

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Janie Hilbertson</i>	9416 Country Club Rd Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/02/11
2. <i>Karen Boreed</i>	9649 Timberline Minocqua, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua, WI	3/02/11
3. <i>Andrew Hawkins</i>	4809 Horsehead Lk Rd Harshaw, WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassian	3-2-11
4. <i>Barkley A. Steltin</i>	8510 Oak Park Cir Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-2-11
5. <i>Nancy Cameron</i>	5661 Silver Shore Ln Eagle River, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-3-11
6. <i>Steven A. Mason</i>	2876 Sunset Cove Ln. Phelps, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3/3/11
7. <i>[Signature]</i>	11196 Blue Lake Rd Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/3/11
8. <i>[Signature]</i>	7538 S Agawak Rd Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/3/11
9. <i>[Signature]</i>	8433 Swan Lake Dr Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/3/11
10. <i>[Signature]</i>	7476 Spruce Street Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/3/11

Certification of Circulator

I, Carol Cady, certify:

I reside at 1885 Broken Bow Ln, Arbor Vitae, WI 54548
(circulator's residence - include number, street, and municipality)

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

3-3-11
(date)

Carol J Cady
(signature of circulator)

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1. <i>John Hill</i>	<i>N4596 County Rd S Bryant WI 54918</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bryant</i>	<i>3-1-11</i>
2. <i>Brian Thompson</i>	<i>11530 Harmony Ln Arbor Vitae, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>3-1-11</i>
3. <i>John Doe</i>	<i>11185 Blue Lake Rd MINOCQUA WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>3-1-11</i>
4. <i>Michael Joe Jersey</i>	<i>5513 Fawn Lake Road Lake Tomahawk W. 54931</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>3-1-11</i>
5. <i>St. Joseph St. Bonifacio</i>	<i>10038 WOODPEST DR. MINOCQUA WI 54548</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>3-2-11</i>
6. <i>Richard Smith</i>	<i>8782 S. Main CT Minocqua WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3-2-11</i>
7. <i>Donald L. Harrison</i>	<i>21881 ROE LAKE RD RHINELANDER, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOODBORE</i>	<i>3-2-11</i>
8. <i>Greg Bank</i>	<i>6937 Hwy 57 Hazen WI 54531</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazen</i>	<i>3-2-11</i>
9. <i>John Felt</i>	<i>6549 Oriskany Rd. Lake Tomahawk, WI 54539</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>3-2-11</i>
10. <i>Don Knowl</i>	<i>10048 Lakeview Ln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3-2-11</i>

Certification of Circulator

I, *Carol J. Cady*, certify:

(name of circulator)

I reside at *1895 Broken Bow Trail Arbor Vitae WI 54568*

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

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

3-2-11
(date)

Carol J. Cady
(signature of circulator)

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1. <i>Jack McCraw</i>	3356 Hwy 139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Long LAKE	2-25-11
2. <i>Todd Mulvey</i>	3340 Hwy 139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Long LAKE	2-25-11
3. <i>Sherry McCraw</i>	3356 Hwy 139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Long LAKE	2-25-11
<i>Joey Nowak</i>	3364 Hwy 139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LONG LAKE	2-25-11
5. <i>Bill Roberts</i>	3377 Hwy 139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LONG LAKE	2-25-11
6. <i>Hipie Roberts</i>	3377 Hwy 139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Long LAKE	2-25-11
7. <i>Amanda Mulvey</i>	3340 Hwy 139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Long LAKE	2-25-11
8. <i>Scott McNeilis</i>	4080 S. Spring Lk. Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	3-8-11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Todd Mulvey, certify:

(name of circulator)

I reside 3340 State Hwy 139, Long Lake, WI 54542

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

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

3-14-11

(date)

Todd Mulvey

(signature of circulator)

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1. <i>Dennis Kotcon</i>	<i>3689 COLEMAN LANE Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <i>Commonwealth</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-12-2011</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *DENNIS KOTCON*, certify:

(name of circulator)

I reside *3689 Coleman Lane, Florence, WI 54121 town of Commonwealth*
(circulator's residence - include number, street, and municipality)

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

3-12-2011

(date)

Dennis Kotcon

(signature of circulator)

RECALL PETITION

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1. <i>Joseph M Frisque</i>	<i>1539 Point Bray Rd Florence WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>2/26/11</i>
2. <i>Pierre H Frisque</i>	<i>4666 Tall Pines Rd Florence WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>2-27-11</i>
3. <i>Arnold E. Shv</i>	<i>4667 Tall Pines Rd Florence WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>3-4-2011</i>
4. <i>Dad Mad</i>	<i>4549 Old Hwy 69 Florence WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>"</i>	<i>3-4-2011</i>
5. <i>Lauren Spur</i>	<i>PO Box 354 Flo, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>3-4-11</i>
6. <i>Peter Koffman</i>	<i>4733 Coolidge Ln Florence WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>3-4-11</i>
7. <i>Kevin Koffman</i>	<i>4733 Coolidge Ln Florence, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>"</i>	<i>"</i>
8. <i>John J Rozan</i>	<i>1564 Point Bray Road Florence WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>3-8-11</i>
9. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, WILLIAM E. FRISQUE, certify:

(name of circulator)

I reside 4666 TALL PINES RD - FLORENCE, WI 54121-9010.

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

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

3/08/2011
(date)

William E Frisque
(signature of circulator)

RECALL PETITION

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1. <i>Anthony R. Gibbs</i>	<i>9622 Range Line Rd ARGONNE, WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>03/29/11</i>
2. <i>E. Michael</i>	<i>6240 City Rd G Argonne, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Caswell</i>	<i>03/29/11</i>
3. <i>Albert R Gibbs</i>	<i>9622 Range Line Rd Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>3/29/11</i>
4. <i>Kenneth Erickson</i>	<i>4594 Sportsman Ln Crandon WI 54520</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3/30/11</i>
5. <i>John B. Bruckert</i>	<i>4594 Sportsman Ln Crandon WI 54520</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3/30/11</i>
6. <i>Cheryl Schmitt</i>	<i>9025 Keith Side Rd Crandon WI 54520</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>4/5/11</i>
<i>Dakota Fatie</i>	<i>4385 Park Rd Crandon WI 54520</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>4/5/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, ALBERT R. GIBBS, certify:

(name of circulator)

I reside 9622 Range Line Rd, ARGONNE, WI 54511 - Town of Lincoln
(circulator's residence - include number, street, and municipality)

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

04-08-2011

(date)

Albert R Gibbs

(signature of circulator)

REC

PETITION

TO: Government Accountability Board, Wisconsin
(official with whom nomination paper)

(petition of candidacy for the office is filed)

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

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

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9, 10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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1. <u>Marcia M. Ward</u>	<u>7783 Four Mile Creek Rd Three Lakes, WI 54562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/25/11</u>
2. <u>Paul R. Ward</u>	<u>7783 FOUR MILE CREEK RD THREE LAKES 54562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/25/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, MARCIA M. WARD, certify:
(name of circulator)

I reside at 7783 Four Mile Creek Rd Three Lakes WI 54562
(circulator's residence - include number, street, and municipality)

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

3/25/11
(date)

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	
1. <u>Jeff Ingman</u>	<u>2253 Maabon Dr</u> <u>TOMAHAWK, WI 54487</u>	<input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Little Rice</u>	<u>3/26/11</u>
2. <u>Paul Hesse</u>	<u>1501 Pine Natch</u> <u>TOMAHAWK WI 54487</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>3/26/11</u>
3. <u>Pamela Zipp</u>	<u>130178 Pine Shore Ln</u> <u>Tomahawk WI 54487</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>3/26/11</u>
4. <u>Lammie E Zipp</u>	<u>1324 Garfield St</u> <u>N139220 WI 54151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>3/26/11</u>
5. <u>Marye Zipp</u>	<u>1324 Maplewood Dr</u> <u>Niagara WI 54151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>3/26/11</u>
6. <u>Suzann Dabbert</u>	<u>110435 Pine Shore Ln</u> <u>Tomahawk, WI 54487</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>King</u>	<u>3/24/11</u>
7. <u>Jonathan T. Powell</u>	<u>16707 CTYRD H</u> <u>IRMA, WI 54442</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BIRCH</u>	<u>3-26-11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

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

March 26 - 2011
(date)

Linda M. Kenworthy
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ronald J. Rose</i>	<i>227 Conro Street Rhinelander, WI Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4-2-11</i>
2. <i>Carla Ecker</i>	<i>Chineland</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4-2-11</i>
3. <i>Matthew Kraft</i>	<i>808 Chaitals Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4-2-11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *ROBERT GLENZ*, certify:

(name of circulator)

I reside *10350 CENTER RD, WISCONSIN 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.

4-4-2011

(date)

Robert Glenz

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jan F French</i>	<i>2311 Spring Drive Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stella</i>	<i>3/27/11</i>
2. <i>Berny Tredick</i>	<i>10035 THW Manitowish, Wisconsin</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Winchester</i>	<i>3/27/11</i>
3. <i>Edna F. Fickell</i>	<i>10003' CTH W Manitowish, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WINCHESTER</i>	<i>3/27/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *ROBERT GLENTE*, certify:

(name of circulator)

I reside *10350 CENTER RD, NOKOMIS 54487*

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

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

3/27/2011
(date)

Robert Glente
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Andy Beach	67 00 Jawn Rd Three Lakes WI 54562	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	19 MAR 2011
2. Jennifer Schneider	3621 Spring Rd Pelican WI 54551	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	19 Mar 2011
3. Robert Glentz	10350 CENTER RD TOMAHAWK, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NOKOMIS	3-19-11
4. Susan Glentz	10350 Center Rd Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nokomis	3/19/11
5. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. Robert Glentz	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, ROBERT GLENTEZ **Certification of Circulator**, certify:
(name of circulator)
 I reside 10350 CENTER RD, TOMAHAWK, WI 54487 (NOKOMIS)
(circulator's residence - include number, street, and municipality)

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

3/19/2011
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	730 Clermont St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/8/11
2.	515 Clermont St Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/8/11
3.	55 E Clermont Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-8-11
4. Karen Addis	N9600 Heledo St. Summit Lake, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3-8-11
5.	N723 Maple Grove Rd Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWOOD	3/8/11
6.	W15265 Old P Rd Bowler WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aluma	3/8/11
7. Paul Watubono	N12656 Crestwood Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo Norwood	3/8/11
8.	211 Zealand St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/8/11
9.	1132 Pine St Antigo wis 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/8/11
10.	N5038 Hwy 52 Price WI 54418	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Price	3/9/11

Certification of Circulator

I, Laurie Hottenstein, certify:

(name of circulator)

I reside at N3383 Meadows 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.

3-9-11

(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Anthony J. Weber</i>	<i>100 N. Forest Ave. Brandon, WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>Anthony J. Weber 4/11</i>
2. <i>Gregory J. Weber</i>	<i>5920 N. Rail Road Brandon, Wis.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>Gregory J. Weber 4/11</i>
3. <i>Henry Holberg</i>	<i>7309 CAMPGROUND</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>THREE LAKES 4/5/11</i>
4. <i>Nathaniel Whitney</i>	<i>4212 Leatzow Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>THREE LAKES 4-5-11</i>
5. <i>Wardene Kuchta</i>	<i>690 Staehling Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>Three LAKES 4-5-11</i>
6. <i>James R. Blythe</i>	<i>690 Staehling Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>THREE LAKES 4-5-11</i>
7. <i>Donald C. Baetzel</i>	<i>6787 Lake Terrace 3 Lakes</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>THREE LAKES 4-5-11</i>
8. <i>Gregory Wick</i>	<i>801 Leatzow Rd Three Lakes</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>" " 4-5-11</i>
9. <i>Roger Krueger</i>	<i>6428 Eagle Road Three Lakes</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>" " 4-5-11</i>
10. <i>Joe Folk</i>	<i>8800 St Hwy 32 Hiles WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>Hiles 4-5-11</i>

Certification of Circulator

I, *Jennifer Niry*, certify:

I reside at *9830 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.

4-5-11
(date)

Jennifer Niry
(signature of circulator)

4/13

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Jennifer Bedek	300 N BLVD AVE #2	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	04-04-11
2. Corey R. Druetz	306 N. BLVD #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	4-4-11
3. Aileen Johnson	601 W. Glen St Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	4-4-11
4. Maree Brenke	400 E. Elm Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	4-4-11
5. Cheryl L Stewart	601 W. Glen Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	4-4-11
6. Ben Schmeis	601 W. Glen Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	4-4-11
7. Maria Fuller	6697 apt 1A Orchard Lane Three Lakes WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
8. Mildred H. Pepp	673 Hwy 32, Three Lakes, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
9. Arthur L. Pepp	812 ZATZOW Rd. THREE LAKES	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
10. Eugene A. Pepp	673 Hwy 32 THREE LAKES, WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	4-5-11

Certification of Circulator

I, Jennifer L Nery, certify:

I reside at 9830 Hwy 32 Hills, 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.

4-5-11
(date)

Jennifer L Nery
(signature of circulator)

Please mail this form to:

Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Matthew S. [Signature]</u>	1510 PEARSON ST WAUSAU, WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	2/26/2011
2. <u>[Signature]</u>	W5062 S. SHORE MERRILL WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MERRILL	2/26/2011
3. <u>Kim Henning</u>	W2098 Burgener Ave Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City merrill	3-15-11
4. <u>Rex Buehler</u>	N1484 Big Eddy Rd. Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3-15-11
5. <u>Jonathan L Kleinschmidt</u>	W3940 Co. J Irtiga, WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	03/15/11
6. <u>John B. [Signature]</u>	N2258 CT RD K MERRILL, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MERRILL	3/15/11
7. <u>[Redacted]</u>	<u>[Redacted]</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>[Redacted]</u>	<u>[Redacted]</u>
8. <u>[Signature]</u>	N2344 Ken Dr Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/18/11
9. <u>[Signature]</u>	1901 E. First St. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/18/11
10. <u>[Signature]</u>	N676 City Rd K Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-18-11

A.J. (JOE) FINK, JR

Certification of Circulator

, certify:

reside at W5415 Hillside Dr. Merrill WI 54452-8770

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

4-1-2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kathleen Grutzmacher</u>	<u>N1901 High Bridge Rd Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <u>Pine River</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/27/11</u>
2. <u>Renee Yeff</u>	<u>N5539 Axen Rd Gleason, WI 54435</u>	<input checked="" type="checkbox"/> Town <u>Russell</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/27/11</u>
3. <u>Robert Gudy</u>	<u>N5539 Axen Rd Gleason, WI 54435</u>	<input checked="" type="checkbox"/> Town <u>Russell</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/27/11</u>
4. <u>Paula Littermann</u>	<u>1925 Hansen Rd. Antigo, Wis</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Langlade Co</u>	<u>3/27/11</u>
5. <u>Amanda Rude</u>	<u>N1823 City Rd. X Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <u>Pine River</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/27/11</u>
6. <u>Ernst Gend</u>	<u>N1823 City Rd. X Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <u>Pine River</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>27 Nov 2011</u>
7. <u>Robert P. Gremel</u>	<u>N2668 Hwy 107 Merrill, Wis. 54452</u>	<input checked="" type="checkbox"/> Town <u>Merrill</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>28 MAR 2011</u>
8. <u>Jamie Bussan</u>	<u>1211 E 9th St Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>28 MAR 2011</u>
9. <u>Ruth Benson</u>	<u>715415 Pine St Juno, Wis 54442</u>	<input checked="" type="checkbox"/> Town <u>Rock Falls</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>28 Mar 2011</u>
10. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

A. J. (Joe) Fink Jr.

(name of circulator)

certify:

reside at W5415 Hillside Dr Merrill WI 54452-8770

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

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

4-1-2011

(date)

A. J. Fink Jr.

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Halperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Randy Teske</u>	<u>M1277 WI Rural Rte</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>3-18</u>
2. <u>Danelle Barrett</u>	<u>W5088 Ctry Rd Q Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u>	<u>3/18/11</u>
3. <u>Wanda Parlow</u>	<u>W56327 School Ave Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u>	<u>3/18/11</u>
4. <u>Richard Wasson</u>	<u>N 2062 St. Hwy 17 Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>3/19/11</u>
5. <u>Phyllis A. Vance</u>	<u>N 2062 St Hwy 17 Merrill, WI 0</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>3/19/11</u>
6. <u>Debra</u>	<u>W11856 Co. Rd + Summit Lakes WI 54485</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Glacé</u>	<u>3/19/11</u>
7. <u>Carole A. Fink</u>	<u>W5415 Hillside Dr Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/26/11</u>
8. <u>Warren Lutzpacher</u>	<u>901 High Ridge R</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/26/11</u>
9. <u>Helen Litzmann</u>	<u>1913 Pioneer Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>3/26/11</u>
10. <u>Pat Dly</u>	<u>N1080 Fairview Rd. Merrill, WI 54452</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u>	<u>3/26/11</u>

A.J. (JOE) FINK, JR. **Certification of Circulator**

reside at W5415 Hillside Dr. MERRILL WI 54452-8970 certify:

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

Adrian J. Fink Jr.
(signature of circulator)

RECALL PETITION

To: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURE OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Road address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Jon Myhrland	4413 Hwy 13 Highlark Rd Rhineland, WI 54501	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rhineland <input type="checkbox"/> City	2/24/11
2 Khala Sullivan	N4697 Ct. Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Antigo <input type="checkbox"/> City	2/24/11
3 Allen J. Snyper	1449 Kribs Rd Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	2-24-11
4 Kip Bengron	1327 3rd Ave. Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Antigo <input checked="" type="checkbox"/> City	2-25-11
5 Kay Stenzel	503 Remond St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-25-11
6 Brent Runk	610 BADGER HILL ANTIGO, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/15/11
7 Khala Peschke	300 MOUNTAIN DR Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3/19/11
8 Jack Eator	5443 S Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/16/11
9 Gene J. Ullrich	N7548 Regan Rd. Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3-18-11
10 Kristal Skinner	503 Seneca St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3-24-11

CERTIFICATION OF CIRCULATOR

I, KHALA SULLEVIN, certify that I reside at N 4697 CT. RD ANTIGO

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the official whose name is in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §. 12.13(2)(a), Wis. Stats.

3-25-11
(Date)

Khala Sullivan
(Signature of Circulator)

Page: 4/10/11
918

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>W 7889 E ISLAND</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u>	<u>3-26</u>
2. <u>Jeri Cernoch</u>	<u>N1036 Kings Rd Tomahawk WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u>	<u>3/26/11</u>
3. <u>Tom Cernoch</u>	<u>N1036 Kings Rd Tomahawk WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u>	<u>3/26/11</u>
4. <u>Bill Thomas</u>	<u>N 9769 Hwy H TOMAHAWK WI 54497</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>KING</u>	<u>3-26-11</u>
5. <u>Paula Thomas</u>	<u>N 9769 Hwy H Tomahawk WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>King</u>	<u>3-26-11</u>
6. <u>Hinda Childers</u>	<u>1270 E KINGS RD TOMAHAWK WI 54487</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u>	<u>3-26-11</u>
7. <u>Chris C. Petersen</u>	<u>118 W. Rice Ave TOMAHAWK WI 54487</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>3-26-11</u>
8. <u>[Signature]</u>	<u>PO BOX 755 TOMAHAWK</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Beauly</u>	<u>3-26-11</u>
9. <u>[Signature]</u>	<u>310 W. Wisconsin #220</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u>	<u>3-26-11</u>
10. <u>John Janetz</u>	<u>W5893 Fairway dr Tomahawk</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u>	<u>3-26-11</u>

Certification of Circulator

Janet Kimball

(name of circulator)

certify:

reside at 11720 Burrows Lake Rd. Tomahawk, WI 54487

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

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

3-26-11

(date)

[Signature]

(signature of circulator)

RECALL PETITION

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

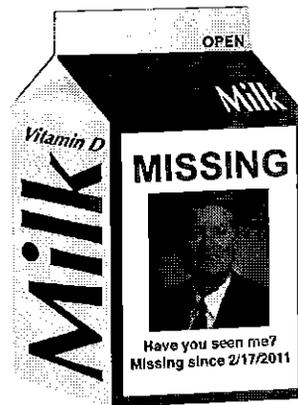
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Gloria Kuder</i>	<i>1317 Grant</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3-25-</i>
2. <i>Phyllis Dixon</i>	<i>304 McKinley</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3-26</i>
3. <i>Nickie Kautz</i>	<i>302 McKinley</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3-26-11</i>
4. <i>Keith Swanson</i>	<i>205 McKinley Av.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3-26-11</i>
5. <i>Carla Swanson</i>	<i>205 McKinley Av.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3-26-11</i>
6. <i>[Signature]</i>	<i>289 Hudson Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3-26-11</i>
7. <i>Bill Bygones</i>	<i>1248 Garfield Niagara, WI 54151</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3-26-11</i>
8. <i>Helen Kuchinski</i>	<i>1323 Garfield St. Niagara, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>" "</i>	<i>3-26-11</i>
9. <i>[Signature]</i>	<i>1201 Garfield Niagara</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Niagara</i>	<i>3/26/11</i>
10. <i>[Signature]</i>	<i>1101 GARFIELD</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>NIAGARA</i>	<i>3/26/11</i>

Certification of Circulator

I, Douglas Hurlbutt, certify:
(name of circulator)

I reside at M10593 Hwy 17 S Gleason, WI 54935
(circulator's residence - include number, street, and municipality)

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

3-26-2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

Page No. 920

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Eugene P. Block</i>	<i>W 6657 The Clearing</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-31-11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Donna R. Block, certify:
(name of circulator)

I reside at W 6657 The Clearing 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.

4-1-11
(date)

Donna R. Block
(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 608-266-3005, <http://gab.wi.gov> email: gab@wi.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Barbara Schramm</i>	<i>N5119 Hays St. Deerbrook, WI. 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Peck</i>	<i>2/26/11</i>
2. <i>Mary Palak</i>	<i>1033 BARNARD ST. Antigo, WI. 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-1-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

*

Certification of Circulator

I, *JAMES D. NOVAK*, certify:

I reside at *619 GOWAN RD ANTIGO, WI 54409*
(circulator's residence - include number, street, and municipality)

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

2-28-11
(date)

[Signature]
(signature of circulator)

Page No. *922*

3-4-11

JAMES D. NOVAK *

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ernie A. Lemke</i>	<i>W4119 Hwy 64 Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3-15-11</i>
2. <i>James O. Johnson</i>	<i>N1970 CAIN CREEK RD MERRILL, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE RIVER</i>	<i>3-16-11</i>
3. <i>Susan J. Wendt</i>	<i>N3228 Anna Rd Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-17-11</i>
4. <i>Andrew E. Plano</i>	<i>N3228 Anna Rd Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-17-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Rod Akey*, certify:
(name of circulator)
 I reside at *N2062 Cain Creek Rd Merrill WI (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.

4-17-11

(date)

[Signature]

(signature of circulator)

RECALL PETITION

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

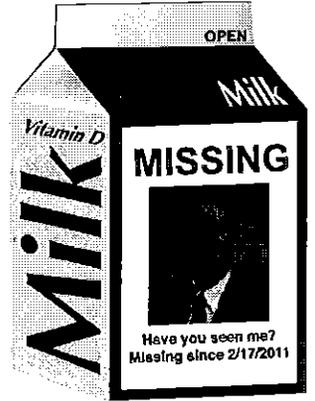
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dustin Raith</u>	<u>W10630 Pleasant Acres Summit Lk WI</u>	<input checked="" type="checkbox"/> Town <u>UPham</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>25 Mar 11</u>
2. <u>Jeff Roberts</u>	<u>V954 Alcego St Summit Lk WI</u>	<input checked="" type="checkbox"/> Town <u>UPham</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>25 Mar</u>
3. <u>Steve Walters</u>	<u>Sunset Lane Munefander</u>	<input checked="" type="checkbox"/> Town <u>Stella</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>25 Mar 2011</u>
4. <u>John H. Swand</u>	<u>N9792 E DUCHLANE RD SUMMIT LAKE WI 54485</u>	<input checked="" type="checkbox"/> Town <u>ELCHO</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MAR 25, 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Dave Callenberger, certify:
(name of circulator)

I reside at N-9490 City Rd. B Summit Lake, WI 54485 Town of Elcho.
(circulator's residence - include number, street, and municipality)

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

3/29/11
(date)

[Signature]
(signature of circulator)

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

Page No 60249 974

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	305 SOUTH MILLS WITTENBERG WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/17/11
2. <i>[Signature]</i>	207 S. Mill St Wittenberg, WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/17/11
3. <i>[Signature]</i>	401 S. Elmer St Wittenberg, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/17/11
4. <i>[Signature]</i>	504 S. Mission St Wittenberg	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/17/11
5. <i>[Signature]</i>	502 S. Mission Wittenberg	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/17/11
6. <i>[Signature]</i>	402 S. Mission Wittenberg, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4/17/11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Laverne Rondeau **LAVERNE RONDEAU**, certify:
(name of circulator)
 I reside 5403 J.M. Place, Schofield WI 54476-1536
(circulator's residence - include number, street, and municipality)

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

4-17-2011
(date)

Laverne Rondeau
(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.)

Since Senator Holperin fled WI to IL he chooses to serve the wisconsin people but did not represent all of us.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Edith L Hubbard</i>	<i>4308 Lemlock Harbor Lane Brandon WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Brandon WI</i>	<i>4/13/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Edith L Hubbard*, certify:
(name of circulator)

I reside *4308 Lemlock Harbor Lane Brandon WI 54520*
(circulator's residence - include number, street, and municipality)

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

4-18-11
(date)

Edith L Hubbard
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Anita L. Neuman</i>	<i>5729 Rustic Col</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>3/30/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

I, *Anita L. Neuman*, certify:
(name of circulator)

I reside *5729 Rustic Col Ln Boulder Jct, Wis*
(circulator's residence - include number, street, and municipality)

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

3/30/11 (date) *Anita L. Neuman* (signature of circulator)

RECALL PETITION

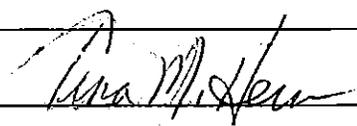
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	N2193 Maple Rd Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3/3/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

Certification of Circulator

I, Tina Heuss, certify:

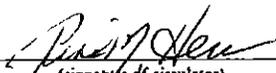
(name of circulator)

I reside N2193 Maple Road, Antigo, WI 54409.

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

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

4/3/11
(date)


(signature of circulator)

928

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Mary J. Mulvey</u>	<u>999 Tyson Rd Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>3/24/11</u>
2. <u>Michelle La...</u>	<u>9243 Dalton Court Minocqua WI 54878</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3/25/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Jessica Bortolotti certify:
(name of circulator)
 reside at 112 Illinois St. Eagle River WI, 54521
(circulator's residence - include number, street, and municipality)

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

3/28/11

(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Beverly Zastrow</i>	<i>10669 Cty Rd B</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Presque Isle</i>	<i>4/13/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Beverly Zastrow*, certify:

I reside *10669 Cty Rd B Presque Isle, WI*
(name of circulator)
(circulator's residence - include number, street, and municipality)

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

4/13/11
(date)

Beverly Zastrow
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Stephanie Springborn</i>	<i>N2395 Gen Dr. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>03/29/11</i>
2. <i>DAVID SPAINBORN</i>	<i>N2395 GEN DR Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/29/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

X I, *David J Spelm*, certify:
(name of circulator)

X I reside *N2395 GEN 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.

4-6-11 (date) X *David J Spelm* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Carl Peter</i>	<i>6 Wild Wood Rd Manitowish Waters</i>	<input checked="" type="checkbox"/> Town <i>Manitowish Waters</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-4-2011</i>
2. <i>Richard Durdil</i>	<i>9744 ESCANO ESTATES RD # 211 MINOCQUA</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MINOCQUA</i>	<i>3-4-11</i>
3. <i>Rowella B. Tinsman</i>	<i>7165 Campground Rd. Lakeview, WI 54521</i>	<input checked="" type="checkbox"/> Town <i>Washington</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-4-11</i>
4. <i>Starling Tinsman</i>	<i>3165 Campground Rd Eagle River, WI 54521</i>	<input checked="" type="checkbox"/> Town <i>Washington</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-4-11</i>
5. <i>John Krum</i>	<i>6920 Autumn Lane Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <i>Newbold</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-4-11</i>
6. <i>Walter Dahlquist</i>	<i>4591 COP Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <i>Pikeville</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/4/11</i>
7. <i>Gene Klaukowski</i>	<i>3237 Hancock Lakes Harshaw, WI</i>	<input checked="" type="checkbox"/> Town <i>Woodford</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/4/11</i>
8. <i>Caleb J. Nady</i>	<i>4197 Country Rd. W. Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <i>Rhinelander</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/4/11</i>
9. <i>Art Nady</i>	<i>4141 Circle Dr Rhinelander, WI</i>	<input checked="" type="checkbox"/> Town <i>Pelican</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-4-11</i>
10. <i>Ken Vaughn</i>	<i>4267 Trailend Rd Rhinelander</i>	<input checked="" type="checkbox"/> Town <i>Pine Lake</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-4-11</i>

Certification of Circulator

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

I reside at *5349 ESCANO LAKE RD Beldonia Junction WI*
(circulator's residence - include number, street, and municipality)

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

3-4-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	P.O. Box 146/80 Bay Rd menominee waters WI 54545	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>menominee waters</i>	3-3-11
2.	P.O. Box 86/124799 MI 125 54545 Menominee Waters, WI 54545	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menominee Waters</i>	3-3-11
3.	4267 Trails End Rd. Rhineland, WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	3-4-11
4.	310 Timber Hts Dr. Rhineland, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	3-4-11
5.	4595 Smith St Wabeno WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wabeno</i>	3/4/11
6.	4595 Smith St Wabeno WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wabeno</i>	3/4/11
7.	7875 WHEELER IS. RD THREE LAKES WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>THREE LAKES</i>	3/4/11
8.	2792 Bay Drive Rhineland, WI 54561	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	3-4-11
9.	4889 Little Pine Acres Rhineland WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	3-4-11
10.	8727 Squaw Lake Rd Lac Du Flambeau WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>minoegu-</i>	3-4-11

Certification of Circulator

I, Rudolph A. Fux Jr, certify:

(name of circulator)

I reside at 5349 ISLAND HAKE RD. MAINTENANCE BOULDER JUNCTION 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.

3-5-11

(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Heather Sklimesk</u>	<u>W1534 Hwy C Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <u>Schley</u> <input type="checkbox"/> Village <u>Merrill</u> <input type="checkbox"/> City	<u>3/10/11</u>
2. <u>Cindy Tutone</u>	<u>N5344 Hwy 17 Gleason, WI 54435</u>	<input checked="" type="checkbox"/> Town <u>Russell</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>-4/04/11</u>
3. <u>Adam Ryan</u>	<u>N7054 Grendy Rd. Gleason, WI 54435</u>	<input checked="" type="checkbox"/> Town <u>Birtch</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>-4/04/11</u>
4. <u>Michael Ryan</u>	<u>N5344 Hwy 17 Gleason WI 54435</u>	<input checked="" type="checkbox"/> Town <u>Russell</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>-4/04/11</u>
5. <u>Jan Burgen</u>	<u>N5344 Hwy 17 Gleason WI 54435</u>	<input checked="" type="checkbox"/> Town <u>Russell</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-4-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Alice J. Prueser Alice J. Prueser, certify:

reside at N5066 Hwy 17, Gleason, WI, 54435-9210
(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 strict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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)

Alice J. Prueser
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Godi Varner</i>	<i>300 N Thomas</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/31/11</i>
2. <i>Judy Bruckner</i>	<i>207 N. Nest St Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/31/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Valerie J. Schlueter*, certify:
(name of circulator)

I reside *W4495 POPE ROAD, MERRILL, WI 54452-8035*.
(circulator's residence - include number, street, and municipality)

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

Valerie J. Schlueter
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	N13677 Old 38 RD WAUSAU VILLAGE, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/30/11
2.	N13677 Old 38 RD Wausaukee WI 54127	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/30/11
3.	W 7895 Arborg Wausaukee Wausaukee WI 54177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/30/11
4.	W 7895 Arborg Wausaukee Wausaukee WI 54177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	3/30/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, James C. Wolford Jr., certify:
(name of circulator)

I reside N13677 Old 38 RD Wausaukee 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.

4/9/11 (date) (signature of circulator)

937

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Norma Dahlke</i>	<i>W8286 Cty Rd F Antigo WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>
2. <i>Connie Schroepfer</i>	<i>N735 Old 26 Rd Aniwa, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aniwa</i>	<i>3/22/11</i>
3. <i>GLENN McCune</i>	<i>N2466 PIT RD MERRILL, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>3/22/11</i>
4. <i>John Lewins</i>	<i>N3115 Flak Rd Elton WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Evergreen</i>	<i>3/22/11</i>
5. <i>Joey Fischer</i>	<i>N1903 Taylor Rd Antigo WI 54908</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Phlox</i>	<i>3/22/11</i>
6. <i>Brittany Schaefer</i>	<i>NUN35 Marva Marva Dynamwood</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mattoon</i>	<i>3/22/11</i>
7. <i>Patricia Schulz</i>	<i>W4103 Hwy 47 Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3/22/11</i>
8. <i>Wendy Gleason</i>	<i>W10778 Cty N Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3/22/11</i>
9. <i>Stuart Hays</i>	<i>N5160 Hayes Rd Gleason, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>3-22-11</i>
10. <i>Dick Kemmer</i>	<i>212 May Salt ST Antigo</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3/22/11</i>

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

I reside *4621 S. Tand E. Pl. Tulsa, OK 74145*.
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Joe Pakonen	307 Eugene St. Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-11
2. Kathy Marseloni	503 Harrison St Merrill w. 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-11
3. Al Steunson	604 Hollywood Cir. Apt. 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-2011
4. ^{Kayley White} Harley White	1819 E Lynn Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-11
5. Gayle Stevenson	606 Hollywood Dr #1 Merrill WI?	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-11
6. Ed Juy	209 Pier St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-11
7. Kathy Hoffmann	406 E. 3RD ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-6-11
8. Ann Pahlke	410 E 3rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-11
9. Len Bergmann	409 E 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-11
10. Breigh Voigt	403 E 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-6-11

Certification of Circulator

I, SHERRI FERRELL, 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.

4/6/11
(date)

Sherrie E. Ferrell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Mitchell Taylor</u>	<u>632 MASON ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-19-11</u>
2. <u>Ruth Lipton</u>	<u>637 Mason St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-19-11</u>
3. <u>Patricia A. Bozile</u>	<u>646 Mason St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-21-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Patricia A. Bozile

(name of circulator)

certify:

reside at 646 Mason St Rhineland WI 54501

(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.

03 21 11

(date)

Patricia A. Bozile

(signature of circulator)

RECALL PETITION

Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
Joi Bradley	1443 Silver Lk Rd Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wenas City	2/28/11
Shelly M... E.R.	8136 River E.R.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	2/28/11
W.A.H.	491 Monheim Rd Covered	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CONOVER	2/28/11
Wayne Ober	209 Tanks Rhine WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER Rhine	2-3-11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Joi Bradley, certify:

I reside: 1443 Silver Lk Rd Eagle 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.

3/27/11
(date)

Joi Bradley
(Signature of Circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

Not doing his job



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1. <i>Robert F Narloch</i>	<i>W9143 Perch Lake Rd. WAUSAUKEE WI 54177</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-18-11</i>
2. <i>Judith Narloch</i>	<i>W9143 Perch Lake Rd Wausaukee WI 54177</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-18-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ROBERT F. NARLOCH, certify:
(name of circulator)

I reside at W9143 PERCH LAKE ROAD WAUSAUKEE WI 54177
(circulator's residence - include number, street, and municipality)

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

3/19/11
(date)

Robert F Narloch
(signature of circulator)

Please mail this form to:

Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Bryan Bray</i>	<i>516 South Webb Wittenberg</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4-13-11</i>
2. <i>Trendal Duggan</i>	<i>516 South Webb St Wittenberg</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4-13-11</i>
3. <i>Mary Rajak</i>	<i>Wittenberg 516 Zvesch St Apt. 10</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4-13-11</i>
4. <i>Edward P. Liu</i>	<i>901 S Harrison Lot 14 Wittenberg</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
5. <i>Jessie Sadenwasser</i>	<i>310 South Webb Wittenberg</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
6. <i>John C Anderson</i>	<i>901 S. Harrison Wittenberg</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
7. <i>Judy Anderson</i>	<i>401 N. Hunter St Wittenberg, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
8. <i>Regino Valenzuela</i>	<i>410 N Hunter St. Wittenberg, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
9. <i>Roslyn McKay</i>	<i>N8406 Maplewood Rd Wittenberg WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Birnamwood Wittenberg</i>	<i>4/13/11</i>
10. <i>Tammy Hetzel</i>	<i>102 S. Cherry St Wittenberg WI</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>

Certification of Circulator

I, LARRY W. SCHUMACHER, certify:
(name of circulator)

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

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

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ken Hatt</i>	<i>Wittenberg 316 Talay St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4-13-11</i>
2. <i>Angie Onest</i>	<i>NS298 Maple Road WITTENBERG WI 54499</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Almon</i>	<i>4.13.11</i>
3. <i>Scott Buzin</i>	<i>9347 McDivitt rd Wittenberg WI 54499</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elderon</i>	<i>4.13.11</i>
4. <i>Robert R. ...</i>	<i>WI 90330 Mahawk St Wittenberg WI 54499</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
5. <i>Paul Phil</i>	<i>106 U. Adalst WI 54499 Wittenberg P.O. Box</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
6. <i>[Signature]</i>	<i>5401 Grand Ave Elderon</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Elderon</i>	<i>4/13/11</i>
7. <i>Wade Schu</i>	<i>506 S. Prouty Wittenberg WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
8. <i>Ann Decker</i>	<i>509 S. Prouty Wittenberg WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4/13/11</i>
9. <i>Donna Wren</i>	<i>308 E. Grand Ave Wittenberg</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4-13-11</i>
10. <i>Carrie Miller</i>	<i>203 E. Grand St Wittenberg</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4-13-11</i>

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

I reside *4621 S. Grand E. Pl, TUISG, 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.

4-15-11 (date) *Larry W. Schumacher* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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1. <i>Ray W Lange</i>	<i>W 366 County Rd C Gleason, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>3/10/11</i>
2. <i>David D. Semerda</i>	<i>8243 Fallen Leaf Lane Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>3/10/11</i>
3. <i>Jim M. Lelek</i>	<i>N8631 Co. Rd. B Gleason, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARRISON</i>	<i>3-10-11</i>
4. <i>Michael D. Rildt</i>	<i>N8631 CNTY RD B GLEASON, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARRISON</i>	<i>3-10-11</i>
5. <i>James E. Nelson</i>	<i>N9906 Kings Rd Tomahawk, Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>3-10-11</i>
6. <i>James W Nelson</i>	<i>N9906 Kings Rd Tomahawk, WI 54453</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>3-10-11</i>
7. <i>Ronald C Joering</i>	<i>W1845 Hwy 64E Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3-10-11</i>
8. <i>Ramona Joering</i>	<i>W1845 Hwy 64 Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3-10-11</i>
9. <i>Rodney Joering</i>	<i>709 N. Mill St Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-10-11</i>
10. <i>[Signature]</i>	<i>1204 E. 6th St. Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/10/11</i>

Certification of Circulator

I, *Cand Cady*, certify:
(name of circulator)
 I reside at *1985 Broken Bow Tr. Arbor Vitae, WI 54569*
(circulator's residence - include number, street, and municipality)

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

Cand Cady
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Deloris M. Schaller</i>	<i>10142 CAMP RICE PT. RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NOKOMIS</i>	<i>3/31/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Deloris M. Schaller*, certify:
(name of circulator)

I reside *10142 CAMP RICE POINT ROAD, TOMAKAWK, WI 54987 - NOKOMIS.*
(circulator's residence - include number, street, and municipality)

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

3/31/11
(date)

Deloris M. Schaller
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Robert L. Smith</i>	<i>9557 Country Club Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/29/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Robert L. Smith* (name of circulator), certify:

I reside *9557 Country Club Rd Minocqua* (circulator's residence - include number, street, and municipality)

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

3/30/11
(date)

Robert L. Smith
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Dany Zarwell</i>	<i>1144 Duennest Court</i>	<input checked="" type="checkbox"/> Town <i>Jefferson</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/11/11</i>
2. <i>Marilyn Zarwell</i>	<i>1144 Duennest Court</i>	<input checked="" type="checkbox"/> Town <i>Jefferson</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/11/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Dany Zarwell* (name of circulator), certify:

I reside *1144 Duennest Court Town of Jefferson* (circulator's residence - include number, street, and municipality)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Judith Weaver</u>	<u>1001 St Paul Dr</u> <u>Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4/5/11</u>
2. <u>Paul W Weaver</u>	<u>1001 St. Paul Dr</u> <u>Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4/5/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

Certification of Circulator

I, Judith Weaver, certify:
(name of circulator)

I reside 1001 St. Paul Dr 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.

April 5, 2011
(date)

Judith Weaver
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jan Bell</u>	<u>601 Wolf St Covitz WI 54114</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>4-1-11</u>
2. <u>Claudia J. Porfido</u>	<u>1310 1st Ave. Covitz WI 54114</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>4-3-11</u>
3. <u>Neill Porfido</u>	<u>1310 1st Ave Covitz WI 54114</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>4-12-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Claudia J. Porfido

(name of circulator)

certify:

reside at 1310 1st Ave - Covitz Wisconsin

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

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

4/12/11
(date)

Claudia J. Porfido
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Marvin J. Spafford</u>	<u>2084 CROKER RD</u> <u>EAGLE RIVER, WI</u>	<input type="checkbox"/> Town LINCOLN <input type="checkbox"/> Village <input type="checkbox"/> City	<u>FEB, 25, 11</u>
2. <u>Connie P. Spafford</u>	<u>2084 Croker Rd</u> <u>Eagle River 54521</u>	<input type="checkbox"/> Town LINCOLN <input type="checkbox"/> Village <input type="checkbox"/> City	<u>FEB, 25, 11</u>
3. <u>Sandra Montag</u>	<u>3700 OAKCREST LN</u> <u>EAGLE RIVER WI 54521</u>	<input checked="" type="checkbox"/> Town WASHINGTON <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-2-11</u>
4. <u>MARVIN EVERTSE</u>	<u>7534 Hwy D</u> <u>East River 54521</u>	<input type="checkbox"/> Town <u>antedn</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-3-11</u>
5. <u>Ann A. Mantz</u>	<u>3700 Oakcrest Ln</u> <u>Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town Washington <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-3-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Arthur Simac, certify:

I reside at 3860 Kula Vista Dr Madison
(circulator's residence - include number, street, and municipality)

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

4/20/11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Dorothy Meyers</i>	4875 Cty Rd S Po Box 206 Conover	<input checked="" type="checkbox"/> Town Conover <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
2. <i>Melissa O'Shea</i>	1440 E. Bass Lak Rd Po Box 813 Eagle River	<input checked="" type="checkbox"/> Town Washington <input type="checkbox"/> Village <input type="checkbox"/> City	3-2-11
3. <i>[Signature]</i>	4788 Winkler Rd Three Lakes, WI	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-4-11
4. <i>[Signature]</i>	4355 Rock Ridge Ln Phelps WI 54551	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	3-4-11
5. <i>Julius Kukanich</i>	1941 Hwy 45 N Eagle River, WI 54521	<input checked="" type="checkbox"/> Town Lincoln <input type="checkbox"/> Village <input type="checkbox"/> City	3/4/11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Arthur Dineen certify:
(name of circulator)
 reside at 3200 Rock Vista Dr Lincoln
(circulator's residence - include number, street, and municipality)

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

4/20/11 (date) *Arthur Dineen* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ben Haley</i>	<i>N 330 Hilltop Lane Merrill Wis. 54452</i>	<input checked="" type="checkbox"/> Town <i>SCOTT</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-9-11</i>
2. <i>Jim Clark</i>	<i>W 4024 Co Hwy G Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <i>Pine River</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-9-11</i>
3. <i>Herbert K. Schmidt</i>	<i>N 284 So Rd K Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <i>SCOTT</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/9/11</i>
4. <i>Michael D. Mizer</i>	<i>W 4506 Red Towndale Rd Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <i>Merrill</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/9/11</i>
5. <i>Jim Lutz</i>	<i>W 850 State Hwy 64 Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <i>Pine River</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/9/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, MAX PETERSON, certify:

(name of circulator)

I reside W 4495 CTY RD G MERRILL WIS 54452
(circulator's residence - include number, street, and municipality) PINE RIVER (TWN)

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

3-9-11
(date)

Max Peterson
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Rox Kathleen Krato</u>	<u>1414 2th Ave Antigo, WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/17/11</u>
2. <u>Renee A. Kiddlewell</u>	<u>N1285 US HWY 45 S ANTIGO, WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ROLLING</u>	<u>03/17/11</u>
3. <u>Cynthia M. Dubel</u>	<u>W1285 HWY 45 S ANTIGO, WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ROLLING</u>	<u>03/17/11</u>
4. <u>Joan T. Schuster</u>	<u>N1285 HWY 45 S ANTIGO, WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rolling</u>	<u>03/17/11</u>
5. <u>Roy L. Kramer</u>	<u>223 Edison St. ANTIGO WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/18/11</u>
6. <u>David J. Banknelt</u>	<u>W9914 Hwy B Dunbar, WI 54424</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neva</u>	<u>3/18/11</u>
7. <u>David Arendt</u>	<u>N1882 W Rollwood Rd Rolling WI 54407</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rolling</u>	<u>3/18/11</u>
8. <u>Catherine Klinek</u> <u>CATHERINE KLINEK</u>	<u>1124 1st Ave ANTIGO, WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/15/11</u>
9. <u>Jack McCabe</u>	<u>2633 Hwy G Pelican Lake WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Enterprise</u>	<u>3/18/11</u>
10. <u>Lorraine McCabe</u>	<u>2633 Hwy G 54463 Pelican Lake, WI 54463</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>ENTERPRISE</u>	<u>3/18/11</u>

Certification of Circulator

I, Laurie Hottenstein, certify:

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

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

3-18-11

(date)

Laurie Hottenstein

(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

Page No. 954

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	312 6th AV ANTIGO	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	03/05/11
2. Charlotte Halec	312 6th Ave ANTIGO, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/5/11
3. Judy Jany	318 5th AV Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/18/11
4. Cherie Kutzger	W 1815 Schaepp Ln Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill Schley	3/18/11
5. Lynn Kellner	866 Bog Brook Ln Wabeno, WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Freedom	3/18/11
6. Don Kellner	866 Bog Brook Wabeno, WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Freedom	3/18/11
7. Dawn Hunter	942 Elm Pt Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/18/11
8. Dawn Dwyer	1212 4th Ave Antigo, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-18-11
9. Donald D. Banczak	1212 4th Ave Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
10. Brenda Buh	W11937 Highland Rd Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ACKLEY	3-19-11

Certification of Circulator

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

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

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

3-19-11
(date)

(signature of circulator)

RECALL PETITION

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

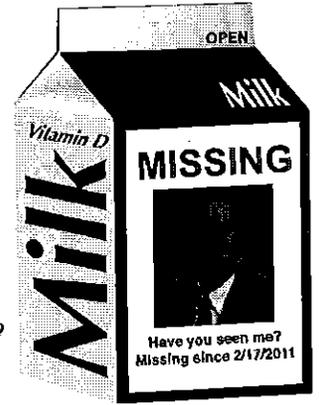
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>W13026 Hyc</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Vilas</u>	<u>3/24/11</u>
2. <u>Robert Ullman</u>	<u>120120 Ullman</u> <u>Deerbrook WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NEVA</u>	<u>3/6/11</u>
3. <u>Eugene McKinney SR</u>	<u>W12454 Ridge Rd Deerbrook WI 54424</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pech</u>	<u>3/6/11</u>
4. [Signature]	W12454 Ridge Rd Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5. <u>Eugene McKinney JR</u>	<u>W12454 Ridge Rd Deerbrook WI 54424</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pech</u>	<u>3/6/11</u>
6. <u>Jim Keller</u>	<u>N6720 CTY B</u> <u>Deerbrook WI 54424</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neva</u>	<u>3-9-11</u>
7. <u>Bar [Signature]</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>neva</u>	<u>3-9-11</u>
8. <u>Brandon Bechel</u>	<u>540 Wauzau Rd</u> <u>Antigo WI 54419</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ANTIGO</u>	<u>3-9-11</u>
9. <u>Jan Syllan</u>	<u>W13107 Cgc</u> <u>Deerbrook WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Vilas</u>	<u>3-9-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Kenneth Zupon, certify:
(name of circulator)
 I reside at N5292 Town Forest Rd. Deerbrook, Wis 54424 Town of Vilas.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 12-11 Kenneth Zupon
(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. 956

RECALL PETITION

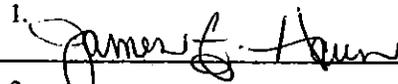
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	176548 RAVEN LANE WITTENBERG, WI 54499	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WITTENBERG	4/4/11
2. 	N6548 RAVEN LANE WITTENBERG, WI 54499	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WITTENBERG	4/4/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

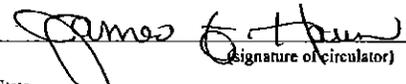
Certification of Circulator

I, JAMES F. HAUN, certify:
(name of circulator)

I reside N6548 RAVEN LN, WITTENBERG WI 54499.
(circulator's residence - include number, street, and municipality)

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

APRIL 5TH 2011
(date)


(signature of circulator)

RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

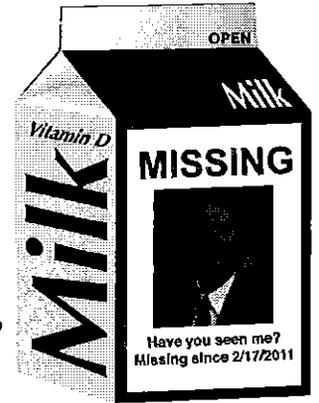
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Russell E. Ball SR</u>	<u>11142 State Hwy 70 Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/13/11</u>
2. <u>Wendy Ehlert</u>	<u>W10725 County Rd 0 Dunbar WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Dunbar</u> <input type="checkbox"/> City	<u>4/13/11</u>
3. <u>Gustav A Lockstein Jr</u>	<u>W8589 Pine Forest Dr Pembroke WI 54156</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Beecher</u> <input type="checkbox"/> City	<u>4/13/11</u>
4. <u>Sandra Lockstein</u>	<u>W8588 Pine Forest Dr Pembroke, WI 54156</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Beecher</u> <input type="checkbox"/> City	<u>4-13-2011</u>
5. <u>Ronald Pettay</u>	<u>PO Box 583 4653 FLORENCE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FLORENCE</u>	<u>4-13-2011</u>
6. <u>David Goodman</u>	<u>/</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, David Small, certify:

(name of circulator)

I reside at 209 Mill St Goodman WI 54125

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

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

4/14/2011
(date)

David Small
(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. 958

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jerome F. Nijm</i>	<i>W 4769 Harbor Rd. Eaton WI 54430</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Evergreen</i>	<i>16 Mar 2011</i>
2. <i>Ull Lamm</i>	<i>N8316 Sunny Side Antigo WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3/16/11</i>
3. <i>B. Burt</i>	<i>CARWOOD 106 WEST OREN</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crandon</i>	<i>3/16/11</i>
4. <i>Chris Rob</i>	<i>W6081 City Rd. A Pickeral wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ainsworth</i>	<i>3/16/11</i>
5. <i>Paul Elliot</i>	<i>W 6081 City Rd A, Pickeral wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ainsworth</i>	<i>3/16/11</i>
6. <i>Tammy Sprague</i>	<i>N4781 JONES RD WT 54418 Bryant</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>BRYANT</i>	<i>3-16-11</i>
7. <i>Shawn Berke</i>	<i>W2947 Hwy D Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-16-11</i>
8. <i>Mary Annetta</i>	<i>237 Weir St. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-16-11</i>
9. <i>Bill Bunz</i>	<i>17601 CTY F LAKEWOOD WI 54138</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lakewood</i>	<i>3/16/11</i>
10. <i>Jim Ben</i>	<i>N-2822 Wild Wood Ln Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar</i>	<i>3/16/11</i>

Certification of Circulator

I, Laurie Hattenstein, certify:

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

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

3-16-11
(date)

Laurie Hattenstein
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	W 8302 Hwy 16 Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-18-11
2. <i>Quann E. Hess</i>	W 9816 N. Rollwood Rd Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3-18-11
3. <i>Robert J. Skora</i>	1903 NEVA RD. Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO	3-20-11
4. <i>Sara King</i>	W 9129 County F Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-20-11
5. <i>Paul Bankrocht</i>	540 bbwan Rd Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3-20-11
6. <i>Karen Mueller-Hagedorn</i>	735 Rapinski Rd Pelican Lake	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican Lake	3-25-11
7. <i>[Signature]</i>	W10482 County Rd E Elcho WI 54428	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elcho	3-25-11
8. <i>[Signature]</i>	W10675 Cty Rd J DEERBROOK	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA DEERBROOK	3-25-11
9. <i>Dail Van Ken</i>	W10675 Cty Rd J Deerbrook	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA Deerbrook	3-25-11
10. <i>[Signature]</i>	5187 Hilltop Rd Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-25-11

Certification of Circulator

I, Laurie Hottenslein, certify:

(name of circulator)

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

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

3-25-11
(date)

Laurie Hottenslein
(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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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mehuda Villeguete</i>	1686 GALLI DRIVE EAGLE RIVER, WI	<input checked="" type="checkbox"/> Town LINCOLN <input type="checkbox"/> Village <input type="checkbox"/> City	3/4/11
2. <i>Mary Ellen Kaminsh</i>	1528 Richard Dr. Arbor Vitae WI	<input checked="" type="checkbox"/> Town Arbor Vitae <input type="checkbox"/> Village <input type="checkbox"/> City	3/4/11
3. <i>Kelly Mathews</i>	7579 Hwy 3 W Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/4/11
4. <i>Richard J. Henry</i>	111 WOODLAND HTS MANOR RHINELANDER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RHINELANDER	3/5/11
5. <i>[Signature]</i>	229 ELM COURT RHINELANDER WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	3/5/11
6. <i>[Signature]</i>	229 Elm Ct Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/5/11
7. <i>Shanda Barrett</i>	622 N. Brower Rheda	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Ulden	3/4/11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Bradley K Hillested, certify:

I reside at 9393 Fernwood 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.

3/5/11
(date)

Bradley K Hillested
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Bradley K Hillestad</u>	<u>9393 Fernwood Rd Harshaw, WI 54529</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cassian</u>	<u>2/26/11</u>
2. <u>Katharine L. Hillestad</u>	<u>9393 FERNWOOD RD HARSHAW WI 54529</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CASSIAN</u>	<u>2/26/11</u>
3. <u>Late Borowski</u>	<u>9335 Fernwood Rd Harshaw WI 54529</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cassian</u>	<u>2/26/11</u>
4. <u>Jay Holtzback</u>	<u>9215 Fernwood Harshaw WI 54529</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CASSIAN</u>	<u>2/26/11</u>
5. <u>Louise Jensen</u>	<u>127 N Oneida Ave Rhineland WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RHINELANDER</u>	<u>26 FEB 2011</u>
6. <u>Scott Jensen</u>	<u>127 N ONEIDA AVE RHINELANDER WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RHINELANDER</u>	<u>2-26-11</u>
7. <u>Stacy M. Wray</u>	<u>1230 Curran St. Rhineland, WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3/1/11</u>
8. <u>KERI KELLEY</u>	<u>2016 LAKE WOKOMIS RD TOMAHAWK, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NOKOMIS</u>	<u>3/1/11</u>
9. <u>Scott A McKay DM</u>	<u>5489 Newman Dr. Rhineland, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u>	<u>3-2-11</u>
10. <u>Brenda K McKay</u>	<u>5489 Newman Drive Rhineland, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u>	<u>3/2/11</u>

Certification of Circulator

I, Bradley K Hillestad, certify:
(name of circulator)
 I reside at 9393 Fernwood 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.

3/2/11 (date) Bradley K Hillestad (signature of circulator)

RECALL PETITION

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

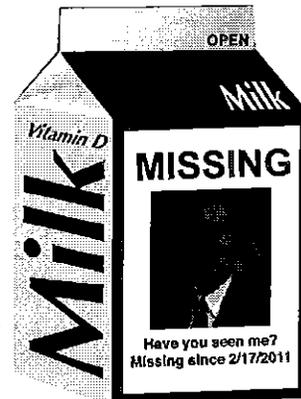
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Patrick J. Baltman</i>	<i>1601 10th Ave 89</i> <i>Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo, WI</i>	<i>3/17/11</i>
2. <i>[Signature]</i>	<i>N1600 Hwy A</i> <i>Antigo WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-17-11</i>
3. <i>Louis Murray</i>	<i>506 FORREST AVE</i> <i>ANTIGO WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>3-17-11</i>
4. <i>Michael Gott</i>	<i>917 Virginia St.</i> <i>Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-17-11</i>
5. <i>Sam Zumbly</i>	<i>W1155 Hwy 64</i> <i>Antigo Wis 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ackley</i>	<i>3/17/11</i>
6. <i>Crystal A. Zumbly</i>	<i>N 3086 county Rd H H</i> <i>Centigo Wis 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ackley</i>	<i>3/17/11</i>
7. <i>Patrice V. Zumbly</i>	<i>W11155 Hwy 44</i> <i>Centigo Wis 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ackley</i>	<i>3/17/11</i>
8. <i>Paul C. [Signature]</i>	<i>ROLLING HILLS Rd</i> <i>ANTIGO WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ROLLING</i>	<i>3-17-11</i>
9. <i>Richard Helbing</i>	<i>W10525 Elmwood Rd</i> <i>Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3-17-11</i>
10. <i>SHARON MARSHALL</i>	<i>1601 10th Ave</i> <i>Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>"ANTIGO"</i>	<i>3-17-11</i>

Certification of Circulator

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

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

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

3-17-11
(date)

Laurie Hottenstein
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

Page No. 963

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jay Mitchell</u>	<u>47847 Nelly Rd, Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u>	<u>3-10-11</u>
2. <u>[Signature]</u>	<u>405444 [Address]</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brookly</u>	<u>3-30</u>
3. <u>[Signature]</u>	<u>N 2698 Low Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3-10-11</u>
4. <u>Ladonna Feranich</u>	<u>109 E 10th Merrill WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-10-11</u>
5. <u>Maureen Breitgruber</u>	<u>2800 Thielman St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3-10-11</u>
6. <u>Shelly Burnett</u>	<u>119 N. Valley St. LA Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MERRILL</u>	<u>3-10-11</u>
7. <u>Shelia Hammel</u>	<u>N 2417 City Rd H Cheeseville WI 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Summit</u>	<u>3/10/11</u>
8. <u>Larry Hammond</u>	<u>N 9417 City Rd H Cheeseville WI 54435</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Summit</u>	<u>3/10/11</u>
9. <u>Lowell Howard</u>	<u>410 S. Foster St. Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/10/11</u>
10. <u>Ed Livingston</u>	<u>N1025 Scott Rd Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u>	<u>3/10/11</u>

Certification of Circulator

I, Barbra Noone, certify:
(name of circulator)
 I reside at 9835 N. Yawkey Lake Rd. Hazelhurst WI
(circulator's residence - include number, street, and municipality) 54531

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 11, 2011
(date)

Barbra Noone
(signature of circulator)

RECALL PETITION

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

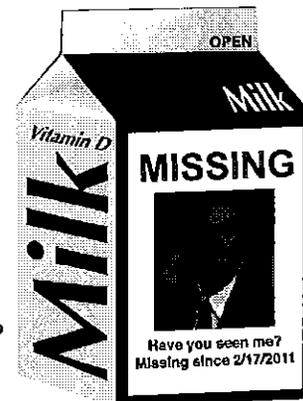
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Penelope Shon</i>	<i>4786 Landings Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/31/11</i>
2. <i>Jane Woodrow</i>	<i>343 Woodland Heights Terrace</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
3. <i>Lywette Sompu</i>	<i>340 Woodmoor Heights Ter 3</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>3/31/11</i>
4. <i>Debra Meyer</i>	<i>306 Woodland</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
5. <i>Dailene Grant</i>	<i>313 Woodland Ht.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
6. <i>Barbara Curran</i>	<i>344 Woodland Ht. Rhd. WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>"</i>	<i>3/31/11</i>
7. <i>Donald Chapman</i>	<i>574 Woodland Hill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>R. Amherst</i>	<i>3/31/11</i>
8. <i>Scott H. [unclear]</i>	<i>386 Woodland [unclear]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
9. <i>[unclear]</i>	<i>320 Woodland [unclear]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
10. <i>Pat Tober</i>	<i>382 Woodland Rh. [unclear]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rheland</i>	<i>3/31/11</i>

Certification of Circulator

I, Jennifer L. Nery, certify:
(name of circulator)
 I reside at 9830 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.

3/31/11
(date)

Jen L Nery
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

To: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire po.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Mary F. Sawyer</u>	<u>PO Box 864</u> <u>Three Lakes WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
2. <u>To Kampala</u>	<u>PO Box 516</u> <u>St. Germain WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/5/11</u>
3. <u>Mule Peltier</u>	<u>PO Box 302</u> <u>Three Lakes WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3 5 11</u>
4. <u>John Hunt</u>	<u>P.O. Box 208</u> <u>Three Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/5/11</u>
5. <u>Tom Nelson</u>	<u>946 OLSON RD</u> <u>3 LAKES</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/5/11</u>
6. <u>Derry Ruck</u>	<u>1536 Rte 20 R</u> <u>3 Lakes WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7. <u>Donna</u>	<u>1720 SUPERIOR</u> <u>3 LAKES WI 54512</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/4/11</u>
8. <u>Connie Brant</u>	<u>W13329 Hwy T</u> <u>Mesaon, WI 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>Summit</u> <u>3/4/11</u>
9. <u>Don Brant</u>	<u>W13329 Hwy T</u> <u>Mesaon 54435</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>Summit</u> <u>3/4/11</u>
10. <u>Jack Brewer</u>	<u>6810 WINKLER</u> <u>3 LAKE SW 1</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Laurie Nelson certify:
(name of circulator)
 I reside at 946 Olson Rd Three Lakes WI 54562
(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 strict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 3-18-2011
(date)

X Laurie Nelson
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>William Heimmel Jr</i>	<i>4962 Hwy D 54521 Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Super Camp</i>	<i>3/8/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

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

4/14/11
(date)

Joseph I. Hein
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	10925 Kellogg Road Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	2-26-11
2.	W4357 Poplar Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	2-26-11
3.	N1231 Heritage Rd. Merrill WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	02/26/11
4.	N1231 Heritage Rd. Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	02/26/11
5.	N3500 Meadow Rd. Antigo, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3/6/11
6.	N3500 meadow Rd. Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3/6/11
7.	316 8th Ave Antigo, WI 54405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/8/11
8.	502 WATSON ANTIGO WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3-8-11
9.	N6117 Springbrook Rd BRYANT, WI 54418	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neva	3-8-11
10.	N6180 City Rd V Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neva	3-8-11

Certification of Circulator

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

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

3-8-11
(date)

(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Randy W. Siquab</u>	<u>14794 HOLFORD RD.</u> <u>ALVIN-WISE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALVIN</u>	<u>4-2-11</u>
2. <u>Rita Stamb</u>	<u>14794 HOLFORD Rd</u> <u>ALVIN, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALVIN</u>	<u>4-2-11</u>
3. <u>Russell A. ...</u>	<u>714751 WW WAUSAU</u> <u>WI 54403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-2-11</u>
4. <u>Nancy Stamm</u>	<u>7445 TRAILWOOD Dr</u> <u>MINOCQUA WI 54518</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>4-2-11</u>
5. <u>Bob Meyde m</u>	<u>409 elm st</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bronwood</u>	<u>4-2-11</u>
6. <u>James Marshall</u>	<u>W10833 winter Rd</u> <u>Antega WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGA</u>	<u>4-2-11</u>
7. <u>David A. K...</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-2-11</u>
8. <u>James Bronman</u>	<u>311 W. Riverside Ave.</u> <u>Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MERRILL</u>	<u>4-2-11</u>
9. <u>Tanema S. ...</u>	<u>3071 Hwy. 8 East</u> <u>Phindolander WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MONICO</u>	<u>4-2-11</u>
10. <u>Robert Pannapacker</u>	<u>11033 CHIPPAWA FOREST RD</u> <u>ARBOVITAL WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBOVITAL</u>	<u>4/2/11</u>

I, Jennifer L. Nery TWN, certify:
(name of circulator)
 I reside at 9830 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.

4-2-11 (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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Barbara B. Dunst</u>	<u>W 1227 Long Lake Dr. N.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u>	<u>3-27-11</u>
2. <u>Louis B. Zyk</u>	<u>N 7740 County Rd B GLEASON, WI 54435</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>HARRISON</u>	<u>3/27/11</u>
3. <u>Louis B. Zyk</u>	<u>N 7740 County Rd B GLEASON, WI 54435</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>HARRISON</u>	<u>3/27/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Jerry L. Surk certify:
(name of circulator)
 reside at N 9062 Co. Hwy B, Gleason, WI 54435
(circulator's residence - include number, street, and municipality) Harrison

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

RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

We, the undersigned qualified electors of the Wisconsin's 12th Senate District

(jurisdiction or district of officeholder)

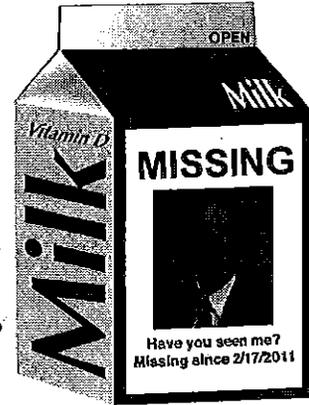
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Wallace Towne</i>	<i>4171 SUNSET RD RHINELANDER WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>4/1/11</i>
2. <i>Dan Lavender</i>	<i>3093 FIRE LN RHINELANDER 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>4-1-11</i>
3. <i>Robert Lavender</i>	<i>3093 FIRE LN RHINELANDER WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>4-1-11</i>
4. <i>Joyce Towne</i>	<i>4171 SUNSET RD RHINELANDER WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i>	<i>4-1-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Joyce Towne* *JOYCE & WALLACE TOWNE*, certify:
(name of circulator)
 I reside at *4171 SUNSET RD RHINELANDER WI 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.

4-1-11
(date)

Joyce Towne
(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. *972*

RECALL PETITION

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

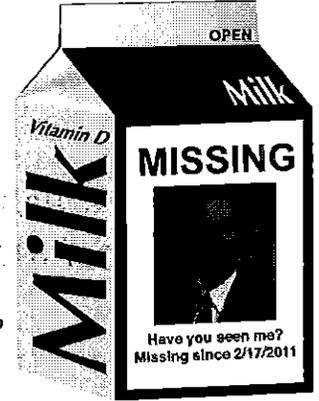
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Shirley M. Liesenberg</i>	<i>8671 W. Bakery Circle Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3-22-11</i>
2. <i>[Signature]</i>	<i>9701 BRAWLINE TR MINOCQUA, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>3-24-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Vernon W. Liesenberg*, certify:
(name of circulator)
 I reside at *8671 W. Bakery Cir. Minocqua Wis 54548*
(circulator's residence - include number, street, and municipality)

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

4-1-11 *Vernon W. Liesenberg*
(date) (signature of circulator)

RECALL PETITION

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

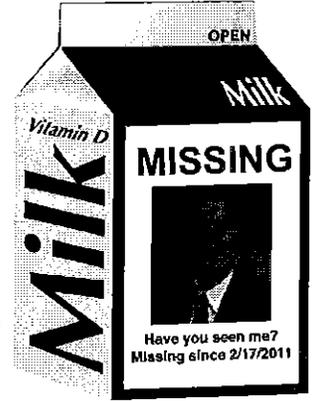
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sandi Gurtner</i>	<i>9041 Woodruff Rd Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2. <i>Walter Gurtner Jr</i>	<i>9041 WOODRUFF RD. WOODRUFF, WI. 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, WALTER GURTNER JR, certify:
(name of circulator)

I reside at 9041 WOODRUFF RD. WOODRUFF, WI
(circulator's residence - include number, street, and municipality)

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

3/30/2011
(date)

Walter Gurtner Jr
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and 8.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Edward Jacobson</i>	<i>2182 So. Turtle Lake Road</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Winchester</i>	<i>2/24/2011</i>
2. <i>Hulma Jankowski</i>	<i>2162 Lake St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Winchester</i>	<i>3/9/11</i>
3. <i>Ann Kulisov</i>	<i>1020 ...</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Winchester</i>	<i>3/9/11</i>
4. <i>Ed ...</i>	<i>2108 Lake St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Winchester</i>	<i>3/9/11</i>
5. <i>Emily Ann Kane</i>	<i>2108 Lake Street</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Winchester</i>	<i>3/25/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Edward Jacobson*, certify:
(name of circulator)

I reside at *2182 So. Turtle Lake Road Winchester 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.

March 31, 2011 (date) *Edward Jacobson* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

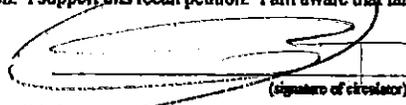
STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Christine Horton</i>	1007 2nd Avenue Antigo, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Town of Antigo</i>	3-7-11
<i>Deanna Lucas</i>	W8016 Moose Lake Rd Antigo, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Town of Norwood</i>	3-9-11
3. <i>Michelle Sperr</i>	2130 Hwy 45 South N1520 Old 26 RD Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	3-9-11
4. <i>Drew VanDoyen</i>	Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	3-10-11
5. <i>Jim Mattek</i>	N5521 Star Neva R D everbrook 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NeVA</i>	3-10-11
6. <i>Daniel Rupon</i>	503 Watson St Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	3/10/11
7. <i>Mark Delbo</i>	W8326 City Rd F Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	3-11-11
8. <i>DAN Van Doyen</i>	N1520 Old 26 RD Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling Antigo</i>	3-11-11
9. <i>Sue Vertz</i>	N1414 Carley RD Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	3-11-11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, JAMES D. NOVAK certify of Circulator, certify:
(name of circulator)
 I reside at 619 Gowin RD ANTIGO, WI
(circulator's residence - include number, street, and municipality)

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

3-12-11 
(date) (signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Wilho Flantz</i>	500 N PROSPECT ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	3/16/11
2. <i>Chris Schultz</i>	63125 Center Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	B-17-11
3. <i>John Manderfield</i>	2812 Hwy 64	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE RIVER	4-12-11
4. <i>John Allen</i>	W4796 DONOVAN DR IRMA WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BIRCH	4/15/11
5. <i>Randy J. Allen</i>	W4796 DONOVAN DR. Irma, Wis.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	4/15/11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *John Allen* (JOHN ALLEN), certify:
(name of circulator)

I reside at W4796 DONOVAN DR IRMA WI 54442 TOWN OF BIRCH.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 15, 2011
(date)

John Allen
(signature of circulator)

RECALL PETITION

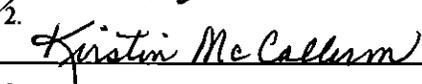
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	8388 Dam Rd. Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/15/11
2. 	8388 Dam Road Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/15/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

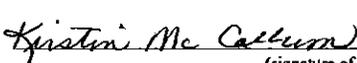
Certification of Circulator

I, Kirstin McCallum + Tom McCallum, certify:
(name of circulator)

I reside 8388 Dam Road, 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 15, 2011
(date)

 
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Richard S. Oliniski</i>	<i>W6629 Bay Mill Ln. Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <i>BRADLEY</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-18-11</i>
2. <i>Bette A. Oliniski</i>	<i>W6629 Bay Mill Ln Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <i>Bradley</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/18/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Dawn Barkholz*, certify:

I reside *1420 Wheeler 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.

X *4/11/11*
(date)

X Dawn Barkholz
(signature of circulator)

RECALL PETITION

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

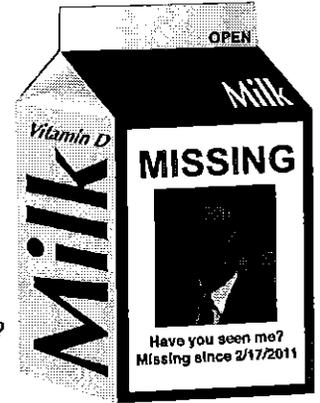
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>William Saal</u>	<u>10960 Hwy 70 East</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>4-15-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, William Saal, certify:

I reside at 10960 Hwy 70 East - Arbor Vitae - WI
(circulator's residence - include number, street, and municipality)

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

4-15-11
(date)

William Saal
(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. 980

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>John Wieg</u>	<u>6307 Cty Hwy V HAZELHURST WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>HAZELHURST</u>	<u>2/5/11</u>
2. <u>John Wieg</u>	<u>8560 Vermont. MINOCQUA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>2/5/11</u>
3. <u>E.L. Schultz</u>	<u>Hazelhurst 9400 So Mill Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MANOC.</u>	<u>2/5/11</u>
4. <u>Rene Domi</u>	<u>7371 Timber Lane MINOCQUA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3/5/11</u>
5. <u>Susan Loos</u>	<u>10275 NORWAY CT MINOCQUA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3-5-11</u>
6. <u>Jerry Arnsward</u>	<u>1587 MARY LN W ARBOR VITAE WIS</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ARBOR VITAE</u>	<u>3-5-11</u>
7. <u>Wendy Greedy</u>	<u>7286 McCox Rd Minocqua WI 54548</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3-5-11</u>
8. <u>Shelby L. Guja</u>	<u>8670 PINKHURST DR. MINOCQUA, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3/5/11</u>
9. <u>Glenn M. Jumbi</u>	<u>3959 Inghois Ct. Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u>	<u>3/5/11</u>
10. <u>Judith A. Jumbi</u>	<u>3959 Inghois Ct Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u>	<u>3/5/11</u>

Certification of Circulator

I, Rudolph A Fuchs, Jr, certify:

(name of circulator)

I reside at 5349 Island Lake Rd Boulder Junction 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.

3/5/11

(date)

Rudolph A Fuchs, Jr

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.  JAMES THOMPSON	8839 ART THOMPSON RD HARSHAW, WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CASSIAN	3-5-11
2. Mary Thompson	8839 Art Thompson Rd Harshaw WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CASSIAN	3-5-11
3. Daniel S. Meln	7888 Avis Lane #2 Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA	3-5-11
4. Julie Gregory	P0114 7558 Sheraland Lake Tomahawk, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	3/5/11
5. Beth Mueller	7585 Blue Lake Island Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA	3/5/11
6. Amy Kuchrow	7397 FOREST DR MINOQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA	3-5-11
7. Wm Johnson	9571 S BLUE LK RD HAZELHURST WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	3-5-11
8. Kay Stompa	1392 Julie Ct Arboretum WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBORUM	3-5-11
9. Michelle Buel	10147 S. LAURELHINE RD HAZELHURST WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	3-5-11
10.  ADAM MOTT	8475 Hwy 70 W St. Germain, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-5-11

Certification of Circulator

I, Rudolph A. Fuchs Jr, certify:

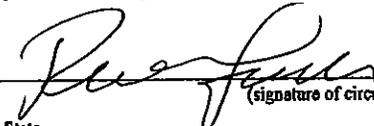
(name of circulator)

I reside at 5349 ISLANA LAKE RD BOULDER JUNCTION 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.

3-5-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Kathleen Howze</i>	<i>1370 County Road A</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i>	<i>3/1/11</i>
2. <i>Tom Heston</i>	<i>3943 Munster Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Conover</i>	<i>3-3-11</i>
3. <i>Jora Hayes</i>	<i>3039 Casbury Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i>	<i>3/4/11</i>
4. <i>Mark Hayes</i>	<i>3039 Casbury Ln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i>	<i>3/4/11</i>
5. <i>Linda Youngquist</i>	<i>6336 W Shore Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land o' Lakes WI</i>	<i>3/5/11</i>
6. <i>Audie Japp</i>	<i>4710 CTY RD B LAND O' LAKES</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAND O' LAKES</i>	<i>3/7/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Linda Youngquist, certify:
(name of circulator)

I reside at 6336 West Shore Road 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.

3/17/11
(date)

Linda Youngquist
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	17263 OLD HWY TO 50 GERMAIN WI 54558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ST. GERMAIN	3/3 2011
2. <i>[Signature]</i>	N 10. OLD HWY TO St. Germain, WI 54558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City St Germain	3/3 2011
3. <i>[Signature]</i>	8100 NORWOOD DR St Germain WI 54558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City St Germain	3/3 2011
4. <i>[Signature]</i>	17270 Moon Rd St. Germain 54558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ST-GERMAIN	3-3 2011
5. <i>[Signature]</i>	4282 LAKE LAURA Rd St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star LAKE	3-7 2011
6. <i>[Signature]</i>	4282 LAKE LAURA Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Star Lake	3-7 2011
7. <i>[Signature]</i>	1462 City Rd C	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ST. GERMAIN	3-25 2011
8. <i>[Signature]</i>	1462 City Rd C	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ST. GERMAIN	3-25 2011
9. <i>[Signature]</i>	1104 BORDER CREEK RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST GERMAIN	4/11 2011
10. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2011

I, JAMES V LENZ Certification of Circulator, certify:
(name of circulator)

I reside at 1158 Border Creek Rd St. Germain WI 54558
(circulator's residence - include number, street, and municipality)

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

4/3/11 (date) *[Signature]* (signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Walter H. Safford</i>	8085 Hemlock Ln St Germain, WI	<input checked="" type="checkbox"/> Town St Germain <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
2. <i>Helen D Safford</i>	8085 Hemlock Ln St Germain WI 54558	<input checked="" type="checkbox"/> Town St Germain <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
3. <i>Hymette D Widmer</i>	8250 Paradise Drive St Germain WI 54558	<input checked="" type="checkbox"/> Town St Germain <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
4. <i>Robert Gadue</i>	P.O. Box 611 St Germain WI 54558	<input checked="" type="checkbox"/> Town St Germain <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
5. <i>[Signature]</i>	St Germain WI 54558 8166 Rainbow DR East	<input checked="" type="checkbox"/> Town St Germain <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
6. <i>Sherry Olson</i>	8273 Evergreen Dr. W. St Germain WI 54558	<input checked="" type="checkbox"/> Town St Germain <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
7. <i>Steve Carls</i>	2049 MAGGIE MAY LN ST. GERMAIN, WI 54558	<input checked="" type="checkbox"/> Town St Germain <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
8. <i>[Signature]</i>	5964 Balsam Rd Hazelhurst, WI. 54531	<input checked="" type="checkbox"/> Town Lake Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	3-3-11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Walter H. Safford, certify:
(name of circulator)
 I reside at 8085 Hemlock Lane Saint Germain, WI 54558
(circulator's residence - include number, street, and municipality)

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

3/4/2011 (date) Walter Safford (signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	<u>P.O. BOX 156</u> <u>3127 PLUM LAKE DR</u> <u>SAYNER, WI 54560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>04/01/2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, CHARLES SEENAFER, certify:
(name of circulator)

I reside at 3127 PLUM LAKE DR, SAYNER, WI 54560, TOWN OF PLUM 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.

04-10-2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>David Marshall</i>	<i>N1337 Friendly Circle Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>2/26/11</i>
2. <i>Devin McArthur</i>	<i>1337 Friendly Cir Merrill Wis 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>2/27/11</i>
3. <i>Mike Kruger</i>	<i>N2225 City Rd G Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>2/29/11</i>
4. <i>Karen Krenner</i>	<i>N2225 City Rd G Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>2-27-11</i>
5. <i>[Signature]</i>	<i>W7030 Countryside Cir Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2-28-11</i>
6. <i>Walter Allen</i>	<i>W7030 Countryside Cir Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2-28-11</i>
7. <i>Shirley Klug</i>	<i>701 Superior St Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2-28-11</i>
8. <i>Danny Lee</i>	<i>2401 W JACKSON Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2-28-11</i>
9. <i>Don Schwartzman</i>	<i>895 N Prospect Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2-28-11</i>
10. <i>[Signature]</i>	<i>N532 COUNTRY RD MERRILL WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CORNING</i>	<i>2-28-11</i>

Certification of Circulator

I, *David Marshall*, certify:
(name of circulator)

I reside at *N1337 Friendly Circle 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.

2/28/11
(date)

David Marshall
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Patricia S Lemke</i>	<i>705 E Somo Ave Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>3/5/2011</i>
2. <i>Paul K Lemke</i>	<i>404 E Washington Ave Tomahawk WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>3-5-2011</i>
3. <i>Patti Lemke</i>	<i>404 E Washington Tomahawk WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>3/5/11</i>
4. <i>Rya Lemke</i>	<i>1980 S. Schuetter Rd Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Nokomis</i>	<i>3/5/11</i>
5. <i>Jeremiah Johnson</i>	<i>309 Mill Street Tomahawk WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>3-5-11</i>
6. <i>Elizabeth Johnson</i>	<i>309 Mill St Tomahawk WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>3-5-11</i>
7. <i>Charles E. Cross</i>	<i>W7117 Spirit Haven Rd Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>3-6-11</i>
8. <i>Nobby Cross</i>	<i>W7117 Spirit Haven Tomahawk WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley</i>	<i>3-6-11</i>
9. <i>Mark Lemke</i>	<i>1013 S. Gate Dr</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>3-6-11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Patricia S Lemke*, certify:

I reside *705 E Somo Ave Tomahawk WI 54487*
(name of circulator)
(circulator's residence - include number, street, and municipality)

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

3/9/2011
(date)

Patricia S Lemke
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>V. Sandra Bethke</i>	<i>6907 Lake Mildred Rd. Rhineland, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/23/11</i>
2. <i>Robert J. Bethke</i>	<i>6907 Lake Mildred Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/23/11</i>
3. <i>Janet Samols</i>	<i>4875 Pine Grove Dr. Rhineland WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	
4. <i>Janet Samols</i>	<i>4215 Pine Grove Dr. Rhineland, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/23/11</i>
5. <i>Salim Khatib</i>	<i>609 Thayer St. Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>2/24/11</i>
6. <i>Jason Ben</i>	<i>9041 Wilson Bessett Rd Argonne WI 54511</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>2-24-11</i>
7. <i>John Tysa</i>	<i>1085 Lake Ave Crandon WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandon</i>	<i>2/24/11</i>
8. <i>Loz A Kulak</i>	<i>7233 Bradley St Lake Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>2/25/11</i>
9. <i>Dawn Trei</i>	<i>4069 Hillside Ct. Rhineland, WI, 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>
10. <i>David Nason</i>	<i>6810 Northland Dr, WI,</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>2/25/11</i>

Certification of Circulator

I, *V. Sandra Bethke*, certify:
(name of circulator)
 I reside at *6907 Lake Mildred Rd. Rhineland, WI* *NEWBOLD*
(circulator's residence - include number, street, and municipality)

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

2-25-2011
(date)

V. Sandra Bethke
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Bruce Collins	4210 Hilltop Rd Rhinelander - WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/1/11
2. Carolyn Baltus	6779 - Winkler Rd Three Lakes, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Three Lakes	3/1/11
3. [Signature]	633 RFD Rd THREE LAKES, WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3-1-11
4. [Signature]	2476 HWY A Three Lakes WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3-1-11
5. Jim Belon	6980 STANZIC THREE LAKES, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City THREE LAKES	3-1-11
6. Janet Brummond	2216 COUNTY A THREE LAKES, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City THREE LAKES	3/1/11
7. Eric J. Wick	801 LEATZOW Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	3-1-11
8. Heather Behn	6178 Sawenkenes Ln Three Lakes WI 54562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Three Lakes	3-1-11
9. [Signature]	1741 Lighthouse Lock Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Three Lakes	3-1-11
10. John C. Krach	6919 AIRPORT Rd. THREE LAKES, WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3-1-11

Certification of Circulator

Donald Jones

(name of circulator)

certify:

reside at 624 Minnesota Eagle River, WI 54521

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

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

3/1/11

(date)

Donald Jones

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Janet D. Bares</i>	<i>N 2548 Hwy 17 MERRILL, WI 54452</i>	<input checked="" type="checkbox"/> Town <i>MERRILL</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
2. <i>Robert Oldenburg</i>	<i>W383 City Rd ccc Glendon WI 54435</i>	<input checked="" type="checkbox"/> Town <i>Russell</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
3. <i>Anna S. Bares</i>	<i>1401 E 10th St. Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Merrill</i> <input checked="" type="checkbox"/> City	<i>2/28/11</i>
4. <i>Kimberly Arnoldt</i>	<i>710 Tee Lane Dr Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2-28-11</i>
5. <i>Mary B. Butte</i>	<i>2104 River St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Merrill</i> <input checked="" type="checkbox"/> City	<i>3-2-11</i>
6. <i>David Weber</i>	<i>1104 E 7th Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Merrill</i> <input checked="" type="checkbox"/> City	<i>3-2-11</i>
7. <i>Shirley W. W...</i>	<i>1703 E 2nd St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-9-11</i>
8. <i>Kiaha Wendt</i>	<i>1446 FAIRVIEW RD MERRILL WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>3-9-11</i>
9. <i>Joel Wendt</i>	<i>Merrill WI 54452 N3228 ANNARD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-9-11</i>
10. <i>Tom Swenson</i>	<i>205 N Pine St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-9-11</i>

I, Mark Bares Certification of Circulator, certify:
(name of circulator)
 I reside at 1401 E 10th St City of Merrill
(circulator's residence - include number, street, and municipality)

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

3/10/11 *Mark Bares*
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

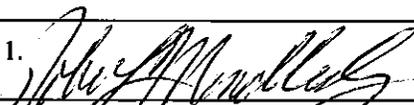
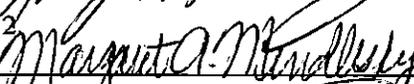
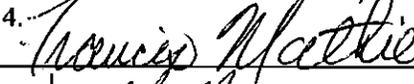
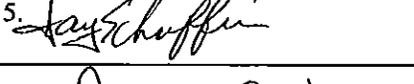
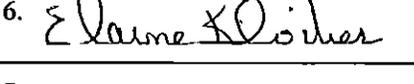
(official with whom nomination papers or declaration of candidacy for the office is filed)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	1909 HAMMER LN EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town WASHINGTON <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
2. 	1909 Hammer Ln Eagle River, WI 54521	<input checked="" type="checkbox"/> Town Washington <input type="checkbox"/> Village <input type="checkbox"/> City	2-25-11
3. 	2162 VISTA VIEW DR. EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town WASHINGTON <input type="checkbox"/> Village <input type="checkbox"/> City	2-25-11
4. 	2166 VISTA VIEW DR EAGLE RIVER WI. 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village WASHINGTON <input type="checkbox"/> City	2-28-11
5. 	2236 E April NK RD Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Washington <input type="checkbox"/> City	2-2-11
6. 	2162 Vista View Drive Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Washington <input type="checkbox"/> City	3-3-11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

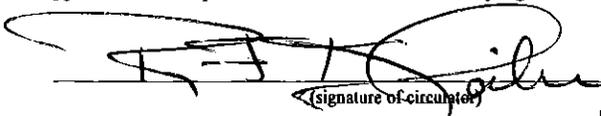
I, ROBERT F. KLOBBER, certify:
(name of circulator)

I reside at 2162 VISTA VIEW DR, EAGLE RIVER, WI. 54521 TOWN 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.

2-25-11

(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	N 18733 SHORT CAT RD Pembine WI 54156	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/8/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

Certification of Circulator

I, CARL O LANDWEHR, certify:
(name of circulator)

I reside N 18733 SHORT CAT RD, Pembine
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

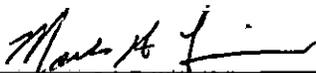
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	W7074 Island Lake Rd. Wausaukee	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	4/5/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, Mark A Fisher, certify:

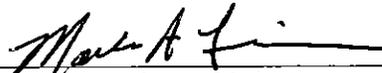
(name of circulator)

I reside W7074 Island Lake Rd Wausaukee

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Thomas Christ</u>	<u>N 11181 Jermac Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausaukee</u>	<u>4/9/11</u>
2. <u>Margaret Christ</u>	<u>N 11181 Jermac Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausaukee</u>	<u>4/9/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>

Certification of Circulator

I, Margaret M. Christ, certify:

I reside N 11181 Jermac Rd Wausaukee WI 54177

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

Margaret Christ
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	1316 Wild wood Dr. Eagle River Wis.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	3/11/11
2. <i>Rollin De Coy</i>	6790 HWY 6 ER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	3/18-11
3. <i>Man McCoy</i>	6790 Hwy 6 ER-	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	3/11/11
4. <i>[Signature]</i>	1110 CHICKREEK Eagle River Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-11-11
5. <i>White Dumburth</i>	1106 CHICKREEK RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cleveland	3-11-11
6. <i>Richard Brankamp</i>	1106 CHICKAREE LK RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cleveland	3-11-11
7. <i>Mike Hedley</i>	3768 Townline E.R.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	3/11/11
8. <i>Christine Counter</i>	P.O. Box 1213 E.R.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/15/11
9. <i>Dana Cain</i>	721 Hwy 455 E.R.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/15/11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

ANTHONY ZDRONIK

(name of circulator)

, certify:

reside at 3969 CLOVERLAND DR. CLOVERLAND

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

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

3-30-11

(date)

[Signature]

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>David Benson</i>	<i>W 6454 E FIFTH AVE RD</i>	<input checked="" type="checkbox"/> Town POLAR <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
2. <i>[Signature]</i>	<i>336 E Park Ave Antigo</i>	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
3. <i>Chris MacClain</i>	<i>6014 Virginia St Antigo WI 54409</i>	<input type="checkbox"/> Town Antigo <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
4. <i>Gregory Dick</i>	<i>1310 Deleglise St Antigo WI 54409</i>	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/22/11</i>
5. <i>Stephanie Boneo</i>	<i>1312 RAISON ST. Antigo</i>	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/22/11</i>
6. <i>[Signature]</i>	<i>1100 9th Ave Antigo WI 54409</i>	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/22/11</i>
7. <i>Jim Hahn</i>	<i>N12083 Hwy 45 Antigo WI 54408</i>	<input checked="" type="checkbox"/> Town Aniwa <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
8. <i>[Signature]</i>	<i>N1885 Maple Rd Antigo WI</i>	<input checked="" type="checkbox"/> Town Rolling <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
9. <i>Jim McElroy / Trebe McElroy</i>	<i>N3460 Cortland Dr Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town Polier <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>
10. <i>David C. Styo</i>	<i>N 03606 Orchard Rd. Antigo Wis 54409</i>	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/22/11</i>

Certification of Circulator

I, Larry W. Schumacher, certify:

I reside 4621 S. 72nd E Pl. Tulsa OK 74145
(circulator's residence - include number, street, and municipality)

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

3-25-2011
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

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

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1. <i>Carol J. Wolf</i> CAROL J. WOLF	Antigo 204 S. HUDSON ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
2. <i>Heidi Schroeber</i> Heidi Schroeber	737 Beresin St. Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
3. <i>Budgett Dixon</i> Budgett Dixon	110575 Byers Rd Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deerbrook	3-22-11
4. <i>Antu Smith</i> Antu Smith	111435 Maple Rd. Bismarck WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mattoon	3-22-11
5. <i>Debra Mink</i> Debra Mink	N7191 Dorcross Rd. Deerbrook WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deerbrook	3-22-11
6. <i>Melissa Yarn</i> Melissa Yarn	408 Hwy 14 E Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-22-11
7. <i>Debbie Brennecke</i> Debbie Brennecke	Antigo WI Antigo WI, 510 Elm St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
8. <i>Sarah Rind</i> Sarah Rind	19220 Mill Rd Summit WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Summit	3-22-11
9. <i>Kate W. Egan</i> Kate W. Egan	W9541 Flight Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-22-11
10. <i>Jim Honensec</i> Jim Honensec	517 2nd Ave Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-22-11

I, Larry W. Schumacher, certify:
(name of circulator)
 I reside 4621 S. 72nd E. Pl., Tulsa, OK 74145
(circulator's residence - include number, street, and municipality)

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

3-25-2011
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1.	10977-13 Hwy 70E Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
2.	7600 Duck Rd Lake Tomahawk WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK	4/5/11
3.	205 Spruce St. Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	04/05/11
4.	418 E. Pine St. Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	04/05/11
5.	637 US HWY 45 Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	04/05/11
6.	1202 Evans Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menomonie	4/5/11
7.	279 Spruce Street Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/5/11
8.	2613 Hwy 17 Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/5/11
9. Joe Barber	239 Highview Parkway Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RHINELANDER	4/6/11
10. Rodger Tenge	9249 Forest Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Loone	4-6-11

Certification of Circulator

I, SHERRI FERRELL, certify:

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

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

4/15/11
(date)

(signature of circulator)

Page No. 999

101

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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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1. <i>[Signature]</i>	380 Maple St Birnhamwood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Birnhamwood	4-12-11
2. <i>[Signature]</i>	889 Deerpise St Antigo WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-12-11
3. <i>[Signature]</i>	332 Maple St Birnhamwood, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Birnhamwood	4-12-11
4. <i>[Signature]</i>	3835 Hwy 45 Birnhamwood, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Birnhamwood	4-12-11
5. <i>[Signature]</i>	106 Vinal St #6 Wittenberg WI P.O. Box	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-12-11
6. <i>[Signature]</i>	9140 Grand Ave Eland WI 54427	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elderon	4-12-11
7. <i>[Signature]</i>	403 S Howard St Wittenberg WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-13-11
8. <i>[Signature]</i>	405 S. Howard Wittenberg WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-13-11
9. <i>[Signature]</i>	206 E Grand Ave Wittenberg WI 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-13-11
10. <i>[Signature]</i>	203 #8 Wittenberg	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	4-13-11

Certification of Circulator

I, Larry W. Schumacher, certify:

I reside 4621 S. Tand 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.

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)