~3-31-11~~ 4/1/11 Dennis K. Elfstrom
(date) (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. Joseph A. Crapitto	N9611 CONNORS DR WABENO, WI	☒ Town ☐ Village ☐ City WOLF RIVER	3/29/11
2. Paula Crapitto	N 9611 Connors Dr. Wabeno, WI.	☒ Town ☐ Village ☐ City Wolf River	3/29/11
3. Linda Vargo	N9612 CONNOR'S DR. WABENO, WI.	☒ Town ☐ Village ☐ City WOLF RIVER	3/29/11
4. Judy Jesse	707 S. PROSPECT AVE. CRANDON, WI. 54520	☐ Town ☐ Village ☒ City CRANDON	3/31/11
5.		☐ Town ☐ Village ☐ City	3/31/11
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, JOSEPH CRAPITTO, certify:
(name of circulator)

I reside N9611 CONNORS DR, WABENO, WI 54566 WOLF RIVER.
(circulator's residence - include number, street, and municipality)

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

4/2/11
(date)

Joseph A. Crapitto
(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
(jurisdiction or district of officeholder),

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

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

STATEMENT OF REASON FOR RECALL

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

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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. Ken Hoyk	2836 Hwy 45 N Conover WI	☒ Town ☐ Village ☐ City Conover	2/26/11
2. Dan Kuehn	5074 ALBERTS TRAIL EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City LINCOLN	2/26/11
3. Michelle Kubsch	5074 Alberts Trail Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/26/11
4. Sandy Sulewski	240 Hwy 17 S0 Eagle River WI 54521	☒ Town ☐ Village ☐ City LINCOLN	2/26/11
5. Marcella Krusick	1716 LINCOLN DR. Box 1984 E.R.	☒ Town ☐ Village ☐ City LINCOLN	2/26/11
6. Dale Wolkenmann	~~1387~~ ~~Dr~~ 3700 Townline Rd Eagle River, 54521	☒ Town ☐ Village ☐ City Washington	2/26/11
7. Deborah Jensen	3755 St. Hwy 70 East Eagle River WI 54521	☒ Town ☐ Village ☐ City Washington	2-26-11
8. Brad Dauer	7631 Prairie Rd. Eagle River WI	☒ Town ☐ Village ☐ City Sugar Camp	2/26/11
9. John Wm	3666 Wilsch Rd Conover, WI 54519	☒ Town ☐ Village ☐ City Conover	2/26/11
10. Gregory S Fuss	1634 Rangeline RD Eagle River, WI	☒ Town ☐ Village ☐ City WASHINGTON	2-26-11

Certification of Circulator

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

I reside at 6045 BEAVER TR. CLOVERLAND
(circulator's residence - include number, street, and municipality).

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

2/26/2011 (date) Paula Visner (signature of circulator)

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.

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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. Willard H. Paul	N16809 Trout Hagen Lane	☒ Town ☐ Village ☐ City Dunbar	4/1/11
2. Eva J Paul	N16809 Trout Hagen Lane	☒ Town ☐ Village ☐ City Dunbar	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, Willard H Paul, certify:
(name of circulator)

I reside N16809 Trout Hagen Lane Dunbar 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)(a), Wis. Stats.

4-1-11
(date)

Willard H Paul
(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. Sharon Rice	W5380 Taylor St. Merrill, WI	☑ Town ☐ Village ☐ City MERRILL	4/2/11
2. [illegible]	308 Pine St. Merrill, WI	☐ Town ☐ Village ☑ City Merrill	4/2/11
3. Jim Delaney	N5404 Polk Rd M	☑ Town ☐ Village ☐ City Merrill	4-2-11
4. Lucille Rappenbaum	N Hwy W	☑ Town ☐ Village ☐ City Merrill	4-2-11
5. Jean Catlin	2600 E. Main St Merrill WI	☑ Town ☐ Village ☐ City Merrill	4-2-11
6. David Catlin	2600 E Main St #100	☑ Town ☐ Village ☐ City MERRILL	4-2-11
7. [illegible]	1808 River St	☑ Town ☐ Village ☑ City Merr.	4/2/11
8. [illegible]	211 E. 5th St.	☐ Town ☐ Village ☑ City Merrill	4/2/11
9. Wanda Bat	N2231 Monitorville Rd	☑ Town ☐ Village ☐ City MERRILL	4/2/11
10. Scott Rajk	W2422 Heineman Rd. Merrill, WI 54452	☒ Town ☐ Village ☐ City Schley	4/2/11

Certification of Circulator

I, SHERRI E 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 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. Beryl Moore	1968 River St Niagara WI 54151	☒ Town ☐ Village ☐ City (Aurora)	3/2/11
2. Ann Shogren	1501 W Fischer Lake Pkwy Niagara WI 54151	☒ Town ☐ Village ☐ City (Aurora)	3-2-11
3. David Eckman	1994 Grove St Niagara WI	☒ Town ☐ Village ☐ City (Aurora)	3/2/11
4. C Amberson	Niagara, Wis W440 Cty Rd "N"	☒ Town ☐ Village ☐ City (Aurora)	3/2/11
5. Scott Dyer	1188 W Fischer Lk Niagara, WI 54151	☒ Town ☐ Village ☐ City (Aurora)	3/-3-11
6. [illegible]	W642 CTH N Niagara WI 54151	☒ Town ☐ Village ☐ City Aurora	3-3-11
7. [illegible]	W642 CTH N Niagara WI 54151	☒ Town ☐ Village ☐ City Aurora	3-3-11
8. [illegible]	2307 Cnty Hwy B Niagara WI 54151	☒ Town ☐ Village ☐ City Aurora	3-5-11
9. Joel Box	1965 County Rd N Niagara WI 54151	☒ Town ☐ Village ☐ City Aurora	3-5-11
10. Rachel Moore	1968 River St Niagara WI 54151	☒ Town ☐ Village ☐ City Aurora	3-5-11

Certification of Circulator

I, Vernon Anderson (name of circulator), certify:

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

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

March 5, 2011 (date)

Vernon Anderson (signature of circulator)

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

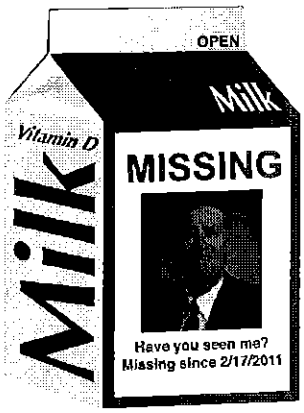
RECALL PETITION

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

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

petition for the recall of Jim 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. ~~Ruth H. Johnson~~	~~4107 Rogers~~	~~☐ Town ☐ Village ☐ City~~	
2. Ruth Johnson	4107 Rogers Wabeno, WI 54566	☑ Town ☐ Village ☐ City Wabeno	4-6-11
3. [illegible]	632 Woodland Hts Mem Rhinelander WI	☐ Town ☐ Village ☑ City Rhinelander	4-7-11
4. ~~Gerald Thurs~~	~~Boulder Jct~~ ~~PO Box 54512~~	~~☐ Town ☐ Village ☐ City~~	
5. Gerald Thurs	9884 Arbor Hd Boulder Jct WIS 54512	☑ Town ☐ Village ☐ City	4/8/11
6. Sandy Owen	4349 Cedar Rhinelander, WI	☑ Town ☐ Village ☐ City New Bold	4/8/11
7. JoAnn Clayton	3853 E. Pine Sq. Rd Tomahawk, WI 54487	☑ Town ☐ Village ☐ City Cassian	4/8/11
8. Clare Perry	4285 Island View Rd Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Pelican	4/8/11
9. Karen Sullivan	4476 Cross Country Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Rhinelander	4/8/11
10. Larry Towne	4388 Henrich Rd Tomahawk WI	☐ Town ☐ Village ☑ City Tomahawk	4/9/11

Certification of Circulator

I, PETER BIOLO, certify:
(name of circulator)

I reside at 401 IVERSON ST., RHINELANDER, WI. 54501.
(circulator's residence - include number, street, and municipality)

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

4-9-11 (date) Peter Biolo (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. 738

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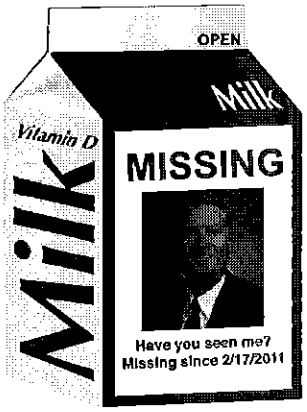
(jurisdiction or district of officeholder)

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.



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1. Scott Prebe	7129 Hwy 8 W Rhinelander, WI	☒ Town ☐ Village ☐ City Crescent	4/5/2011
2. [illegible]	N2790 Taylor Dr. Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	4/6/2011
3. Mary Kay VanDoyer	1900 Cty Rd B. Pelican Lake, WI 54463	☒ Town ☐ Village ☐ City Enterprise	4/6/2011
4. Richard Van Doyer	1900 CTY RD B PELICAN LAKE, WIS 54463	☒ Town ☐ Village ☐ City ENTERPRISE	4/6/2011
5. John H Bratton	3654 River End Rhinelander	☒ Town ☐ Village ☐ City Pelican	4/6/2011
6. Kay Christensen	W5850 Muskellunge Lk Rd Tomahawk, WI 54487	☐ Town BRADLEY TWNSHP ☐ Village ☐ City TOMAHAWK	4/6/2011
7. Tyrone Schave	413 W. Ave Rhinelander	☐ Town ☐ Village ☒ City	4/6/11
8. Neal DuFour	7807 Cty Rd G Argonne Wis. 54511	☐ Town ☐ Village ☐ City Argonne	4/6/11
9. Gaylord Johnson	4107 Rogers St Woodruff, WIS	☒ Town ☐ Village ☐ City Woodruff	4/6/11
10. [illegible]	3384 Bazinet St Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	4/6/11

Certification of Circulator

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

I reside at 4475 Country Rhinelander, WI 54501 (TWN) 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.

4/6/11
(date)

(signature of circulator)

Please mail this form to: Recall Jim
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www.recalljim.com • admin@recalljim.com

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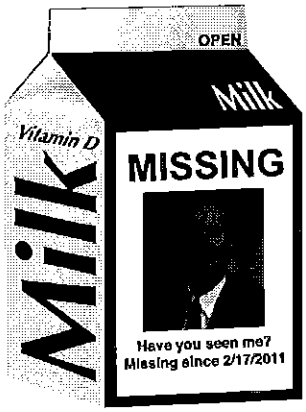
(name of officeholder to be recalled and office)

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



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1. Karen R Beckmon	9140 Island Rd Harshaw Wi 54529	☒ Town ☐ Village ☐ City Cassian	4-13-11
2. Laura S Moravec	5698 Rollingwoods dr HARSHAW, WI 54529	☒ Town ☐ Village ☐ City Lake Tomahawk	4.13.11
3. [illegible]	W7763 HAY CREEK LANE TOMAHAWK, WI. 54487	☐ Town ☐ Village ☒ City Tomahawk	4-14-11
4. Constance Blum	26 RANDALL RHINELANDER, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4-14-11
5. [illegible]	1648 W DAVENPORT ST APT #8 RHINELANDER WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4-14-11
6. Pauline Schotz	8904 High Peak Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Woodboro	4/-14/11
7. [illegible]	5257 Sycamore St Rhinelander WI 54501	☒ Town ☐ Village ☒ City Rhinelander	4/14/11
8. Peter Pickell	2468 South Shore Road Pelican Lake Wi 54463	☒ Town ☐ Village ☐ City Enterprise	4-14-11
9. [illegible]	17 W MASCA ST RHINELANDER, WI 54501	☐ Town ☐ Village ☒ City RHINELANDER	4-14-11
10. [illegible] Schmitt	4162 High Ridge Ln Crandon WI 54520	☒ Town ☐ Village ☐ City Lincoln	4/15/11

Certification of Circulator

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

I reside at 4475 County P Rhinelander WI 54501 Town of Pelican.
(circulator's residence - include number, street, and municipality)

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

4/15/11
(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. 740

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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. Carol A Ruhimaki	1070 Eagle Farm Rd Phelps, WI	☒ Town ☐ Village ☐ City Phelps	3/31/11
2. Cheryl M Ruhimaki	1070 Eagle Farm Rd Phelps WI 54554	☒ Town ☐ Village ☐ City Phelps	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, Cheryl M. Ruhimaki, certify:
(name of circulator)

I reside 1070 Eagle Farm Rd Phelps WI 54554.
(circulator's residence - include number, street, and municipality)

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

3-31-11
(date)

Cheryl M Ruhimaki
(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.	7940 Landowner Rd Eland WI 54427	☒ Town ☐ Village ☐ City Elderon	2.27.2011
2.	7828 Landowner Rd Eland WI 54427	☒ Town ☐ Village ☐ City Elderon	2-27-11
3.	2175 Hickory Rd Hatley WI 54440	☒ Town ☐ Village ☐ City Elderon	2-27-11
4.	1946 Cedar Dr Hatley WI	☒ Town ☐ Village ☐ City Elderon	2-27-11
5.	1946 Cedar Dr Hatley WI 5440	☒ Town ☐ Village ☐ City Elderon	2-27-11
6.	7939 Cty Rd U Eland WI 54427	☒ Town ☐ Village ☐ City Elderon	2/27/11
7.	1751 Cherry Dr. Eland WI 54427	☒ Town ☐ Village ☐ City Elderon	2/27/11
8.	1751 Cherry Dr Eland WI 54427	☒ Town ☐ Village ☐ City Elderon	2/27/11
9.	1497 Cherry Dr. Eland WI	☒ Town ☐ Village ☐ City Elderon	2/27/11
10.	9188 Cty II Eland WI	☒ Town ☐ Village ☐ City Elderon	2/27/11

Certification of Circulator

I, Alan VanderKooy (name of circulator), certify:

I reside at 8555 Hickory Road, Eland, WI 54427 ELDERON (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.

2/27/11 (date)

Alan VanderKooy (signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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
Sherry L. Farrell	309 Illinois St. Eagle River, WI 54521	☑ Town ☐ Village ☐ City EAGLE River yes	3/30/11
2. Marlene Lucas	8232 Hull Rd. Eagle River, Wi	☑ Town ☐ Village ☐ City Three Lakes	3/30/11
3. Mike Lucas	8232 Hall Rd Eagle River Wi	☑ Town ☐ Village ☐ City Three Lakes	3/30/11
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, Juliana M. Denson (name of circulator), certify:

I reside 1937 Hwy 45 North, Eagle River, Wi (circulator's residence - include number, street, and municipality).

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

April 7 2011 (date)

Juliana M. Denson (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. Virginia L Deschane	602 Lulu Ave Cristz, WI	☐ Town ☐ Village ☐ City Cristz	4/1/11
2. [illegible]	602 Lulu Ave Cristz, WI	☐ Town ☐ Village ☐ City Cristz	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, Virginia L Deschane (name of circulator), certify:

I reside 602 Lulu Avenue, Cristz WI 54114 (circulator's residence - include number, street, and municipality). Village of Cristz

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

Virginia L Deschane (signature of circulator)

RECALL PETITION

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1. Bonna Schlek	4085 King Rd	☐ Town ☐ Village ☐ City Sugar Camp	4-5-11
2. Judy Patterson	1276 HWY 70 W	☐ Town ☐ Village ☐ City ST GERMAIN	4/5/11
3. Lee Bastian	41 E. MONICO ST	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
4. Marilyn Young	N 11652 Cottage Rd Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	4-5-11
5. Jerry Jach	N 77-77-F	☐ Town ☐ Village ☒ City TOMAHAWK	4-5-11
6. Thomas J. Ma	1414 N STEVENS ST	☐ Town ☐ Village ☒ City RHINELANDER	4/5/11
7. James Barker	~~Jensen Lane~~ Blackwell	☐ Town ☐ Village ☒ City Blackwell	4/5/11
8. Brandy Ginter	7669 Old 8 Rd Crandon	☐ Town ☐ Village ☐ City Crandon	4/5/11
9. Jim Kanbar	5250 River View Ln	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
10. Jay T Kenyon	5050 Sand Lake Rd	☒ Town ☐ Village ☐ City Sugar Camp	4/5/11

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).

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4/5/11 (date)

Sherri E Ferrell (signature of circulator)

Page No. 745

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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. Mary L. Grafenauer	290 Cranberry	☒ Town ☐ Village ☐ City Enterprise	3.13-11
2. Dan Imm	N11860 Post Lake Rd	☒ Town ☐ Village ☐ City Elcho	3/13/11
3. Bryce Mauser	426 Fifth Avenue	☐ Town ☐ Village ☒ City Antigo	3/13/11
4. Elizabeth A Bacon	N11725 Indian Hill	☒ Town ☐ Village ☐ City Elcho	3/13/2011
5. Donald Husnick	N2440 Co X	☐ Town ☐ Village ☒ City Antigo	3/21/11
6. Gordon Aron	9195 Hwy 32 Argonne WI 54511	☒ Town ☐ Village ☐ City Argonne	3-23-11
7. William E. Peppler Jr.	10975 Old Hwy 139 Newald, WI 54511	☒ Town ☐ Village ☐ City Popple River	3/23/11
8. Dave Pepe	160 Max Rd Pelican Lake, WI 54463	☐ Town ☐ Village ☒ City Schoepke	3/25/11
9. Alvin Brohmeier	7975 CTY G	☒ Town ☐ Village ☐ City Argonne	3-25-11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Georgi Schultz (name of circulator), certify:

I reside 7501 Poshtisi River Road Argonne WI 54511 (circulator's residence - include number, street, and municipality).

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

4-12-2011 (date)

Georgi Schultz (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. Brian Roberts	W1275 FISH HATCHERY RD. WHITE LAKE WI.	☒ Town ☐ Village ☐ City WOLF RIVER	3/29/11
2. Barbara Roberts	54491 615 Mill Street	☐ Town ☒ Village ☐ City White Lake	3/29/11
3. Annette Jantz	6020 SCHOOL ST	☐ Town ☒ Village ☐ City White Lake	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, Barbara Roberts (name of circulator), certify:

I reside 615 Mill St White Lake WI 54491 (circulator's residence - include number, street, and municipality).

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

4-4-2011 (date)

Barbara Roberts (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 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]	10832 Old HWY 51 Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	2/25/11
2. [illegible]	9218 GOLFVIEW DR MINOCQUA, WI 54548	☒ Town ☒ Village ☐ City MINOCQUA	2/25/11
3. [illegible]	6250 Bernie-Lou Dr Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City Hazelhurst	2/25/11
4. [illegible]	1508 Wendy Drive Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	2-25-11
5. [illegible]	9194 Stonegate Place Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	2-25-11
6. [illegible]	9136 Davies Rd Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	2/25/11
7. [illegible]	10005 Dwoodland Ct MINOCQUA WI 54548	☒ Town ☐ Village ☐ City Minocqua	2/25/11
8. [illegible]	503 E. Chicago Ave Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	2-25-11
9. [illegible]	10270 Woodgate Pl. Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	2/25/11
10. [illegible]	736 Russell Rd Three Lakes WI 54562	☒ Town ☐ Village ☐ City Minocqua	2/25/2011

Certification of Circulator

I, Roxann Murphy, certify:
(name of circulator)

I reside at 10833 Buckhorn Circle Arbor Vitae.
(circulator's residence - include number, street, and municipality)

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

[illegible]
(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
(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. Mark L Benson	9136 Davies Road Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	2/25/11
2. Hilary Marsh	1165 S. Farming Rd. Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	2/25/11
3. Robert Dallapiazza	9334 BENNIE-LOU DR. HAZELHURST, WI	☒ Town ☐ Village ☐ City HAZELHURST	2/25/2011
4. Susan Harber	8778 Eagle Crt Woodruff WIS	☐ Town ☐ Village ☐ City Woodruff	2/25/11
5. [illegible]	8075 Hwy 47 Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	2/25/11
6. [illegible]	1583 MARY LANE WEST ARBOR VITAE, WI 54568	☒ Town ☐ Village ☐ City ARBOR VITAE	2/25/11
7. [illegible]	1565 Hwy 51 N Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	2/25/11
8. George K Kimmith	9030 PINE CONE LN WOODRUFF WI. 54568	☒ Town ☐ Village ☐ City WOODRUFF	2-26-11
9. [illegible]	7092S Big Buck Cir Woodruff WI	☒ Town ☐ Village ☐ City Woodruff	2/26/11
10. [illegible]	11437 Hwy 70 W Minocqua, WI	☒ Town ☐ Village ☐ City Minocqua	2/26/11

Certification of Circulator

I, Roxann Murphy (name of circulator), certify:

I reside at 10833 Buckhorn Circle Arbor Vitae
(circulator's residence - include number, street, and municipality)

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

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

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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	6893 Grand Monde	✓ Town __ Village __ City Land O'Lakes	3-4-11
2	6384 Chippewa Dr	✓ Town __ Village __ City Land O'Lakes	3-4-11
3	6893 Grand Monde	__ Town __ Village __ City Land O'Lakes WI 54540	3-4-11
4	5407 Hwy B	X Town __ Village __ City Land O'LAKES WI 54540	3-9-11
5	Box 26 1574 McKinley	__ Town __ Village __ City Eagle River WI 54521	3/9/11
6	Boulder JCT, WI P.O. Box 337	__ Town __ Village __ City Boulder JCT WI 54512	3/9/11
7	3481 Tride B Rd Conover, WI 54519	X Town __ Village __ City Conover 54519	3/9/11
8	P.O. Box 197 426 Hiway 17	X Town __ Village __ City Phelps, WIS 54554	3/9/11
9	Phelps, Wis 54554	__ Town __ Village __ City	
10		__ Town __ Village __ City	

CERTIFICATION OF CIRCULATOR

I, Michael P. Keintz, certify that I reside at 6473 Spruce Meadows La., Land O Lakes, WI. 54540

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

3/14/11 (date)

Michael P. Keintz (Signature of Circulator)

Page: 750

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Cheryl Hale	1405 5th Ave Antigo WI 54409	☐ Town ☐ Village ☑ City Antigo	4-8-11
2. Diane Klitz	W7629 Pine Rd. Antigo, WI 54409	☐ Town ☐ Village ☑ City Antigo	4-8-11
3. Eldon D Shipley Jr	W5463 Hwy 64 Bryant wis 54491	☑ Town ☐ Village ☐ City Bryant W	4-8-2011
4. Marie Ring	1415 first Ave	☐ Town ☐ Village ☐ City Antigo	4-8-11
5. Warner Smith	629 North AVE	☐ Town ☐ Village ☐ City ANTigo	4-8-11
6. Linda Bu	7230 Nonnewski Apt 11 Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	4/8-/11
7. Bill Mamo	3538 Cty RD Y Antigo WIS	☐ Town ☐ Village ☑ City Antigo	4-8-11
8. Joseph [illegible]	N761 Old 76 Rd Aniwa, WI 54408	☑ Town ☐ Village ☐ City Aniwa	4-8-11
9. [illegible]	N9371 Mill Rd Summit Lk WI	☑ Town ☐ Village ☐ City Summit Lk	4-8-11
10. Kathy Prosl	W6712 5th Ave Rd	☑ Town ☐ Village ☐ City Bryan	4-8-11

Certification of Circulator

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

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)

(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]	936 1/2 5TH AVE Antigo APT 4	☑ Town ☐ Village ☐ City ANTIGO	4-13-11
2. Angela Cook	N5905 Ormsby Rd Deerbrook, WI 54424	☑ Town ☐ Village ☐ City PECK	4-13-11
3. Cathlyn DeVoss	W8078 Cty Hwy AA Antigo	☑ Town ☐ Village ☐ City Antigo	4-13-11
4. [illegible]	N632 EVERGREEN Antigo	☑ Town ☐ Village ☐ City ROLLING	4-13-11
5. Selena Smith	334 Edison St. Antigo, WI 54409	☐ Town ☐ Village ☑ City Antigo	4-13-11
6. [illegible]	835 North Hogan Antigo WIS 54409	☐ Town ☐ Village ☑ City Antigo	4-13-11
7. Casey Talbot	1233 Neva Rd Antigo	☐ Town ☐ Village ☑ City Antigo	4-13-11
8. Linda Leary	211 Deleglise Antigo,	☐ Town ☐ Village ☑ City Antigo	4-13-11
9. Robert Echer	353 Western Ave	☐ Town ☑ Village ☐ City Birnamwood	4-13-11
10. Marie Fraley	909 8th Ave Antigo	☐ Town ☐ Village ☑ City Antigo	4-13-11

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.

4-15-11
(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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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 752

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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]	1024 Wendale Lane Eagle River, WI 54521	☒ Town Washington ☐ Village ☐ City	3/28/11
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, Paula Visner (name of circulator), certify:

I reside 6045 BEAVER TR CLOVERLAND
(circulator's residence - include number, street, and municipality)

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

3/30/11 (date)

Paula Visner (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. Barbara Bull	1247 Bucks Rd Winchester	☒ Town Winchester ☐ Village ☐ City	03/30/11
2. Jack R Bull	1247 Bucks Rd.	☒ Town Winchester ☐ Village ☐ City	03/30/11
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, BARBARA BULL (name of circulator), certify:

I reside at 1247 BUCKS RD IN THE TOWN OF WINCHESTER (circulator's residence - include number, street, and municipality).

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

03/30/2011 (date)

Barbara Bull (signature of circulator)

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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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen Steele	2649 CTY C Sayner, WI 54560	☒ Town ☐ Village ☐ City	3-4-2011
2. Jackie Kimbell	8940 Whispering Pine Rd Sayner, WI 54560	☒ Town ☐ Village ☐ City Town of Plum Lake	3-4-11
3. Douglas Knapp	7363 BIRCHWOOD DR ST GERMAIN WI 54558	☒ Town ☐ Village ☐ City ST GERMAIN	3-5-11
4. Joyce Mary Knapp	7363 Birchwood Dr. St. Germain Wi. 54558	☐ Town ☐ Village ☐ City St. Germain	3-5-11
5. Frederick V Tkela	2612 17 MX 155 SAYNER WI	☐ Town ☐ Village ☐ City SAYNER	3-5-11
6. Mary Traskolski	2607 Len Ellen Cir Sayner WI 54560	☒ Town ☐ Village ☐ City St Germain	3-6-11
7. Sean O Neill	2607 LEN ELLEN CIR SAYNER, WI, 54560	☐ Town ☐ Village ☐ City SAYNER	3-6-11
8. Joe Forte	2009 Klepp Rd. St. Germain Wi.	☐ Town ☒ Village ☐ City St Germain	3-6-11
9. Jim Skenen	1989 Left Pine Rd St Germain Wi	☐ Town ☒ Village ☐ City St. Germain	3-8-11
10. Phil Sp[illegible]	4220 Pope Rd Arbor Vitae	☒ Town ☐ Village ☐ City Arbor Vitae	3/26/11

Certification of Circulator

Abbey Mailette, certify:
(name of circulator)

eside at 1191 Taylor Lk. Rd. Eagle River WI Lincoln.
(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.

3/26/11 (date)

Abbey Mailette (signature of circulator)

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.)

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. Kathryn R. Marek	4220 Pope Road Arbor Vitae Wi 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3/26/11
2. Larry J. Stecker	8601 Lee Ellen Dr. Sayner, Wis. 54560	☒ Town ☐ Village ☐ City St. Germain	3/26/11
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	
0.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Abbey Mallette, certify:
(name of circulator)

eside at 1191 Taylor L.K. Rd. Eagle River, WI, Lincoln.
(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.

3/26/11
(date)

Abbey Mallette
(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. James Riley	W8785 Lundgren Lake Rd	☒ Town ☐ Village ☐ City Pembine	3/6/2011
2. Karen Riley	W8785 Lundgren LK Rd	☒ Town ☐ Village ☐ City Pembine	3/6/2011
3. Emma Wonter	W7523 Wonter Rd	☒ Town ☐ Village ☐ City Amberg, Wis	3/6/2011
4. Cathy Morris	W4705 Wallace Rd	☒ Town ☐ Village ☐ City Amberg	3/16/11
5. Michael Morris	W4705 Wallace Rd	☒ Town ☐ Village ☐ City Amberg	3/16/11
6. [illegible]	W7316 Feller Rd Wausaukee WI 54177	☒ Town ☐ Village ☐ City WAUSAUKEE	3/20/11
7. [illegible]	W7316 Feller Rd WAUSAUKEE WI 54177	☒ Town ☐ Village ☐ City WAUSAUKEE	3/20/11
8. Carol A. Schaefer	506 Fritzie Avenue Crivitz WI 54114	☒ Town ☐ Village ☐ City Crivitz	3/24/11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Clifford Teachout (name of circulator), certify:

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

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

March 24, 2011 (date)

Clifford Teachout (signature of circulator)

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
(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. William A Vierkandt	4714 CR E Phelps WI	☒ Town ☐ Village ☐ City Phelps	3/2/11
2. Joan A Vierkandt	4714 Cr. E Phelps WI 54554	☒ Town ☐ Village ☐ City Phelps	3/2/11
3. William R Vierkandt	4714 CR E PHELPS WI 54554	☐ Town ☐ Village ☐ City Phelps	3/2/11
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, Todd Luedtke
(name of circulator), certify:

I reside at 2474 Spirit Lake Lane Eagle River, WI. 54521 WASHINGTON
(circulator's residence - include number, street, and municipality).

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

3/31/11
(date)

Todd Luedtke
(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. [signature]	526 W Ohio St. PO Box 1723	☐ Town ☐ Village ☒ City Eagle River	3/5/11
2. Helen R. Steffek	537 Wi St.	☐ Town ☐ Village ☒ City Eagle River	3-7-11
3. Joseph P. Steffek	537 WI. ST	☐ Town ☐ Village ☒ City	3-7-11
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, KAY LUDWIG (name of circulator), certify:

I reside at 421 River St EAGLE RIVER, WI 54521 (circulator's residence - include number, street, and municipality).

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

3-28-11 (date) Kay Ludwig (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Donald M Landwehr	N 8794 COUNTY RD A	☒ Town ☐ Village ☐ City STEPHENSON	03/30/11
2. Janet Landwehr	N8794 COUNTY RD A CRIVITZ WI 54114	☒ Town ☐ Village ☐ City STEPHENSON	03/30/11
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, DONALD M LANDWEHR, certify:
(name of circulator)

I reside N8794 COUNTY ROAD A TOWN OF STEPHENSON.
(circulator's residence - include number, street, and municipality)

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

03/30/2011
(date)

Donald M Landwehr
(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. 760

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Jeanette Lovsletten	215 W. Mohawk Dr apt 111 Tomahawk Wi	☐ Town ☐ Village ☒ City	3/30/11
2. Mary Batt	215 W. Mohawk Dr Apt 109 Tomahawk WI	☐ Town ☐ Village ☒ City	3/30/11
3. Gladys Yesu	215 W. Mohawk Dr apt 113 Tomahawk Wis	☐ Town ☐ Village ☒ City	3/31/11
4. Sylvie Gracinski	215 W. Mohawk Dr. Tomahawk, Wi. apt. 117	☐ Town ☐ Village ☒ City	3/31/11
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, Jeanette Lovsletten, certify:
(name of circulator)

I reside 215 W. Mohawk Dr apt 111 Tomahawk, Wis 54487.
(circulator's residence - include number, street, and municipality)

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

X 3-31-11 (date) X Jeanette Lovsletten (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. Dennis A. Detert	5555 Hwy 70 Eagle River, WI 54521	☒ Town ☐ Village ☐ City Cloverland	3/31/11
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, Dennis A. Detert (name of circulator), certify:

I reside 5555 Hwy 70 W Eagle River, WI CLOVERLAND (circulator's residence - include number, street, and municipality).

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

3-31-11 (date)

Dennis A Detert (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. Barb Plautz	W4853 Creek Ave Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott	3-15-11
2. [illegible]	N1843 TRILLIUM LN MERRILL WI 54452	☒ Town ☐ Village ☐ City PINE RIVER	3-15-11
3. [illegible]	N2934 Hwy 107 Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	3-15-11
4. Matt Hein	N3115 Hwy 107 Merrill WIS.	☒ Town ☐ Village ☐ City Merrill	3-15-11
5. Lynn Hein	N3115 Hwy 107 Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	3-15-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, ERIC A. LOKEMOEN, certify:
(name of circulator)

I reside N1843 TRILLIUM LN. MERRILL WI · Town of Pine River.
(circulator's residence - include number, street, and municipality)

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

3-15-11
(date)

[illegible]
(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. Gary Kopp	14075 CRAWLING STONE RD	☒ Town ☐ Village ☐ City LAC DU FLAMBEAU	3/29/11
2. Barbara Kopp	14075 Crawling Stone	☒ Town ☐ Village ☐ City Lac Du Flambeau	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, X GARY KOPP, certify:
(name of circulator)

I reside X 14075 CRAWLING STONE RD LAC DU FLAMBEAU WI.
(circulator's residence - include number, street, and municipality)

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

X 4/12/11 (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.
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. 764

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Marriah Thompson	9359 Thoroughfare Rd Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-2-11
2. Veronica Olson	2438 Leonard Ln Sayner, WI 54560	☒ Town ☐ Village ☐ City St. Germain	3-2-11
3. Sandra L. Hanford	300 Brandy Pt Dr D 25 Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3-2-11
4. Maryanne Stein	10415 Cedar Falls Rd Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City Hazelhurst	3-2-11
5. Judy Rowe	10197 UPPER RD ARBOR VITAE WI 54568	☒ Town ☐ Village ☐ City ARBOR VITAE	3/2/11
6. Robert Rynk	10971 Beckton Dr Minocqua WI 5	☒ Town ☐ Village ☐ City Minocqua	3/2/11
7. Alvena Kaczmarek	12550 LaFave Rd. Manitowish Waters WI	☒ Town ☐ Village ☐ City Boulder Jct. 54545	3-3-11
8. Paula-Sue Chamberlin	4L101 Alder Lake Rd. Manitowish Waters WI	☒ Town ☐ Village ☐ City Manitowish Waters	3-3-11
9. Denise Fovrert	7461 Lyannis Rd. Lake Tomahawk, WI	☒ Town ☐ Village ☐ City Lake Tomahawk	3-3-11
10. Melissa Hendy	1501 Propwash Bay Rd Arbor Vitae	☒ Town ☐ Village ☐ City Arbor Vitae	3-3-11

Certification of Circulator

I, Rudolph A. Fuys Jr, certify:
(name of circulator)

I reside at 5349 Island Lake Rd, Boulder Junction.
(circulator's residence - include number, street, and municipality)

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

3/3/11
(date)

(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. 765

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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]	4429 Hwy 51 N Boulder Jct, WI 54512	☒ Town - Boulder Jct ☐ Village ☐ City	3-2/11
2. Joy Ryan	7575 Trailwood DR Minocqua, WI. 54548	☒ Town ☐ Village ☐ City Minocqua	3-2-11
3. Kathryn Rizzo	7575 Trailwood Dr Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-2-11
4. Richard Strunk	806 HWY 51 N Minocqua, WI	☒ Town ☐ Village Minocqua ☐ City	3-2-11
5. Norman Gertschen	6259 Muskellunge Hgts Lake Tomahawk WI	☒ Town ☒ Village Newbold ☐ City	3-2-11
6. Colleen M. Gertschen	6259 Muskellunge Hgts LK. Tomahawk, WI	☒ Town ☐ Village ☐ City NEWBOLD	3-2-11
7. Tommy L. Wright	7186 Kelly DR LAKETOMAHAWK WI 54539	☒ Town ☐ Village ☐ City LAKETOMAHAWK	3.2.11
8. Colleen Rademacher	11115 Kilawee Rd Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-2-11
9. Cynthia M. Tews	8157 Hwy 51 S Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3.2.11
10. Dennis Hurst	11179 Tuckaway Rd Arbor Vitae	☒ Town Arbor ☐ Village Vitae ☐ City	3-2-11

Certification of Circulator

I, Randolph A. Ruys JR, certify:
(name of circulator)

I reside at 5349 ISLAND LAKE RD, Boulder Junction.
(circulator's residence - include number, street, and municipality)

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

3-2-2011
(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. PETER SWANSON	W8588 Washington St Niagara WI 54151	☒ Town ☐ Village ☐ City NIAGARA	2/27/11
2. MICHAEL CAMPBELL	1141 E. Fischer Lake PKWY NIAGARA WI 54151	☒ Town ☐ Village ☐ City AURORA	2-28-11
3. Barrie Osterberg	713 A Peterson Memorial NIAGARA, WIS 54151	☒ Town ☐ Village ☐ City AURORA	2-28-11
4. Crystal Hoven	2117 River St Niagara WI 54151	☐ Town ☐ Village ☒ City Niagara	2-28-11
5. Robert Pascoe	1811 River ST Niagara, WI. 54151	☐ Town ☐ Village ☒ City NIAGARA	3-1-11
6. MIKO SALCZENKO	2895 CHURCH RD FLORENCE WI 54121	☒ Town ☐ Village ☐ City HOMESTEAD	03-04-11
7. Wanda Ellis	1998 River Drive Niagara WI. 54151	☒ Town ☐ Village ☐ City Aurora	3-5-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jack Ellis, certify:
(name of circulator)

I reside at 1998 RIVER DR. NIAGARA WIS 54151.
(circulator's residence - include number, street, and municipality)

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

4-10-11
(date)

Jack Ellis
(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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STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Russ Kralovetz	18398 Wander Park Lane Lakewood WI 54138	☒ Town ☐ Village ☐ City Lakewood	3/31
2. Mary M. Kralovetz	18398 Wander Park Lane Lakewood, WI 54138	☒ Town ☐ Village ☐ City Lakewood	3/31
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, Russell Kralovetz, certify:
(name of circulator)

I reside at 18398 Wander Park Lane, 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.

4/5/11
(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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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. Donald W Beeler	300 Brandy Pt. Dr Woodruff, WI 54568	☑ Town ☐ Village ☐ City	3/18/11
2. Maureen Beeler	300 Brandy Pt Dr Woodruff, WI 54568	☑ Town ☐ Village ☐ City	3/18/11
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, Byron D. Wechter (name of circulator), certify:

I reside 9818 White Pine Lane Woodruff, WI 54568 (circulator's residence - include number, street, and municipality).

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

4-11-11 (date)

Byron D Wechter (signature of circulator)

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Page No. 769

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Johnson	424 Oneida St Minocqua, WI	☑ Town ☐ Village ☐ City MINOCQUA	3/6/11
2. Gary Clements	6298 Hwy. 4. Hazelhurst	☑ Town ☐ Village ☐ City Hazelhurst	3/14/11
3. Bill Clements	1562 N. Dancking Arbor Vitae,	☑ Town ☐ Village ☐ City Arbor Vitae	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, Bruce Kluever (name of circulator), certify:

I reside 9622 Oakwood Drive 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.

April 11, 2011
(date)

Bruce Kluever
(signature of circulator)

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RECALL PETITION

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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. Debra Drepbal	W5061 Herb Mitchell Rd Irma WI 54442	☑ Town ☐ Village ☐ City Bradley	3/5/11
2. Ted Drepbal	W5061 Herb Mitchell Rd Irma WI 54442	☑ Town ☐ Village ☐ City Bradley	3-5-11
3. Aaron Kovacich	W1527 Country Squire Rd Gleason, WI 54435	☑ Town ☐ Village ☐ City Harrison	3/6/11
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, REGAN KOVACICH, certify:
(name of circulator)

I reside W1527 COUNTRY SQUIRE RD GLEASON WI 54435 Town of Harrison.
(circulator's residence - include number, street, and municipality)

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

4-11-11
(date)

(signature of circulator)

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RECALL PETITION

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STATEMENT OF REASON FOR RECALL

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Recall Senator Jim Holperin For dereliction of duties. Absent during Working Hours at Capitol.

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SIGNATURES OF ELECTORS (Colleen M. Gorrilla)	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. Colleen M Gorrilla	7595 Annabelle Lk Rd	☐ Town ☐ Village ☐ City Presque Isle	4/01/11
2. John L. Gorrilla	7595 ANNABELLE LK RD.	☑ Town ☐ Village ☐ City PRESQUE ISLE	4/01/11
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, Colleen M Gorrilla COLLEEN M. GORRILLA, certify:
(name of circulator)

I reside 7595 Annabelle Lake Rd Presque Isle, WI 54557.
(circulator's residence - include number, street, and municipality)

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

4/1/2011
(date)

Colleen M Gorrilla
(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. RONALD V. BROSTOWITZ	W6567 JAMROS RD WAUSAUKEE WI	☒ Town WAUSAUKEE ☐ Village ☐ City	03-24-11
2. Susan McBride	N12051 Holly Rd. Athelstane Wi 54104	☒ Town Athelstane ☐ Village ☐ City	03-24-11
3. Darin S ZAK	N12290 Hwy 141 Wausaukee wi 54177	☒ Town ☐ Village ☐ City Wausaukee	03-24-11
4. Betty J. BETLEY	W7640 KAFKA Rd WAUSAUKEE WI	☒ Town ☐ Village ☐ City WAUSAUKEE	03-24-11
5. Daniel Wagner	N11678 SWALLOW LN Athelstane. WI 54104	☒ Town ☐ Village ☐ City Silver Cliff	03-24-11
6. August Heeney	1103 Poular St Wausaukee, WI 54177	☐ Town ☒ Village ☐ City Wausaukee	3-24-11
7. Joseph Edwin	W4011 Broennenberg Rd Wausaukee Wi 54177	☐ Town ☒ Village ☐ City Wausaukee	3-24-11
8. Autumn FISHER	W13654 County V AMBERG WI 54102	☐ Town ☒ Village ☐ City AMBERG	3/24/11
9. Kevin Stumbris	W9044 Palmer Rd WAUSAUKEE WIS	☒ Town ☐ Village ☐ City WAUSAUKEE	3-24-11
10. Clarence Jicha	520 Elizabeth St Wausaukee	☐ Town ☒ Village Wausaukee ☐ City	3-24-11

Certification of Circulator

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

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

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

3/24/11
(date)

David Smail
(signature of circulator)

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RECALL PETITION

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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. Jodi Bowen	801 Tyler Ave Wausaukee Wi	☐ Town ☒ Village ☐ City Wausaukee	3-24-2011
2. Jonathan W Illg W.I.Z	N12823 Queen St Athelstane Wi 54104	☐ Town ☐ Village ☐ City Athelstane	3-24-11
3. James Parnitzke Jr.	124 Cedar St Wausaukee Wi 54177	☐ Town ☒ Village ☐ City Wausaukee	3-24-11
4. Jackie Sharp	902 Division Street WAUSAUKEE	☐ Town ☒ Village ☐ City WAUSAUKEE	3-24-11
5. Jamie Maxwell	410 Vanhouten St Apt #14 Wausaukee	☐ Town ☒ Village ☐ City Wausaukee	3-24-11
6. Jesse Parr	W7686 Marquis Rd. Amberg WI. 54102	☐ Town ☒ Village ☐ City Amberg	3/24/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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

3/24/11
(date)

David Smail
(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.	W6204 Cty Rd Z Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott	3/31/11
2.	W6204 Cty Rd Z Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott	3/31/11
3.	N1806 Hillview Rd Merrill, WI 54452	☐ Town ☒ Village ☐ City Pine River	3/31/11
4.	N1806 Hillview Rd Merrill, WI 54452	☐ Town ☒ Village ☐ City Pine River	3/31/11
5. Kristy Livingston	N1025 Scott Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	3/31/11
6.	N2542 Pit Rd Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	4/5/11
7.	806 E. Riverside Ave Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	4/5/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Ed Livingston, certify:
(name of circulator)

I reside N1025 Scott Rd Merrill WI 54452.
(circulator's residence - include number, street, and municipality)

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

4-5-2011
(date)

(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. Sjur K Hemmingsted	317 Sumac Trail	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
2. Paula J Hemmingsted	317 Sumac Trail	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
3. Sjur K Hemmingsted III	1206 River street	☐ Town ☐ Village ☒ City Rhinelander	3/29/11
4. Neile R Fordie	1665 Alban St.	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
5. Chris Fordie	665 Alban St	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
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, Sjur K Hemmingsted, certify:
(name of circulator)

I reside 317 Sumac Trail 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.

4-5-11
(date)

Sjur K Hemmingsted
(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. Robert H Shoeder	4158 Englert Ln Rhinelander WI	☐ Town ☐ Village ☐ City New Lo CT	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, Robert H Shoeder, certify:
(name of circulator)

I reside 4158 Englert Lane Rhinelander W. 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. 6-11
(date)

Robert H Shoeder
(signature of circulator)

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Page No. 777

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. Dale Gerhardt	N10960 SOMO LAKE DR	☐ Town ☑ Village ☐ City TOMAHAWK	4/5/11
2. Carol Gerhardt	N10960 SOMO LAKE DR	☐ Town ☑ Village ☐ City TOMAHAWK	4/5/11
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, DALE GERHARDT (name of circulator), certify:

I reside N10960 SOMO LAKE DR TOMAHAWK (circulator's residence - include number, street, and municipality).

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

4/5/11 (date)

Dale Gerhardt (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. Elmira Krause	W 6035 Hillcrest Dr	☒ Town ☐ Village ☐ City Merrill	4/1/11
2. Sally Neubauer	N2334 Vista Dr Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	4/1/11
3. Rudolf Neubauer	N2334 Vista Dr Merrill WI 54452	☐ Town ☐ Village ☐ City Merrill	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, Jerry Krause, certify:
(name of circulator)

I reside W 6035 Hillcrest Dr. Merrill, 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.

4/1/11
(date)

Jerry Krause
(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. 779

RECALL PETITION

TO: Wisconsin Government Accountability Board
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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. Steven J Free	849 CTY RD F ATHENS WI 54411	☑ Town ☐ Village ☐ City HAMBURG	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, STEVEN JOHN FREE, certify:
(name of circulator)

I reside 849 CTY RD F ATHENS, WI 54411.
(circulator's residence - include number, street, and municipality)

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

4/6/11
(date)

(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. Lawrence W. Domann	2717 Orchard Rd North Antigo 54409 WI	☒ Town ☐ Village ☐ City Polar	3/28/11
2. Arlene A. Domann	2717 Orchard Rd N Antigo 54409 8973	☐ Town ☐ Village ☐ City Polar	3/28/11
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, Lawrence W. Domann (name of circulator), certify:

I reside 2717 Orchard Rd North - Antigo 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.

Arlene A. Domann (date) 4-5-2011 ← Signed (signature of circulator)

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Page No. 781

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Carol Hartwig	707 Wildwood Lane Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4/5/11
2. Gary Hartwig	707 Wildwood Lane Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4/5/11
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, Carol Hartwig (name of circulator), certify:

I reside 707 Wildwood Ln. 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.

04-06-2011
(date)

Carol Hartwig
(signature of circulator)

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

Page No. 782

(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.

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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. Julaine F. Lack	W7436 CTH. FF Merrill, WI.	☒ Town ☐ Village ☐ City Corning	3-30-11
2. Robert J Lack	W7436 CTY FF MERRILL WI	☒ Town ☐ Village ☐ City CORNING	3-30-11
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, Julaine F. Lack, certify:
(name of circulator)

I reside at W7436 CTH. FF, Merrill, WI. 54452 (CORNING).
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

Julaine F. Lack
(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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1. Colin R. Kelley	7504 Birch Tree DR Eagle River, WI 54521	☒ Town ☐ Village ☐ City SUGAR CAMP	2/24/11
2. Jeffery P. Kordus	8991 Hy H Eagle River	☒ Town ☐ Village ☐ City Sugar CAMP	2/24/11
3. Samuel Schenk	1124 Halberstadt Rd St. Germain 54558	☒ Town ☐ Village ☐ City ST. Germain	2/24/11
4. Kris M. Calix	513 N. Bond St. Eagle River, WI 54521	☒ Town ☐ Village ☒ City Eagle River	2/25/11
5.	1296 Moonlite Dr. Eagle River	☒ Town ☐ Village ☐ City Cloverland	2-25-11
6.	1296 Moonlite Dr Eagle River	☒ Town ☐ Village ☐ City Cloverland	2/25/11
7.	9625 Peninsula Rd Eagle River WI	☒ Town ☐ Village ☐ City Sugar Camp	2/25/11
8. Bill Barner	6049 Wildwood Lake Cir Rhinelander WI 54501	☒ Town ☐ Village ☒ City New Bold ~~Rhine~~	3/3/11
9. Jim Thom	4680 West End Dr Rhinelander WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	3/7/11
10. Craig Smith	628 HWY 17 S. EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City LINCOLN	3/10/11

Certification of Circulator

I, CRAIG SMITH LINCOLN, certify:
(name of circulator)

I reside at 628 HWY 17 S. EAGLE RIVER, WI 54521.
(circulator's residence - include number, street, and municipality)

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

3/10/11
(date)

Craig Smith
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rebecca VanRiel	605 Alfred St. Athens, WI. 54411	☐ Town ☒ Village ☐ City Athens	3/31/11
2. Mark VanRiel	605 Alfred St Athens, WI. 54411	☐ Town ☒ Village ☐ City Athens	3/31/11
3. Rachel Gillas	520 Elm St Athens, WI 54411	☐ Town ☒ Village ☐ City Athens	4/1/11
4. Janice Drexler	Box 315 Athens, Wis 54411	☐ Town ☒ Village ☐ City Athens	4/2/11
5. Sheila Kraft	P.O Box 8 Athens WI 54411	☐ Town ☒ Village ☐ City Athens	4/2/11
6. Dan Kraft	P.O. Box 8 Athens Wi 54411	☐ Town ☒ Village ☐ City Athens	4/2/11
7. Samantha Kraft	P.O. Box 8 Athens, WI 54411	☐ Town ☒ Village ☐ City Athens	4/2/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, KEN BRICE, certify:
(name of circulator)

I reside 702 LOVE LANE ATHENS WIS 54411.
(circulator's residence - include number, street, and municipality)

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

April 3, 2011
(date)

Ken Brice
(signature of circulator)

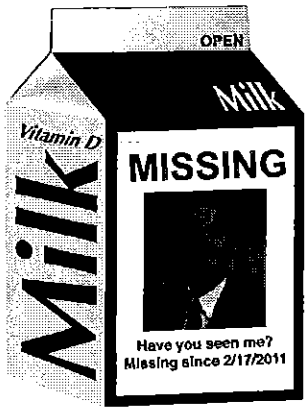
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bruce Kummerfeldt	N11407 CTY Rd U Tomahawk WI	☑ Town ☐ Village ☐ City Bradley	4/5
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, Peter Sturgul, certify:
(name of circulator)

I reside at 1943 County Rd L, Tomahawk 54487.
(circulator's residence - include number, street, and municipality)

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

4/5/11 (date) Peter Sturgul (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. 786

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. Sandy christmas	4002 South Spring LK Florence Wi	☐ Town ☒ Village ☐ City Florence	3-11
2. Lori Trendway	1991 N. Casgrove LK Florence, WI 54121	☒ Town ☐ Village ☐ City Florence	3-11
3. Bob Peterson	708 SPRING AVE FLORENCE, WI 54121	☒ Town ☐ Village ☐ City FLORENCE	3-11
4. Gary Lengling	W15231 USH 8 GOODMAN WI 54125	☒ Town ☐ Village ☐ City Goodman	3-11
5. Jack Jakubec	W15732 GOODMAN WISC	☒ Town ☐ Village ☐ City GOODMAN	3-11
6. Jennifer Lori Wood	W10085 Pike Plains Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3-11
7. Delaney Wagener	1248 Garfield Street Niagara	☒ Town ☐ Village ☐ City Niagara	3-11
8. Allen Pultz	1064 Forest Street Niagara	☒ Town ☐ Village ☐ City Niagara	3-11
9. Garrett Bender	1006 Pickrest Niagara	☒ Town ☐ Village ☐ City Niagara	3-11
10. Doreen Skaar	Tipler, WI 571 Hwy. 139	☒ Town ☐ Village ☐ City Tipler	3-11

Certification of Circulator

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

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

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

3/23/2011 (date)

David Smail (signature of circulator)

Page No. 787

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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.	325 County Rd F Athens WI 54411	☑ Town ☐ Village ☐ City Hamburg	2/27/11
2.	N1997 SUNSET DR MERRILL WI 54452	☑ Town ☐ Village ☐ City SCOTT	02/27/11
3.	1043 LINCOLN DR ATHENS WI 54411	☑ Town ☐ Village ☐ City HAMBURG	02/27/11
4.	12522 3rd Ln Hamburg WI 54411	☑ Town ☐ Village ☐ City Hamburg	2-27-11
5.	14040 5th Lane Athens WI 54411	☑ Town ☐ Village ☐ City Hamburg	2/28/11
6.	378 Washington DR Athens WI 54411	☑ Town ☐ Village ☐ City Hamburg	3/3/11
7.	102 Hwy A Marathon WI 54448	☑ Town ☐ Village ☐ City Hamburg	3-3-11
8.	14040 5th Lane Athens WI 54411	☑ Town ☐ Village ☐ City Hamburg	3/4/11
9.	Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	3/5/11
10.	N1761 OAK RIDGE AVE MERRILL WI 54452	☑ Town ☐ Village ☐ City PINE RIVER	3/5/11

Certification of Circulator

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

I reside W3261 Schiller Drive Merrill WI 54452.
(circulator's residence - include number, street, and municipality)

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

3-5-11
(date)

Julie Stevenson
(signature of circulator)

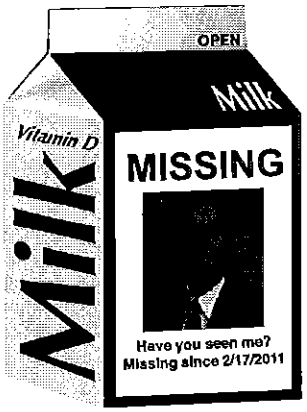
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	8530 DAM RD MINOCQUA, WI	☑ Town ☐ Village ☐ City MINOCQUA	3/16/11
2.	8530 Dam Rd Minocqua, WI	☑ Town ☐ Village ☐ City Minocqua	3/17/11
3.	2254 Dr. Pergande Rd Monico	☑ Town ☐ Village ☐ City Monico	3/26/11
4.	3154 Tuttle Rd NW Eagle River, WI	☐ Town ☐ Village ☑ City Eagle River	3/26/11
5.	1191 Taylor Ville Rd. Eagle River, WI 54521	☐ Town ☐ Village ☑ City Lincoln Eagle River	4/5/11
6.	1056 Hwy 45 S Eagle River	☐ Town ☐ Village ☑ City Eagle River	4/5/11
7.	1056 US Hwy 45 S Eagle River	☐ Town ☐ Village ☐ City Eagle River	4/5/11
8.		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 3860 Kula Vista Dr Eagle River, Lincoln, Wi 54521.
(circulator's residence - include number, street, and municipality)

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

~~2/15/11~~ 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. 789

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. Ken D Butterfield	2016 Birch Bay Rd. Tomahawk WI 54487	☐ Town ☐ Village ☐ City Woodboro	3/24/11
2. [illegible]	N709 B Cember Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Pine River	3/24/11
3. Pam Moat	N333 Co. Rd. X MERRILL WI 54452	☒ Town ☐ Village ☐ City Pine River	3/24/11
4. [illegible]	N2964 Hintz Road Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	3/24/11
5. Berri Jamzow	W4674 Tombstone Dr. Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott	3/24/11
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 Stevenson (name of circulator), certify:

I reside at W3261 Schiller Drive Merrill WI 54452 (circulator's residence - include number, street, and municipality).

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

3-24-11
(date)

Julie Stevenson
(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. 790

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Anthony D. Smoka	N2878 Norwegian Merrill, WI 54452 Rd.	☒ Town ☐ Village ☐ City Merrill	3/30/11
2. Gary R. Uttech	104 S 2nd St Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3/30/11
3. Judy P. Uttech	104 S. 2nd St Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3/30/11
4. Jason Baker	631 coolidge st Tomahawk wi 54487	☐ Town ☐ Village ☒ City Tomahawk	3/30/11
5. DANIEL A MACKIN	2051 RIVER RD TOMAHAWK, WI	☒ Town ☐ Village ☐ City NOKOMIS	3/31/11
6. [illegible]	404 South Tomahawk Ave Tomahawk WI	☐ Town ☐ Village ☒ City Tomahawk	3/31/11
7. [illegible]	8 W Spirit Ave Tomahawk, WI	☐ Town ☐ Village ☒ City Tomahawk	3/31/11
8. Tom Vanderbomden	620 South Gate DR. Tomahawk WIS	☐ Town ☐ Village ☒ City Tomahawk	3/31/11
9. Kevin Kruger	1529 Spruce Ave. Tomahawk, WI	☐ Town ☐ Village ☒ City	3/31/11
10. Lana Baker	631 Coolidge Tomahawk 54487	☐ Town ☐ Village ☒ City Tomahawk	4/5/11

Certification of Circulator

I, Gary R. Uttech (name of circulator), certify:

I reside 104 S 2nd St, Tomahawk WI 54487 (circulator's residence - include number, street, and municipality).

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

4/8/2011 (date)

Gary R. Uttech (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. 791

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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.	12885 MAX'S WAY	☒ Town Lac du Flambeau ☐ Village ☐ City 54538	4/3/11
2. Mary Christy von Kaenel	12885 Max's Way Lac du Flambeau 54538	☒ Town Lac du Flambeau ☐ Village 54538 ☐ City	4-3-11
3.	3265 Oriole Ln Lac du Flambeau	☒ Town ☐ Village ☐ City	4-4-11
4.	3265 Oriole Lac du Flambeau 54538	☒ Town ☐ Village ☐ City	4-4-1
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, Mary Christy von Kaenel, certify:
(name of circulator)

I reside at 12885 Max's Way, Lac du Flambeau, WI 54538
(circulator's residence - include number, street, and municipality)

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

4-4-11
(date)

Mary Christy von Kaenel
(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. Mary E. Varga	8485 DOCTOR PINK P.O. Box 272,	☒ Town ☐ Village ☐ City MINOCQUA	3/29/11
2. Henry J Varga	8485 DOCTOR PINK DR PO Box 272	☒ Town ☐ Village ☐ City MINOCQUA	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, HENRY J. VARGA, certify:
(name of circulator)

I reside 8485 Doctor Pink DR., MINOCQUA, WI.
(circulator's residence - include number, street, and municipality)

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

29 MAR 2011 (date)

Henry J Varga (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.)

Evading his duties as an elected official.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Denise M. Manecke	6568 Bungaloo Rd Athens, WI 54411	☒ Town ☐ Village ☐ City Halsey	4/4/11
2. David E. Manecke	6568 Bungaloo Rd Athens, WI 54411	☒ Town ☐ Village ☐ City Halsey	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, David E. Manecke, certify:
(name of circulator)

I reside at 6568 Bungaloo Rd Athens, WI 54411 Town of Halsey Marathon County
(circulator's residence - include number, street, and municipality)

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

David E. Manecke
(signature of circulator)

RECALL HOLPERIN

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 A Brown	1406 MATHEWS ST	☐ Town ☐ Village ☒ City MERRILL	4/4/11
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, PATRICIA A BROWN, certify:
(name of circulator)

I reside 1406 MATHEWS ST MERRILL, WI.
(circulator's residence - include number, street, and municipality)

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

4/4/2011
(date)

Patricia A Brown
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kathleen Graber	7410 Trailwood Dr.	☒ Town ☐ Village ☐ City Minocqua	4/5/11
2. [illegible]	7410 Trailwood Dr.	☐ Town ☐ Village ☐ City Minocqua	4/5/11
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 Graber (name of circulator), certify:

I reside 7410 Trailwood Drive Minocqua, Wisconsin 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.

April 5, 2011 (date)

Kathleen Graber (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. Susan M. Schiller	TOMAHAWK N11753 ELLA RD.	☒ Town ☐ Village ☐ City BRADLEY	3/29/11
2. D Eastwood	1991 Sumac Ln Tomahawk	☒ Town ☐ Village ☐ City Bradley	3 29 11
3. [illegible]	1943 County Rd L Tomahawk 54487	☒ Town ☐ Village ☐ City Nokomis	3/29/11
4. Mary A [illegible]	1943 Co Rd L Tomahawk 54487	☒ Town ☐ Village ☐ City Nokomis	3/29/11
5. Carlton Kurtzweil	W5162 Selmer Rd. Tomahawk	☒ Town ☐ Village ☐ City BRADLEY	3/29/11
6. Bruce Gaya	W4587 CTY RD S IRMA WI 54442	☒ Town ☐ Village ☐ City SKANOWAN	3/29/11
7. KAREN CALHOUN	2015 Indian Pine Pt Rd Tomahawk, WI	☒ Town ☐ Village ☐ City BRADLEY	3/29/11
8. [illegible]	1991 Sumac Tomahawk, WI	☒ Town ☐ Village ☐ City Bradley	3/29/11
9. Robin Meyer	20 E Wisconsin Ave. Tomahawk	☐ Town ☐ Village ☒ City Tomahawk	3/29/11
10. Darwin L. Schiller	N11753 ELLA RD. TOMAHAWK, WI.	☒ Town ☐ Village ☐ City BRADLEY	3/29/11

Certification of Circulator

I, Darwin L. Schiller (DARWIN L. SCHILLER), certify:
(name of circulator)

I reside N11753 ELLA RD., TOMAHAWK, WI. 54487-8406 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.

March 29, 2011 — (date)

Darwin L. Schiller — (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. 797

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Denise Schuder	W7951 Orchard Rd. Antigo, WI. 54409	☒ Town ☐ Village ☐ City Polar	3/29/11
2. Jane Wilhelm	N7905 ORCHARD LN Antigo, WI 54409	☒ Town ☐ Village ☐ City Polar	3/29/11
3. Elizabeth Stotland	N3940 Hagemann Rd Elcho, WI 54430	☐ Town ☐ Village ☐ City Evergreen	3/29/11
4. Irene Newman	735 Delaware St Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	3/29/11
5. Carol Schuder	N6119 US Hwy 45 Deerbrook WI	☒ Town ☐ Village ☐ City Nova	3/30/11
6. Rachel Schuder	N6119 Hwy 45 Deerbrook WI	☒ Town ☐ Village ☐ City Nova	3/30/11
7. Eli Schuder	N1428 Fairview Rd Antigo WI	☒ Town ☐ Village ☐ City NORWOOD	3/30/11
8. Vernon Emmer	N3084 CTY S Antigo	☐ Town ☐ Village ☐ City Polar	3/30/11
9. Pam Emmer	N3084 CTY S Antigo	☐ Town ☐ Village ☐ City Polar	3/30/11
10. Dale Schroeder	W7951 Orchard Rd Antigo, WI	☒ Town ☐ Village ☐ City Polar	3/30/11

Certification of Circulator

I, Dale Schroeder, certify:
(name of circulator)

I reside W7951 Orchard Rd Antigo, WI Town of Polar Langlade Co.
(circulator's residence - include number, street, and municipality)

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

Dale Schroeder (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)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Denise Fisk	1470 Silver Lk Rd	☒ Town ☐ Village ☐ City Lincoln	2-25-201
2. Marie McDonald	628 Michigan St	☐ Town ☐ Village ☒ City Eagle River	2-25-2011
3. Deanna M. Chopin	3924 Hwy 17 N	☒ Town ☐ Village ☐ City Washington	2-25/11
4. John Chopin	3924 Hwy 17 N.	☒ Town ☐ Village ☒ City " WASHINGTON	2-25-11
5. [illegible]	2301 Forest Drive Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	2-25-11
6. Jim Simons	5701 Hwy B Land o Lakes WI. 54540	☒ Town ☐ Village ☐ City Land o Lakes	2-25-11
7. Kelly Simons	5681 Hwy B Land O'Lakes, WI 54540	☒ Town ☐ Village ☐ City	2-25-11
8. [illegible]	5651 Hwy B LAND-O-LAKES 54540	☒ Town ☐ Village ☐ City	2-25-11
9. [illegible]	6249 Box Gann Lake Rd. Land O' Lakes WI 54540	☒ Town ☐ Village ☐ City	2-25-11
10. Sheila [illegible]	7440 County B LOL WI 54540	☒ Town ☐ Village ☐ City	2-25-11

Certification of Circulator

I, LEE SENSIBA, certify:
(name of circulator)

I reside 5610 COUNTY RD B LAND O'LAKES, WI 54540.
(circulator's residence - include number, street, and municipality)

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

2/25/11
(date)

Lee H Sensiba
(signature of circulator)

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Page No. 7988

7988

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Signe E. Skeke	4420 Hwy B Land O' Lakes WI 54540	☒ Town ☐ Village ☐ City Land o Lakes	2-25-11
2. Shelly Bauer	4647 Section 9 Rd. Eagle River WI 54521	☐ Town ☐ Village ☒ City EAGLE RIVER	2-25-11
3. Jean M Achuff	4539 Hwy B Land O' Lakes, WI 54540	☒ Town ☐ Village ☐ City Land o Lakes	2-25-11
4. Judy Akins	7202 E. Stormy Lk Conover, WI	☒ Town ☐ Village ☐ City CONOVER	2-25-11
5. [illegible]	4262 E STORMY LK Conover W 54519	☒ Town ☐ Village ☐ City	2/25/11
6. John Schuh	6093 FOWLER TERR PHELPS WI 54554	☒ Town ☐ Village ☐ City	2/25/11
7. [illegible]	3791 Hi Banks Rd Conover WI 54519	☒ Town ☐ Village ☐ City	2/25/11
8. [illegible]	1884 North St THREE LAKES WI 54562	☒ Town ☐ Village ☐ City	2/25/11
9. Todd Powell	3851 EverGreen Rd Eagle River WI	☒ Town ☐ Village ☐ City LINCOLN	2/25/11
10. Cindy Powell	3851 Evergreen Rd Eagle River, WI	☒ Town ☐ Village ☐ City LINCOLN	2/25/11

Certification of Circulator

I, LEE SENSIBA (name of circulator), certify:

I reside at 5610 COUNTY RD B LANDO'LAKES, WI 54540 (circulator's residence - include number, street, and municipality).

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

2/25/11 (date)

Lee H. Sensiba (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. 799

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Jennifer L Klimatinski	W704 Highlander Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4/7/11
2. Sherry Nuneman	109 Clyde F Athens WI 54411	☒ Town ☐ Village ☐ City Hamburg	4/7/11
3. Thos Cepaoon	N217 Shady Lane Merrill WI 54452	☒ Town ☐ Village ☐ City Pine River	4-7-11
4. Cathy Bahlow	2941 Lee Rd Tomahawk, WI 54487	☐ Town ☐ Village ☐ City Nokomis	4-7-11
5. Geoff Bauman	W4168 Hwy C Merrill WI	☒ Town ☐ Village ☐ City Merrill	4-7-11
6. Jessica Wetteraw	15500 3rd Lane Athens WI 54411	☐ Town ☒ Village ☐ City Hamburg	4-7-11
7. [illegible]	312 E 2nd St Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4-7-11
8. Rose Strom	400 Cottage St Merrill, Wis 54452	☐ Town ☐ Village ☒ City Merrill	4-7-11
9. [redacted]	[redacted]	☐ Town ☐ Village ☐ City	
10. Ken Kent	Merrill 54452 405 Hendricks Merrill, WI	☒ Town ☐ Village ☐ City Merrill	4-7-11

Certification of Circulator

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

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

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

4-8-11 (date)

Larry W. Schumacher (signature of circulator)

Page No. 800