

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

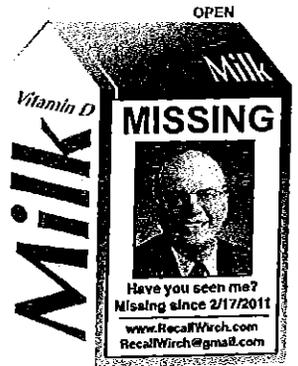
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                              | DATE OF SIGNING   |
|-------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. <u>Michelle Wedo</u> | <u>10525 3rd Ave<br/>Pleasant Prairie WI</u>                                                     | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Pleasant Prairie</u> | <u>17 Nov '11</u> |
| 2.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |
| 3.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |
| 4.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |
| 5.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |
| 6.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |
| 7.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |
| 8.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |
| 9.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |
| 10.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                   |

### Certification of Circulator

I, ANTHONY LEE WEDO, certify:  
(name of circulator)

I reside at 10525 3RD AVE. PLEASANT PRAIRIE, WI 53158  
(circulator's residence - include number, street, and municipality)

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

Anthony Lee Wedo  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1101

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

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(name of officeholder to be recalled and office)

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING  |
| 1. <u>Norm T. Keeker</u>                                                                                                                                                          | <u>8401 207<sup>TH</sup> AVE</u><br><u>BRISTOL WI 53104</u>                                      | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>BRISTOL</u> | <u>3/19/11</u>   |
| 2. <u>Norm T. Keeker</u>                                                                                                                                                          | <u>8401 207<sup>TH</sup> AVE</u><br><u>BRISTOL WI 53104</u>                                      | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>BRISTOL</u> | <u>3/19/2011</u> |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |

### Certification of Circulator

I, NORMAN T. KEEKER, certify:

(name of circulator)

I reside at 8401 207<sup>TH</sup> AVE BRISTOL WI 53104

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

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

Norm T. Keeker  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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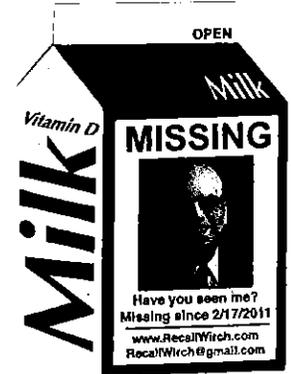
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                          | DATE OF SIGNING |
| 1. <u>B. Barron</u>                                                                                                                                                               | <u>11114 233<sup>rd</sup> Ave</u>                                                                | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Trevor SALEM</u> | <u>3/6/11</u>   |
| 2. <u>Bruce Barron</u>                                                                                                                                                            | <u>11114 233 Ave</u>                                                                             | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Trevor SALEM</u> | <u>3-10-11</u>  |
| 3. <u>John Wallen</u>                                                                                                                                                             | <u>23225 111<sup>th</sup> Place</u>                                                              | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Trevor SALEM</u> | <u>3-14-11</u>  |
| 4. <u>Pam Wallen</u>                                                                                                                                                              | <u>23225 111<sup>th</sup> Place</u>                                                              | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Trevor SALEM</u> | <u>3-14-11</u>  |
| 5. <u>Lucinda Lemke</u>                                                                                                                                                           | <u>11100 235<sup>th</sup> Ave</u><br><u>TREVOR</u>                                               | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Trevor SALEM</u> | <u>3-17-11</u>  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |

### Certification of Circulator

I, Bruce Barron, certify:

I reside at 11114 233<sup>rd</sup> Ave Trevor, WI 53179  
(circulator's residence - include number, street, and municipality)

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

B. Barron  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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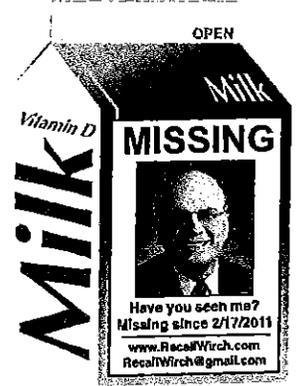
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------|
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| 1. <u>Greg Leonard</u><br><u>Mrs Leonard</u>                                                                                                                                      | <u>11128 270th Ave</u><br><u>Trevor, WI 53179</u>                                                | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Salem</u> | <u>3-16-11</u>  |
| 2. <u>Sally Leonard</u><br><u>Cheryl Leonard</u>                                                                                                                                  | <u>11142 270th AVE</u><br><u>TREVOR WI 53179</u>                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Salem</u> | <u>3/16/11</u>  |
| 3. <u>CHARLES B. LEONARD</u><br><u>Charles Leonard</u>                                                                                                                            | <u>11133 270th Ave</u><br><u>TREVOR WI 5317</u>                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>Salem</u> | <u>3-16-11</u>  |
| 4. <u>CHARLES B. LEONARD</u><br><u>Charles B. Leonard</u>                                                                                                                         | <u>11133 270th Ave</u><br><u>TREVOR WI 53179</u>                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Salem</u> | <u>3-16-11</u>  |
| 5. <u>JESSICA GORDON</u><br><u>Gordon</u>                                                                                                                                         | <u>11128 270th ave</u><br><u>TREVOR WI 53179</u>                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Salem</u> | <u>3/16/11</u>  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

### Certification of Circulator

I, CHARLES B. LEONARD, certify:

(name of circulator)

I reside at 11133 270th AVE TREVOR WI 53179 SALEM

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

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

Charles B. Leonard  
(signature of circulator)

Please mail this form to:

- Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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|----------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <i>Frank V. Kiench</i>  | <i>8816-39<sup>th</sup> AVE APT 4-E<br/>KENOSHIA WI 53142</i>                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>KENOSHIA</i>   | <i>3-3-11</i>   |
| 2. <i>Gerald W. Herbin</i> | <i>2924-24<sup>th</sup> ST<br/>KENOSHIA WI 53140</i>                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>KENOSHIA</i>   | <i>3/3/2011</i> |
| 3. <i>Robert E Krause</i>  | <i>3814-21<sup>st</sup> AVE.<br/>KENOSHIA WI</i>                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>KENOSHIA.</i>  | <i>3/3/11</i>   |
| 4. <i>Markus Krause</i>    | <i>3814-21<sup>st</sup> Ave<br/>Kenosha WI</i>                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i>    | <i>3-3-11</i>   |
| 5.                         |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6. <i>Raila Hmeute</i>     | <i>6342 51st Ave<br/>Kenosha WI 53142</i>                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i>    | <i>3-3-11</i>   |
| 7. <i>Deborah Cook</i>     | <i>6345-26 Ave<br/>Kenosha, WI</i>                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>KENOSHIA</i>   | <i>3-3-11</i>   |
| 8. <i>Loni Selding</i>     | <i>1729-20<sup>th</sup> Ave<br/>Kenosha WI</i>                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i>    | <i>3-7-11</i>   |
| 9. <i>Keith Kernen</i>     | <i>273 Berry St.<br/>Burlington, WI</i>                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Burlington</i> | <i>3-9-11</i>   |
| 10.                        |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, PAUL M KNUUTI

(name of circulator)

certify:

I reside at 6342-51-AVE KENOSHIA WI 53142

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

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

*Paul M Knutti*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1105

2AB-139 (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 408-266-9005 (toll free) 408-266-1121, email: gabb@legis.wisconsin.gov

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|-----------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <i>Robert M. Pacetti</i> | 7920-20th Ave<br>Kenosha, WI                                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3/10/11         |
| 2. <i>M. A. Puri</i>        | 7920-20th Ave<br>Kenosha, WI                                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3/10/11         |
| 3. <i>Laura C. Pacetti</i>  | 7920-20th Ave.<br>Kenosha, WI                                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-10-11         |
| 4. <i>Ed W. Gruber</i>      | 7908-49th Ave<br>KENOSHA WIS.                                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-15-11         |
| 5. <i>Brian T. Lomborg</i>  | 7431-38TH STREET<br>KENOSHA, WI 53144                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-15-11         |
| 6. <i>[Signature]</i>       | 24906-125th St<br>TREVOR, WI 53179                                                               | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SALEM              | 3-15-11         |
| 7. <i>[Signature]</i>       | 4362 11th St.<br>P.O. 53158                                                                      | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Pleasant Prairie   | 3-15-11         |
| 8. <i>[Signature]</i>       | 5806 39th Ave<br>Kenosha WI 53144                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3/15/11         |
| 9. <i>[Signature]</i>       | 4219 89 PLACER<br>Kenosha, WI                                                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-15-11         |
| 10. <i>[Signature]</i>      | 8720 Sheridan Rd<br>Kenosha, WI                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-15-11         |

### Certification of Circulator

I, Robert M. Pacetti, certify:

(name of circulator)

I reside at 7920-20th Ave. Kenosha

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

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

3/17/2011  
(date)

*Robert M. Pacetti*  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1106

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

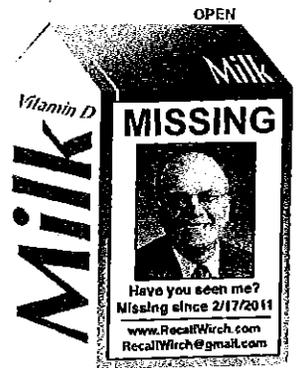
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>James P. Cimfel</u><br><u>JAMES P. CIMFEL</u>                                                                                                                               | <u>7226 150<sup>th</sup> AVENUE</u><br><u>KENOSHA, WI 53142</u>                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/17/11</u>  |
| 2. <u>Lynn R Cimfel</u><br><u>Lynn R Cimfel</u>                                                                                                                                   | <u>7226 150<sup>th</sup> AVENUE</u><br><u>Kenosha, WI 53142</u>                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/17/11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, JAMES P. CIMFEL, certify:

(name of circulator)

I reside at 7226 150<sup>th</sup> AVENUE, KENOSHA, WI 53142

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

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

James P. Cimfel  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1107

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

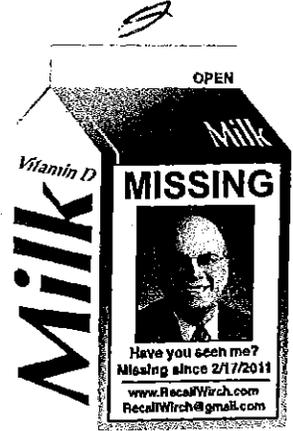
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                       | DATE OF SIGNING |
| 1. <i>[Signature]</i>                                                                                                                                                             | 6545<br>39 <sup>th</sup> Ave                                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha             | 3/13/11         |
| 2. <i>[Signature]</i>                                                                                                                                                             | 6322 500 <sup>th</sup> Ave                                                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha             | 3/13/11         |
| 3. <i>[Signature]</i>                                                                                                                                                             | 612 43 <sup>rd</sup> St<br>Kenosha                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha             | 3-13-11         |
| 4. <i>[Signature]</i>                                                                                                                                                             | 528 TOMAHAWK DR<br>TWIN LAKES WI 5318                                                            | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Kenosha             | 3-13-11         |
| 5. <i>[Signature]</i>                                                                                                                                                             | 30911 Burlington Rd<br>Burlington                                                                | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Brighton<br>Kenosha | 3-13-11         |
| 6. <i>[Signature]</i>                                                                                                                                                             | 30911 Burlington Rd<br>Burlington, WI                                                            | <input checked="" type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Brighton | 3-13-11         |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |

### Certification of Circulator

I, WILLIAM SCHMUCKI (name of circulator), certify:

I reside at 1412 E. OLIVE ST. SHOREWOOD WI 53211  
(circulator's residence - include number, street, and municipality)

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

3/13/11  
(date)

*[Signature]*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                           | DATE OF SIGNING |
|------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <i>[Signature]</i>  | 3801-13TH PL.                                                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA | 2/28/11         |
| 2. <i>[Signature]</i>  | 3801 - 13th place                                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 2/28/11         |
| 3. <i>[Signature]</i>  | 1547 30th Ct.                                                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/2/11          |
| 4. <i>[Signature]</i>  | 6911 - 5210 ST                                                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/2/11          |
| 5. <i>[Signature]</i>  | 10200 74th ST UNIT 6                                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Kenosha            | 3/2/11          |
| 6.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 7.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 8.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 9.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 10.                    |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |

I, Daniel E. Hunt, **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 8330 22nd St 405 Pleasant Prairie, WI 53158  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.  
 (date) 3/10/11 (signature of circulator) *[Signature]*

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

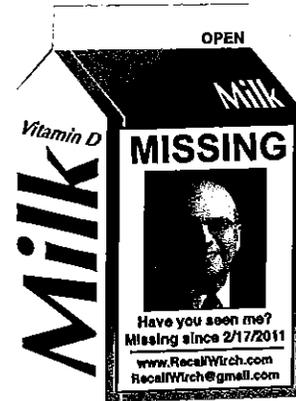
(name of officeholder to be recalled and office)

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.)*

**Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.**



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <i>[Signature]</i>                                                                                                                                                             | <i>Kenosha, WI 53143</i><br><i>7116 22nd Ave</i>                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i> | <i>2/27/11</i>  |
| 2. <i>[Signature]</i>                                                                                                                                                             | <i>7412 22nd Ave</i><br><i>Kenosha 53143</i>                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i> | <i>2/27/11</i>  |
| 3. <i>[Signature]</i>                                                                                                                                                             | <i>7102 22nd Avenue</i><br><i>Kenosha WI 53143</i>                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i> | <i>3/6/11</i>   |
| 4. <i>[Signature]</i>                                                                                                                                                             | <i>7114 32nd Ave</i><br><i>Kenosha WI 53143</i>                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i> | <i>3-18-11</i>  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, *Randy D. Meyer*, certify:  
(name of circulator)  
 I reside at *7120 22nd Avenue Kenosha WI 53143*  
(circulator's residence - include number, street, and municipality)

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

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

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. **1109B**

*[Handwritten signature]*

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                             |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                 | DATE OF SIGNING |
| 1. <i>Karen M. Furgal</i>                                                                                                                                                         | <i>Kenosha, WI 53144<br/>1461-95<sup>th</sup> Ave</i>                                            | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>SOMERS</i> | <i>4/13/11</i>  |
| 2. <i>Mark Furgal</i>                                                                                                                                                             | <i>1461 95TH AVE<br/>KENOSHA WI 53144</i>                                                        | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>SOMERS</i> | <i>4/13/11</i>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |

### Certification of Circulator

I, MARK FURGAL, certify:  
(name of circulator)

I reside at 1461 95TH AVE KENOSHA WI 53144 SOMERS  
(circulator's residence - include number, street, and municipality)

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

*Mark Furgal*  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

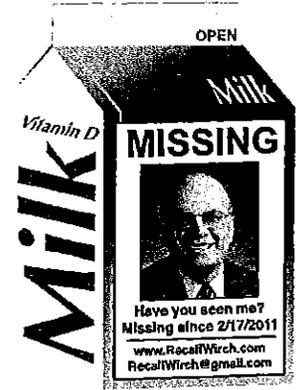
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                           | DATE OF SIGNING |
| 1. <i>Becky Aquino</i>                                                                                                                                                            | 6324 93rd Ave<br>Kenosha                                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 2. <i>Sylvia Mota</i>                                                                                                                                                             | 6529 92nd Ave<br>Kenosha WI                                                                      | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 3. <i>Wendy McCann</i>                                                                                                                                                            | 6515 89th St<br>Kenosha                                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 4. <i>[Signature]</i>                                                                                                                                                             | 9123 65th St<br>Kenosha, WI                                                                      | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 5. <i>[Signature]</i>                                                                                                                                                             | 9115 65th St.<br>Kenosha WI 53142                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 6. <i>[Signature]</i>                                                                                                                                                             | 8927 - 65th St<br>Kenosha WI                                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 7. <i>[Signature]</i>                                                                                                                                                             | 8927 - 65th St<br>Kenosha WI                                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 8. <i>Bruce Rudy</i>                                                                                                                                                              | 9108 61st Street<br>Kenosha WI                                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 9. <i>Sean Gubler</i>                                                                                                                                                             | 9219 61st<br>Kenosha WI                                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 10. <i>Christina Lopez</i>                                                                                                                                                        | 6002 94th Ct<br>Kenosha, WI                                                                      | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |

I, JOHN H. PRYJIC **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 4816 - 84th Street, Kenosha, WI 53142  
(circulator's residence - include number, street, and municipality) Pecasset Prairie

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.13(3)(a), Wis. Stats.

March 19, 2011  
(date)
John H. Pryjic  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

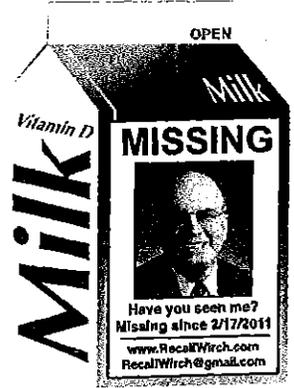
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                           | DATE OF SIGNING |
| 1. <i>[Signature]</i>                                                                                                                                                             | 6313 94th Ct<br>Kenosha WI 53142                                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 2. <i>[Signature]</i>                                                                                                                                                             | 6304 94th Ct<br>Kenosha WI 53142                                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 3. <i>[Signature]</i>                                                                                                                                                             | 7301 92nd Ave<br>Kenosha WI 53142                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 4. <i>[Signature]</i>                                                                                                                                                             | 6420 94th Ave<br>Kenosha, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 5. <i>[Signature]</i>                                                                                                                                                             | 1501 61<br>Kenosha WI 53142                                                                      | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 6. <i>[Signature]</i>                                                                                                                                                             | 9309 66th<br>Kenosha WI 53142                                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 7. <i>[Signature]</i>                                                                                                                                                             | 9217 73rd St<br>Kenosha WI 53142                                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 8. <i>[Signature]</i>                                                                                                                                                             | 6519 93rd Ave<br>Kenosha WI 53142                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 9. <i>[Signature]</i>                                                                                                                                                             | 6409 93rd Ave<br>Kenosha WI 53142                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 10. <i>[Signature]</i>                                                                                                                                                            | 6409 93rd Ave<br>Kenosha WI 53142                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |

I, JOHN H. PRYIC **Certification of Circulator**

I, JOHN H. PRYIC (name of circulator), certify:  
I reside at 4816 - 84th Street, Kenosha, WI 53142  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 19, 2011 (date) John H. Pryic (signature of circulator)

Please mail this form to: **Recall Wirch**  
P.O. Box 26 • Silver Lake, WI 53170  
www.RecallWirch.com • RecallWirch@gmail.com

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

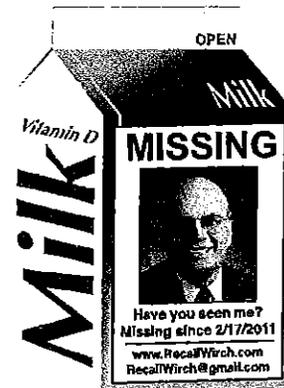
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS      | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                            | DATE OF SIGNING |
|-----------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <i>Kim [Signature]</i>   | 10017 63 <sup>rd</sup> ST<br>Kenosha WI 53147                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha  | 3-18-11         |
| 2. <i>[Signature]</i>       | 10024 63 <sup>rd</sup> ST<br>Kenosha, WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha  | 3-18-11         |
| 3. <i>Steph [Signature]</i> | 10109 63RD ST<br>KENOSHIA                                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHIA | 3-18-11         |
| 4. <i>[Signature]</i>       | 6320 99 <sup>th</sup> AVE<br>Kenosha WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha  | 3-18-11         |
| 5. <i>Maria Rob</i>         | 6320 99 <sup>th</sup> AVE<br>Kenosha WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha  | 3-18-11         |
| 6. <i>[Signature]</i>       | 6307 99 <sup>th</sup> AVE<br>KENOSHA WI                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA  | 3-18-11         |
| 7. <i>Sandy Young</i>       | 10102 64 <sup>th</sup> ST<br>Kenosha, WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha  | 3-18-11         |
| 8. <i>Nicholas Young</i>    | 10102 64 <sup>th</sup> ST<br>Kenosha WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha  | 3-18-11         |
| 9. <i>[Signature]</i>       | 10309 64 <sup>th</sup> ST<br>KENOSHA WI                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA  | 3-18-11         |
| 10. <i>El Outad</i>         | EA OSTRAND<br>9718 64 <sup>th</sup> ST<br>KENOSHA WI                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA  | 3-18-11         |

### Certification of Circulator

I, Deborah A. Prijic, certify:  
(name of circulator)

I reside at 4816 84<sup>th</sup> Street, Kenosha WI 53142 Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

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

March 18, 2011  
(date)

Deborah A. Prijic  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

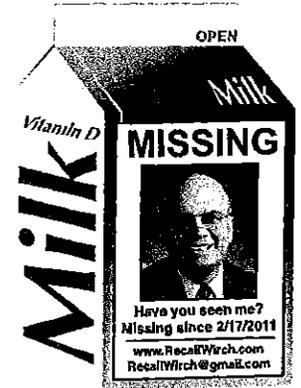
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                           | DATE OF SIGNING |
| 1.                                                                                                                                                                                | 9718 64th St.<br>Kenosha WI 53142                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-18-11         |
| 2.                                                                                                                                                                                | 9706-64th St.<br>Kenosha, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-18-11         |
| 3.                                                                                                                                                                                | 9808 65th St<br>Kenosha WI 53142                                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-18-11         |
| 4.                                                                                                                                                                                | 9618 66th St.<br>Kenosha, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 5.                                                                                                                                                                                | 6423 96th<br>Kenosha WI 53142                                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 6.                                                                                                                                                                                | 6311 96th Ave<br>Kenosha, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 7.                                                                                                                                                                                | 6430 95th Ave<br>KENOSHA, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 8.                                                                                                                                                                                | 6427 95th Ave -<br>Kenosha WI 53142 -                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 9.                                                                                                                                                                                | 6238 95th Ave<br>Kenosha WI 53142                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 10.                                                                                                                                                                               | 6206 95th Ave<br>Kenosha, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |

### Certification of Circulator

I, Deborah A. Prijic, certify:  
(name of circulator)

I reside at 4816 84th Street, Kenosha, WI 53142 Pleasant Prairie  
(circulator's residence- include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 19, 2011  
(date)

(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005. <http://gab.wis.gov> email: [gab@wis.gov](mailto:gab@wis.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

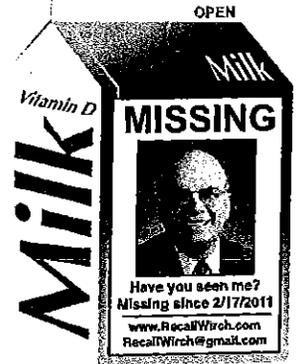
(name of officeholder to be recalled and office)

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

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
|------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Myron Luther        | 9432 74 <sup>th</sup> St<br>Kenosha, WI                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 2. Andy Runners        | 6622 96 <sup>th</sup> Ave<br>Kenosha WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 3. William J. Steamer  | 6431 96 <sup>th</sup> Ave.<br>Kenosha, WI 53142                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 4. Jennifer Ruckel     | 6417 96 <sup>th</sup> Ave.<br>KENOSHAWI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 5. Rebecca McCleary    | 6317 96 <sup>th</sup> Ave<br>Kenosha, WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 6. Amy Subert          | 6505 95 <sup>th</sup> Ave<br>Kenosha WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 7. Paul Maffei         | 9586 62 <sup>nd</sup> Place<br>Kenosha WI 53142                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 8. Chuck Jester        | 6200 95 <sup>th</sup> Ave<br>Kenosha, WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 9. Alona Roman         | 6508 94 <sup>th</sup> Ct 53142<br>Kenosha WI                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 10. Spenn Hanz         | 2211 23 Ave 53140<br>Kenosha, WI                                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |

## Certification of Circulator

I, JOHN H. PRUIC

(name of circulator)

, certify:

I reside at 4816 - 84<sup>th</sup> Street, Kenosha, WI 53142

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

Pleasant Prairie

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 19, 2011  
(date)

John H. Pruc  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

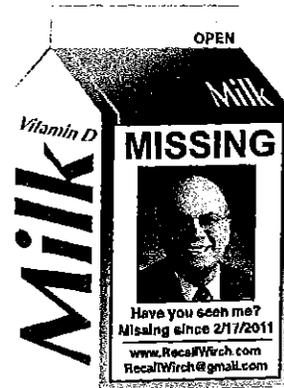
We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)  
 petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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

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

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                           | DATE OF SIGNING |
| 1. <i>[Signature]</i>                                                                                                                                                             | 6538 94 <sup>th</sup> ct<br>Kenosha WI 53142                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 2. <i>[Signature]</i>                                                                                                                                                             | 6311 94 <sup>th</sup> ct<br>Kenosha, WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 3. <i>[Signature]</i>                                                                                                                                                             | 9217 66 <sup>th</sup> st<br>Kenosha WI 53142                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 4. <i>[Signature]</i>                                                                                                                                                             | 9217 66 <sup>th</sup> st<br>Kenosha WI 53142                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 5. <i>[Signature]</i>                                                                                                                                                             | 8814 65 <sup>th</sup> st.<br>Kenosha, WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 6. <i>[Signature]</i>                                                                                                                                                             | 6245 91 <sup>st</sup> Ave<br>Kenosha WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 7. <i>[Signature]</i>                                                                                                                                                             | 6242 91 <sup>st</sup> Ave<br>Kenosha WI 53022                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 8. <i>[Signature]</i>                                                                                                                                                             | 6201 91 <sup>st</sup> Ave<br>Kenosha WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 9. <i>[Signature]</i>                                                                                                                                                             | 7958 - 26 <sup>th</sup> Ave<br>Kenosha WI                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 10. <i>[Signature]</i>                                                                                                                                                            | 4330 94 <sup>th</sup> ct<br>Kenosha WI                                                           | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |

### Certification of Circulator

I, Deborah A. Prijic (name of circulator), certify:

I reside at 4816 84<sup>th</sup> Street, Kenosha, WI 53142 Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 19, 2011  
(date)

Deborah A. Prijic  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <i>Michael Muro</i>                                                                                                                                                            | <u>7419-15TH AVE<br/>KENOSHA, WI 53143</u>                                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/16/11</u>  |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, GENIA BROOKSBANK, certify:

I reside at 8201 66<sup>th</sup> ST Kenosha, WI 53142  
(circulator's residence - include number, street, and municipality)

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

*Genia Brooksbank*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

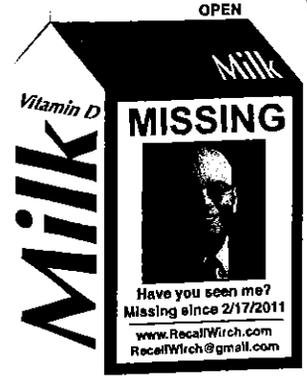
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
|--------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>Suzanne Taylor</u> | <u>1675-41 AVE<br/>KENOSHA WI 53144</u>                                                          | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>  | <u>3/19/11</u>  |
| 2. <u>[Signature]</u>    | <u>4014 15TH ST<br/>KENOSHA WISC.</u>                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/19/11</u>  |
| 3. <u>[Signature]</u>    | <u>1426-42<sup>nd</sup> AVE<br/>KENOSHA</u>                                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>KENOSHA</u> | <u>3/19/11</u>  |
| 4. <u>Debra Benham</u>   | <u>1595 43rd Ave<br/>Kenosha</u>                                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>  | <u>3/19/11</u>  |
| 5.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, Ralph Agner, certify:  
(name of circulator)  
 I reside at 9810 15TH ST, KENOSHA WI 53144 Somers  
(circulator's residence - include number, street, and municipality)

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

3/20/11 Ralph L. Agner  
(date) (signature of circulator)

Please mail this form to: Recall Wirch

PO Box 26 • Silver Lake, WI 53170

Page No. 119

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

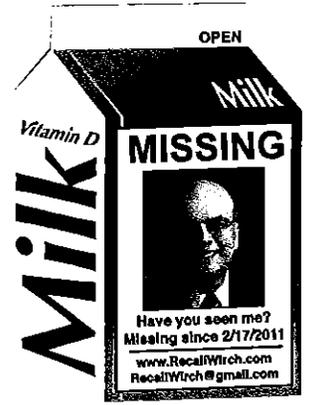
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                             |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                 | DATE OF SIGNING |
| 1. <u>William J. Bonds</u>                                                                                                                                                        | <u>1538 43<sup>rd</sup> Ave<br/>Kenosha, WI 53144</u>                                            | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u> | <u>3-19-11</u>  |
| 2. <u>Kent Mentink</u>                                                                                                                                                            | <u>1530 45<sup>th</sup> Ave<br/>KENOSHA WI 53144</u>                                             | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>SOMERS</u> | <u>3-19-11</u>  |
| 3. <u>Shirley Mentink</u>                                                                                                                                                         | <u>1530 - 45<sup>th</sup> Ave<br/>Kenosha WI 53144</u>                                           | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u> | <u>3-19-11</u>  |
| 4. <u>Tom LAKEN III</u>                                                                                                                                                           | <u>1540 - 45<sup>th</sup> Ave<br/>Kenosha, WI 53144</u>                                          | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u> | <u>3/19/11</u>  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |

I, Kristin Agner, certify:  
(name of circulator)  
 I reside at 9810-18<sup>th</sup> St Kenosha, WI 53144  
(circulator's residence - include number, street, and municipality) Town of Somers

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

3/20/11 Kristin Agner  
(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 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

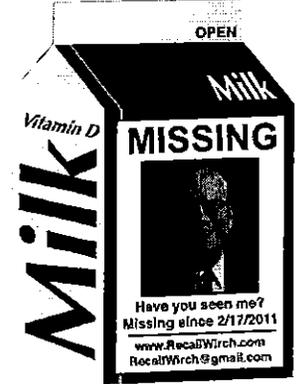
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                  |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                      | DATE OF SIGNING    |
| 1. <i>[Signature]</i>                                                                                                                                                             | 6036 SE Ave Upper<br>Kenosha, WI 53143                                                           | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3/19/11            |
| 2. <i>[Signature]</i>                                                                                                                                                             | 5800 3rd Ave #702<br>Kenosha, WI 53140                                                           | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA            | 3/19/11            |
| 3. <i>[Signature]</i>                                                                                                                                                             | 2009 21st Street<br>Kenosha, WI                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA            | 3/19/11            |
| 4. <i>[Signature]</i>                                                                                                                                                             | 5800 3rd Ave<br>Apt. 1003 53140                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3/19/11            |
| 5. <i>[Signature]</i>                                                                                                                                                             | 5419 35th AVE<br>KENOSHA, WI                                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA            | 3/19/11            |
| 6. <i>[Signature]</i>                                                                                                                                                             | 24931 875T #4<br>SALEM, WI 53165                                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SALEM              | 3-19/11            |
| 7. <i>[Signature]</i>                                                                                                                                                             | 1015-58th St<br>#6                                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-19-11            |
| 8. <i>[Signature]</i>                                                                                                                                                             | <i>[Signature]</i>                                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>[Signature]</i> | <i>[Signature]</i> |
| 9. <i>[Signature]</i>                                                                                                                                                             | 724 Sheridan Rd Apt 104<br>Kenosha WI 53140                                                      | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha WI         | 3/19/11            |
| 10. <i>[Signature]</i>                                                                                                                                                            | 8549 35th AVE<br>KENOSHA, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA WI         | 3/19/11            |

### Certification of Circulator

I, JOHN INFANTE, certify:

I reside at 6313 4th Ave Kenosha WI 53142  
(circulator's residence - include number, street, and municipality)

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

(date) 3/19/2011
(signature of circulator) *[Signature]*

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

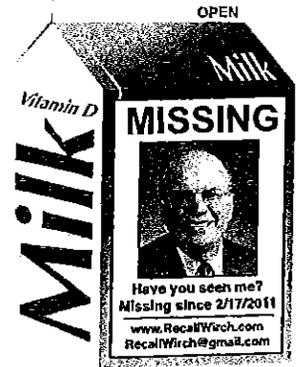
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                 |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING |
| 1. <i>[Signature]</i>                                                                                                                                                             | 9237-66TH #44<br>- Pleasant Prairie                                                              | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>P. Prairie</u> | 3-19-11         |
| 2. <i>[Signature]</i>                                                                                                                                                             | 7514-6th Ave.<br>Kenosha                                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | 3-19-11         |
| 3. <i>[Signature]</i>                                                                                                                                                             | 4821 19th Ave<br>KENOSHA, WI 53140                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | 3-19-11         |
| 4. <i>[Signature]</i>                                                                                                                                                             | KEWESHU WI 53140<br>1954 19th Ave                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>KEWESHU</u>    | 3-19-11         |
| 5. <i>[Signature]</i>                                                                                                                                                             | 704 Shandon Rd #206<br>Kenosha, WI 53140                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | 3-19-11         |
| 6. <i>[Signature]</i>                                                                                                                                                             | 4441-68th St<br>Kenosha                                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | 3-19-11         |
| 7. <i>[Signature]</i>                                                                                                                                                             | 3617-10th Ave<br>Kenosha WI 53140                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | 3-19-11         |
| 8. <i>[Signature]</i>                                                                                                                                                             | 5133 26th Ave<br>Kenosha, WI 53140                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | 3-19-11         |
| 9. <i>[Signature]</i>                                                                                                                                                             | 1077 Shandon Road<br>Kenosha, WI 53140                                                           | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>     | 3-19-11         |
| 10. <i>[Signature]</i>                                                                                                                                                            | 2345 1st Place<br>Kenosha, WI 53140                                                              | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>     | 3-19-11         |

### Certification of Circulator

I, Geri Dougherty, certify:  
(name of circulator)  
 I reside at 9500-81st #317 P. Pr. 53158 Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

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

Geri Dougherty 03-19-11  
(Signature of circulator) (date) (Signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

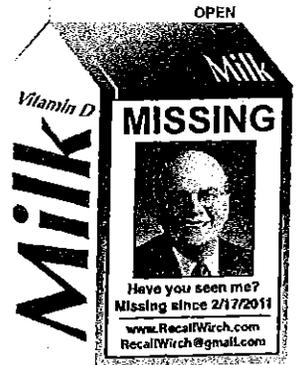
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Ann Z Moore</u>                                                                                                                                                             | <u>7843-21st Avenue</u><br><u>Kenosha WI 53143</u>                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u>  |
| 2. <u>Frank E Treosci</u>                                                                                                                                                         | <u>4130-23rd AVE.</u><br><u>Kenosha WI 53144</u>                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19-11</u>  |
| 3. <u>Darryl K Joas</u>                                                                                                                                                           | <u>2815 64<sup>th</sup></u><br><u>Kenosha WI 53140</u>                                           | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19-11</u>  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, Geri Dougherty, certify:

(name of circulator)

I reside at 4500-81<sup>st</sup> #317 Pl. Pr 53158 Pleasant Prairie

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

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

Geri Dougherty 03/19/11  
(date) Signature of circulator date (signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

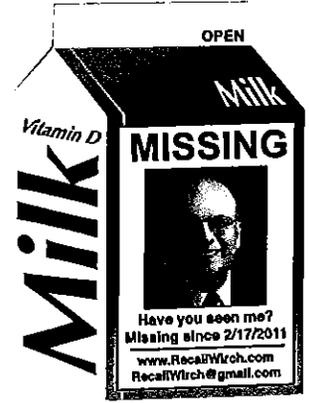
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <i>Carol Williams</i>                                                                                                                                                          | <i>1807 13<sup>th</sup> St<br/>Kenosha, WI</i>                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i> | <i>3/19/11</i>  |
| 2. <i>Elizabeth Taylor</i>                                                                                                                                                        | <i>3140 - 90<sup>th</sup> St<br/>Kenosha St 53142</i>                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i> | <i>3/19/11</i>  |
| 3. <i>Elvira Trenci</i>                                                                                                                                                           | <i>4130 - 23<sup>rd</sup> Av.<br/>KENOSHA WI 53140</i>                                           | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i> | <i>3/19/11</i>  |
| 4. <i>Kristina Hopkins</i>                                                                                                                                                        | <i>4827 28<sup>th</sup> Ave<br/>Kenosha WI 53140</i>                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Kenosha</i> | <i>3/19/11</i>  |
| 5. <i>Kevin Doser</i>                                                                                                                                                             | <i>810 - 7<sup>th</sup> St<br/>Kenosha WI 53140</i>                                              | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Somers</i>  | <i>3/19/11</i>  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

I, Jeremiah M. Barnard **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 11126 11<sup>th</sup> Avenue Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

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

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

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1124

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(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.)*

**Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.**



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                 |                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fit no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                           | DATE OF SIGNING |
| 1. <i>Jeremiah Barrard</i>                                                                                                                                                        | 7519 6th Ave<br>Kenosha, WI 53143                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 2. <i>Dred Zaleski</i>                                                                                                                                                            | KENOSHA W.<br>3221 19 <sup>th</sup> AVE                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 3. <i>Tara Nays</i>                                                                                                                                                               | 1827 18th Ave                                                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19-11         |
| 4. <i>Francis M. Nays</i>                                                                                                                                                         | 1827 18th Ave                                                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 5. <i>Steve Hryg</i>                                                                                                                                                              | 1751 19 <sup>th</sup> Ave                                                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 6. <i>Kia Luemaki</i>                                                                                                                                                             | 6042 40 <sup>th</sup> Ave.<br>Kenosha, WI 53142                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 7. <i>Cheryl May</i>                                                                                                                                                              | 3511 16 <sup>th</sup> St<br>Kenosha, WI 53144                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 8. <i>Dawn Duda</i>                                                                                                                                                               | 5133 21 <sup>st</sup> Ave<br>Kenosha, WI 53140                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 9. <i>Barbara Hepner</i>                                                                                                                                                          | 5133 21 <sup>st</sup> Ave<br>Kenosha, WI 53140                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 10. <i>Jeremiah Barrard</i>                                                                                                                                                       | 1218 - 47 <sup>th</sup> AVE<br>Kenosha, WI 53144                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |

### Certification of Circulator

I, Jeremiah Barrard, certify:

(name of circulator)

I reside at 1126 11<sup>th</sup> Avenue Pleasant Prairie WI, 53158

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

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

*Jeremiah M. Barrard*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1125

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                              | DATE OF SIGNING |
|------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1.                     | 4321 Harding rd<br>Kenosha, WI                                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Kenosha | 3/12/11         |
| 2. Pamela Castady      | 4321 Harding Rd<br>Kenosha, WI                                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Kenosha | 3/12/11         |
| 3.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 4.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 5.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 6.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 7.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 8.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 9.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 10.                    |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |

### Certification of Circulator

I, Katy Schneider, certify:  
(name of circulator)

I reside at 1830 Birch Rd Kenosha, WI 53140  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                 |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING |
| 1. <u>Katy Schneider</u>                                                                                                                                                          | <u>1830 Birch Rd<br/>Kenosha, WI 53140</u>                                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | <u>3/2/11</u>   |
| 2. <u>Judy Schneider</u>                                                                                                                                                          | <u>1915 17<sup>th</sup> Ave<br/>Kenosha WI 53140</u>                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | <u>3/2/11</u>   |
| 3. <u>Mary Schneider</u>                                                                                                                                                          | <u>1915-17<sup>th</sup> Ave<br/>Kenosha WI 53140</u>                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | <u>3/2/11</u>   |
| 4. <u>Matt Scheeler</u>                                                                                                                                                           | <u>1830 Birch Rd<br/>Kenosha, WI 53140</u>                                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | <u>3/2/11</u>   |
| 5. <u>Betty Ahlman</u>                                                                                                                                                            | <u>1915 17<sup>th</sup> Ave<br/>Kenosha, WI 53140</u>                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | <u>3/4/11</u>   |
| 6. <u>De Debit</u>                                                                                                                                                                | <u>6027-42<sup>nd</sup> Ave<br/>Kenosha, WI 53142</u>                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>    | <u>3/6/11</u>   |
| 7. <u>Kathy Johnson</u>                                                                                                                                                           | <u>613 Hickory Rd<br/>Twin Lakes WI 53181</u>                                                    | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u> | <u>3/6/11</u>   |
| 8. <u>Marie Thorne</u>                                                                                                                                                            | <u>410 Lincoln Dr<br/>Twin Lakes, WI 53181</u>                                                   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u> | <u>3/6/11</u>   |
| 9. <u>Christina Oph</u>                                                                                                                                                           | <u>613 Hickory Rd<br/>Twin Lakes WI 53181</u>                                                    | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u> | <u>3/6/11</u>   |
| 10. <u>Jeff Pohn</u>                                                                                                                                                              | <u>38241 87<sup>th</sup> Place<br/>Burlington WI 53105</u>                                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Randall</u>    | <u>3/6/11</u>   |

### Certification of Circulator

I, Katy Schneider, certify:  
(name of circulator)

I reside at 1830 Birch Rd Kenosha, WI 53140  
(circulator's residence - include number, street, and municipality)

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

3/6/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

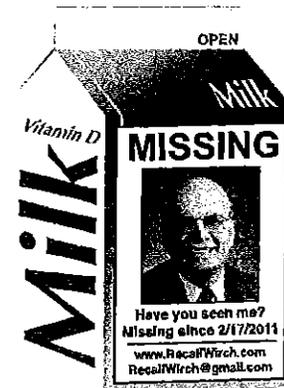
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                           | DATE OF SIGNING |
| 1. <u>[Signature]</u>                                                                                                                                                             | <u>1097 Sheridan Rd. Kenosha, WI</u>                                                             | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Kenosha</u>          | <u>3/19/11</u>  |
| 2. <u>[Signature]</u>                                                                                                                                                             | <u>1093 Sheridan St</u>                                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>          | <u>3/19/11</u>  |
| 3. <u>[Signature]</u>                                                                                                                                                             | <u>Pl. 8021 Lac La Belle Dr.</u>                                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Oconomowoc</u>       | <u>3/19/11</u>  |
| 4. <u>Mr. Pess</u>                                                                                                                                                                | <u>1073 Sheridan Rd</u>                                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>          | <u>3-19-11</u>  |
| 5. <u>[Signature]</u>                                                                                                                                                             | <u>8810 52 St</u>                                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>          | <u>3-19-11</u>  |
| 6. <u>[Signature]</u>                                                                                                                                                             | <u>1073 Sheridan #105</u>                                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>          | <u>3/19/11</u>  |
| 7. <u>[Signature]</u>                                                                                                                                                             | <u>8209 W. Ave<br/>Pleasant Prairie WI 53158</u>                                                 | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/19/11</u>  |
| 8. <u>[Signature]</u>                                                                                                                                                             | <u>1073 Sheridan<br/>204</u>                                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>          | <u>3/19/11</u>  |
| 9. <u>[Signature]</u>                                                                                                                                                             | <u>1073 Sheridan<br/>109</u>                                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>          | <u>3/19/11</u>  |
| 10. <u>[Signature]</u>                                                                                                                                                            | <u>1723 Jerome Blvd</u>                                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Racine</u>           | <u>3/19/11</u>  |

### Certification of Circulator

I, Ronald K Edquist, certify:  
(name of circulator)

I reside at 1250 95th Ave Kenosha 53144  
(circulator's residence - include number, street, and municipality)

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

Ronald K Edquist  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

3-6-11-16-2  
25

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

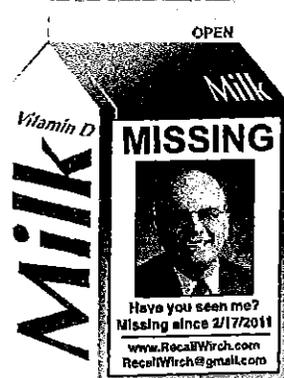
(name of officeholder to be recalled and office)

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.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                          |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                         | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                              | DATE OF SIGNING |
| 1. <i>[Signature]</i>                                                                                                                                                          | 1235 <i>[Street]</i> Rd<br>53140                                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Somers  | 3/19/11         |
| 2. <i>[Signature]</i>                                                                                                                                                          | 1161 Sheridan Rd<br>53140                                                                        | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Somers  | 3/19/11         |
| 3. <i>[Signature]</i>                                                                                                                                                          | 1153 Sheridan Rd                                                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Somers  | 3/19/11         |
| 4. <i>[Signature]</i>                                                                                                                                                          | 1153 Sheridan Rd                                                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Somers  | 3/19/11         |
| 5. <i>[Signature]</i>                                                                                                                                                          | 1147 SHERIDAN RD                                                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Somers  | 3/19/11         |
| 6. <i>[Signature]</i>                                                                                                                                                          | 1147 Sheridan                                                                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Somers  | 3/19/11         |
| 7. <i>[Signature]</i>                                                                                                                                                          | 1147 Sheridan                                                                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Somers  | 3/19/11         |
| 8. <i>[Signature]</i>                                                                                                                                                          | 2401 - 18 <sup>th</sup> St<br>Kenosha                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Kenosha | 3-19-11         |
| 9. <i>[Signature]</i>                                                                                                                                                          | 2401 18 <sup>th</sup> ST<br>KENOSHA                                                              | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>KENOSHA | 3-19-11         |
| 10. <i>[Signature]</i>                                                                                                                                                         | 1097 Sheridan Rd<br>Kenosha WI 53140                                                             | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Somers  | 3/19/11         |

**Certification of Circulator**

I, Ronald K Edquist, certify:

(name of circulator)

I reside at 1250 95th Ave Kenosha WI 53144

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

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

Ronald K Edquist  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
P.O. Box 26 • Silver Lake, WI 53170  
www.RecallWirch.com • RecallWirch@gmail.com

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

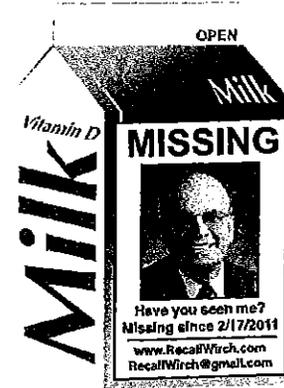
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                      |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                          | DATE OF SIGNING |
| 1. Elizabeth Feduch                                                                                                                                                               | 504-13 <sup>th</sup> St<br>Kenosha, WI 53140                                                     | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers | 3/19/11         |
| 2. Randy Merman                                                                                                                                                                   | 511 13 <sup>th</sup> St<br>Kenosha 53140                                                         | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers | 3/19/11         |
| 3. Karen Rucinski                                                                                                                                                                 | 511 13 <sup>th</sup> St<br>Kenosha 53140                                                         | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers | 3/19/11         |
| 4. [Signature]                                                                                                                                                                    | 505 13 <sup>th</sup> St<br>Somers 53146                                                          | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers | 3/19/11         |
| 5. M. Warren                                                                                                                                                                      | 506 12 <sup>th</sup> place<br>Somers 53140                                                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers | 3-19-11         |
| 6. [Signature]                                                                                                                                                                    | <del>427 12<sup>th</sup> Pl</del><br>KENOSHA WI 53140                                            | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SOMERS | 3-19-11         |
| 7. Mikayla Beere                                                                                                                                                                  | 427 12 <sup>th</sup> place<br>Kenosha WI 53140                                                   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers | 3-19-11         |
| 8. Madison Bellell                                                                                                                                                                | 427 12 <sup>th</sup> place<br>Kenosha WI, 53140                                                  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SOMERS | 3/19/11         |
| 9. [Signature]                                                                                                                                                                    | 427 12 <sup>th</sup> Pl<br>KENOSHA WI 53140                                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City SOMERS | 3/19/11         |
| 10. [Signature]                                                                                                                                                                   | Kenosha, WI 53140<br>1245 SHERIDAN                                                               | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers | 3/19/11         |

### Certification of Circulator

I, Ronald K. Enquist, certify:  
(name of circulator)

I reside at 1250 95<sup>th</sup> Ave, Kenosha 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.

3/19/11  
(date)

Ronald K Enquist  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1130

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                         |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                             | DATE OF SIGNING  |
| 1. <u>Judith Keren</u>                                                                                                                                                            | <u>4510 88th Place<br/>Kenosha, WI 53142</u>                                                     | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-19-2011</u> |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                  |

I, Genia Brooksburk **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 8201 66<sup>th</sup> St Kenosha  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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)
Genia Brooksburk  
(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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

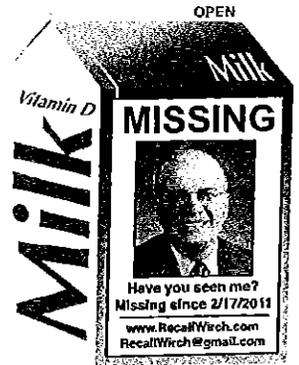
(name of officeholder to be recalled and office)

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

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>R. McLibany</u>                                                                                                                                                             | <u>8024 15th Avenue</u>                                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u>  |
| 2. <u>Dee Dee Gennaccaro</u>                                                                                                                                                      | <u>8316-15th Ave.</u>                                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u>  |
| 3. <u>Kim McKinney</u>                                                                                                                                                            | <u>8319-17th Ave</u>                                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u>  |
| 4. <u>[Signature]</u>                                                                                                                                                             | <u>8319-17th Ave</u>                                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u>  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, Patricia M. Crement, certify:

(name of circulator)

I reside at 541 Morgan Drive, Wms. Bay, WI 53191

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

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

Patricia M. Crement  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

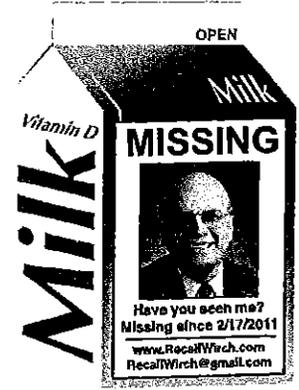
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                      | DATE OF SIGNING    |
| 1. <i>Cheri Kinsky</i>                                                                                                                                                            | 8019 15th Ave<br>Kenosha WI 53143                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-19-11            |
| 2. <i>Carol Shinske</i>                                                                                                                                                           | 8019 15th Avenue<br>Kenosha, WI 53143                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-19-11            |
| 3. <i>Robert L. Breyer</i>                                                                                                                                                        | 8115 17th Avenue<br>Kenosha, WI 53143                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-19-11            |
| 4. <i>Leonard Long</i>                                                                                                                                                            | 8107 17th Ave<br>Kenosha WI 53143                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-19-11            |
| 5. _____                                                                                                                                                                          | <del>8051 17th Ave</del><br>53143                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | _____              |
| 6. <del><i>Kathleen A. Borner</i></del>                                                                                                                                           | <del>8058 17th Avenue</del><br><del>Kenosha, WI 53143</del>                                      | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <del>Kenosha</del> | <del>3-19-11</del> |
| 7. <i>JR</i>                                                                                                                                                                      | 9202 24th Avenue<br>Present Prairie, WI 53143                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Present Prairie    | 3-19-11            |
| 8. _____                                                                                                                                                                          | 1804 81st Street<br>Kenosha 53143                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-19-11            |
| 9. <i>Christine Stamm</i>                                                                                                                                                         | 1925 83rd Street<br>Kenosha WI 53143                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-19-11            |
| 10. <i>Grady Hill</i>                                                                                                                                                             | 6418 87th Avenue<br>Kenosha, WI 53142                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha            | 3-19-11            |

I, Kevin K. Hutchinson **Certification of Circulator**, certify:

I reside at 4421 Harrison Road Kenosha, WI. 53142  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.10 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@wigov](mailto:gab@wigov)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

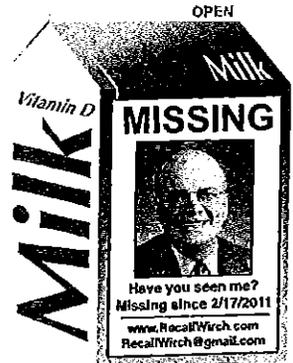
(name of officeholder to be recalled and office)

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

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                           | DATE OF SIGNING |
| 1. <i>Wynne Lumbly</i>                                                                                                                                                            | 8015 19th Avenue<br>Kenosha, WI 53143                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 2. <i>Leslie Gillmore</i>                                                                                                                                                         | 8041 19th Avenue<br>Kenosha, WI 53143                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 3. <i>Wynne Lumbly</i>                                                                                                                                                            | 8040 19th Ave<br>Kenosha, WI 53143                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |

### Certification of Circulator

I, Kevin K. Hutchinson, certify:

(name of circulator)

I reside at 4421 Harrison Road Kenosha, WI 53142

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

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

*Kevin K. Hutchinson*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1134

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

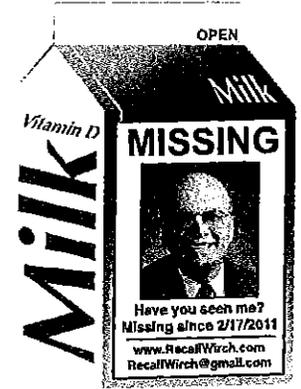
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Patti Mahlandt-Bull</u>                                                                                                                                                     | <u>4038 15<sup>th</sup> Ave</u>                                                                  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u>  |
| 2. <u>Pat Sudo</u>                                                                                                                                                                | <u>8301-15<sup>th</sup> Ave</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u>  |
| 3. <u>Darlene Shanda</u>                                                                                                                                                          | <u>8621-17<sup>th</sup> Ave</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19-11</u>  |
| 4. <u>Eileen Stewart</u>                                                                                                                                                          | <u>8639-17<sup>th</sup> Ave</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-19-11</u>  |
| 5. <u>Joyce M. Mchugh</u>                                                                                                                                                         | <u>1807-81<sup>st</sup> St</u>                                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-19-11</u>  |
| 6. <u>[Signature]</u>                                                                                                                                                             | <u>19<sup>th</sup> 8<sup>th</sup> St</u>                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u>  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, SUSAN STONE, certify:

(name of circulator)

I reside at 1256 W. COURT ST., WHITEWATER, WI 53190

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

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

Susan Stone  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

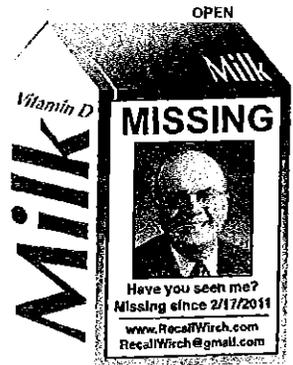
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                           | DATE OF SIGNING |
| 1.                                                                                                                                                                                | 8401-57 <sup>th</sup> Ave<br>Kenosha, WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3/19/11         |
| 2.                                                                                                                                                                                | 8349 57 <sup>th</sup> Ave<br>Kenosha, WI                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha | 3-19-11         |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                    |                 |

### Certification of Circulator

I, MICHAEL ROSENTHAL, certify:  
(name of circulator)  
 I reside at 10219 27<sup>th</sup> Ave Pleasant Prairie 53118  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

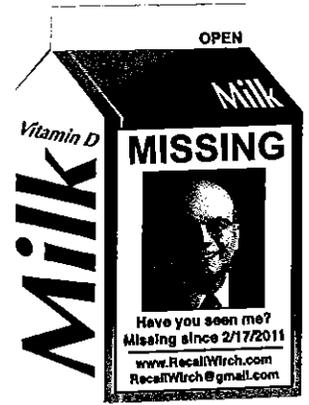
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Anna Starlo</u>                                                                                                                                                             | <u>1455-98<sup>th</sup> Ave<br/>Kenosha WI</u>                                                   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>  | <u>2/27/11</u>  |
| 2. <u>Paul Starlo</u>                                                                                                                                                             | <u>1455-98<sup>th</sup> Ave<br/>Kenosha WI</u>                                                   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>  | <u>2/27/11</u>  |
| 3. <u>Brad Roubi</u>                                                                                                                                                              | <u>1460-99<sup>th</sup> Ave<br/>Kenosha WI</u>                                                   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>  | <u>2/27/11</u>  |
| 4. <u>[Signature]</u>                                                                                                                                                             | <u>7627-15<sup>th</sup> Ave.<br/>Kenosha, WI</u>                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/1/11</u>   |
| 5. <u>Dave DeBayer</u>                                                                                                                                                            | <u>3200-14<sup>th</sup> Place</u>                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-1-11</u>   |
| 6. <u>[Signature]</u>                                                                                                                                                             | <u>6726 101<sup>st</sup> AVE<br/>Kenosha WI 53142</u>                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/2/11</u>   |
| 7. <u>[Signature]</u>                                                                                                                                                             | <u>4724-40<sup>th</sup> ST<br/>Kenosha, WI 53141</u>                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-3-11</u>   |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

I, Ralph Agner **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 9810 15<sup>th</sup> St Kenosha WI 53144 Somers.  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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)
Ralph L. Agner  
(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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

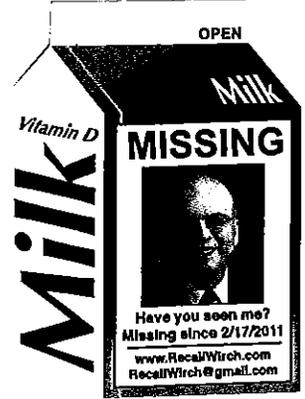
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                          |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                              | DATE OF SIGNING |
| 1. <i>Jan A. [Signature]</i>                                                                                                                                                      | 7813 22 <sup>nd</sup> Ave<br>Kenosha WI                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha    | 3/1/2011        |
| 2. <i>Deborah A. Puler</i>                                                                                                                                                        | 133 E. Chestnut Apt C<br>Burlington WI 53105                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Burlington | 3/2/11          |
| 3. <i>Eileen K. Agner</i>                                                                                                                                                         | 412 Briody Street<br>Burlington WI 53105                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Burlington | 3/2/11          |
| 4. <i>Peggy Agner</i>                                                                                                                                                             | 412 Briody Street<br>Burlington WI 53105                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Burlington | 3/2/11          |
| 5. <i>Sandra M. Battle</i>                                                                                                                                                        | 4124 45 <sup>th</sup> Ave<br>Kenosha WI                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha    | 3/2/11          |
| 6. <i>Sandra M. C. [Signature]</i>                                                                                                                                                | 1606 12 <sup>th</sup> Ave<br>Kenosha WI 53140                                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers     | 3-4-11          |
| 7. <i>H. Chansky</i>                                                                                                                                                              | 5426 70 <sup>th</sup> Court<br>Kenosha WI 53141                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha    | 3/4/11          |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |

I, Kristin Agner **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 9810-15<sup>th</sup> St. Kenosha, WI 53144  
(circulator's residence - include number, street, and municipality) Town of Somers

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.  
 (date) 3/15/2011 (signature of circulator) *Kristin Agner*

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

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

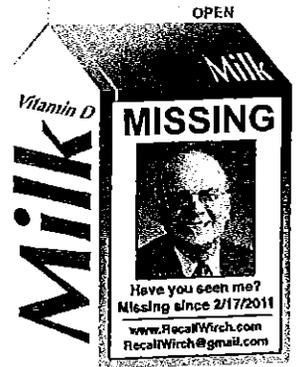
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Vicki Rodriguez</u>                                                                                                                                                         | <u>5020 20th AVE<br/>Kenosha</u>                                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Kenosha</u> | <u>3-19-11</u>  |
| 2. <u>Lataisha Dand</u>                                                                                                                                                           | <u>Kenosha<br/>5101 20 AVE</u>                                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-19-11</u>  |
| 3. <u>Linda Sunde</u>                                                                                                                                                             | <u>5027-19 Ave<br/>Kenosha 53140</u>                                                             | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Kenosha</u> | <u>3-19-11</u>  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

I, Chad Ellevtson, certify:  
(name of circulator)  
 I reside at 5701-53 Ave Kenosha, WI 53144  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

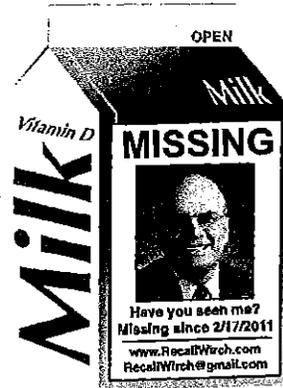
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Andrea Ginn</u>                                                                                                                                                             | <u>9908 63rd St</u><br><u>Kenosha WI 53142</u>                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/18/11</u>  |
| 2. <u>Charlene M. Kasper, JR.</u>                                                                                                                                                 | <u>9908 63rd St</u><br><u>KENOSHA WI 53142</u>                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/18/11</u>  |
| 3. <u>Don Perovich</u>                                                                                                                                                            | <u>10201 63rd St</u><br><u>Kenosha, WI 53142</u>                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/18/11</u>  |
| 4. <u>Susan Perovich</u>                                                                                                                                                          | <u>10201 63rd St</u><br><u>Kenosha, WI 53142</u>                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/18/11</u>  |
| 5. <u>KALANI BAGUIO</u>                                                                                                                                                           | <u>10121 64th Street</u><br><u>Kenosha, WI, 53142</u>                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/18/11</u>  |
| 6. <u>Andre Petty</u>                                                                                                                                                             | <u>KENOSHA WI 53142</u><br><u>9706 64th St</u>                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/18/11</u>  |
| 7. <u>CINDY JURCZYK</u>                                                                                                                                                           | <u>9805 64th St</u><br><u>KENOSHA WI 53142</u>                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3-18-11</u>  |
| 8. <u>Suzanne Tavel</u>                                                                                                                                                           | <u>9817 64th St</u><br><u>Kenosha, WI 53142</u>                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/18/11</u>  |
| 9. <u>[Signature]</u>                                                                                                                                                             | <u>6408 99th Ave</u><br><u>Kenosha WI 53142</u>                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/18/11</u>  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

I, John H. Prujic **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 4816 - 84th Street, Kenosha, WI 53142  
(circulator's residence - include number, street, and municipality) Pleasant Prairie

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 19, 2011 [Signature]  
(date) (signature of circulator)

Please mail this form to: Recall Wirch  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

Page No. 1140

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# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

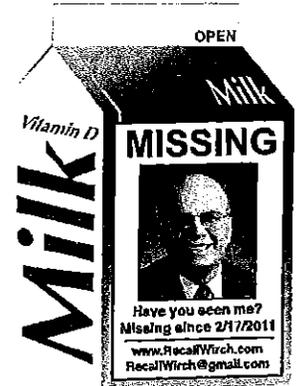
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS           | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                        | DATE OF SIGNING    |
|----------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <i>[Signature]</i>            | 6600 102nd Ave<br>Kenosha                                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/17/11            |
| 2. <i>Amey Watanabe</i>          | 6610 102 <sup>nd</sup> Avenue<br>Kenosha WI 53142                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/17/11            |
| 3. <i>Joann Taylor</i>           | 10109 67th St.<br>Kenosha WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/17/11            |
| 4. <i>[Signature]</i>            | 4607 98 <sup>th</sup> Ave.<br>Kenosha WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/17/11            |
| 5. <i>[Signature]</i>            | 6516, 98 <sup>th</sup> Ave<br>Kenosha WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/17/11            |
| 6. <del><i>[Signature]</i></del> | <del>7112 102<sup>nd</sup> Ave<br/>Kenosha WI 53142</del>                                        | <del><input type="checkbox"/> Town<br/><input type="checkbox"/> Village<br/><input checked="" type="checkbox"/> City Kenosha</del> | <del>3/17/11</del> |
| 7. <i>[Signature]</i>            | 4406 103 <sup>rd</sup> Ave<br>Kenosha                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/18/11            |
| 8. <i>[Signature]</i>            | 4322 103 <sup>rd</sup> Ave<br>Kenosha WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/18/11            |
| 9. <i>Jara Hagan</i>             | 3330 56 <sup>th</sup> Avenue 202<br>Kenosha, WI 53144                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/18/11            |
| 10. <i>Warren Jim</i>            | 9908 63 <sup>rd</sup> St<br>Kenosha, WI 53142                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha              | 3/18/11            |

I, JOHN H. PRNIC **Certification of Circulator**

I reside at 4816 - 84<sup>th</sup> Street, Kenosha, WI 53142, certify:  
(circulator's residence - include number, street, and municipality) Pleasant Prairie

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

March 18, 2011 *[Signature]*  
(date) (signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1141

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# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

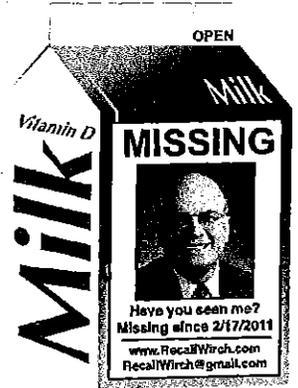
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                    | DATE OF SIGNING |
| 1. <i>[Signature]</i>                                                                                                                                                             | 502-9 <sup>th</sup> Place<br>Kenosha, WI                                                         | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers           | 3-18-11         |
| 2. <i>[Signature]</i>                                                                                                                                                             | 6225 58th Ave<br>Kenosha WI 53142                                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha          | 3-18-11         |
| 3. <i>[Signature]</i>                                                                                                                                                             | 4721 70 <sup>th</sup> St.<br>KENOSHA WI                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA          | 3-18-11         |
| 4. <i>[Signature]</i>                                                                                                                                                             | 4721-70 <sup>th</sup> SE<br>Kenosha WI 53142                                                     | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha          | 3/18/11         |
| 5. <i>[Signature]</i>                                                                                                                                                             | 810-7 St<br>Kenosha, WI 53140                                                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Somers           | 3/18/11         |
| 6. <i>[Signature]</i>                                                                                                                                                             | 8911 5 <sup>th</sup> AVE<br>Pleasant Prairie, WI                                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pleasant Prairie | 3-18-11         |
| 7. <i>[Signature]</i>                                                                                                                                                             | 8613 OLD KISSIPA<br>PLEASANT PRAIRIE WI                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PLEASANT PRAIRIE            | 3/18/11         |
| 8. <i>[Signature]</i>                                                                                                                                                             | 8216-48th Ave<br>Kenosha, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha          | 3/18/11         |
| 9. <i>[Signature]</i>                                                                                                                                                             | 6405 103RD AVE<br>KENOSHA, WI 53142                                                              | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City KENOSHA          | 3/18/11         |
| 10. <i>[Signature]</i>                                                                                                                                                            | 9928 63rd St.<br>Kenosha, WI 53142                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha          | 3/18/11         |

### Certification of Circulator

I, Deborah A. Pijic, certify:  
(name of circulator)  
 I reside at 4816 84<sup>th</sup> Street, Kenosha, WI, 53142 Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

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

March 18, 2011  
(date)

Deborah A. Pijic  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1142

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                              | DATE OF SIGNING      |
| 1. <i>Jay Schmitz</i>                                                                                                                                                             | 19606 81 <sup>st</sup> Street<br>Bristol WI                                                      | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bristol | 2-28-11 <i>shree</i> |
| 2. <i>John F. Hussain</i>                                                                                                                                                         | 8001-178 <sup>th</sup> AVE<br>Bristol, WI                                                        | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bristol | 2-28-11              |
| 3. <i>Carla Jassera</i>                                                                                                                                                           | 8001-198 <sup>th</sup><br>Bristol, WI                                                            | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bristol | 2-28-11              |
| 4. <i>Janelm Lahti</i>                                                                                                                                                            | 11852 213 <sup>th</sup> Ave<br>Bristol WI 53104                                                  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bristol | 2-28-11              |
| 5. <i>Nancy J. Jassera</i>                                                                                                                                                        | 4510 56 <sup>th</sup> Street<br>KENOSHA WI 53144                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Kenosha | 2-28-11              |
| 6. <i>Donald W. Schmitt</i>                                                                                                                                                       | 23700 126 <sup>th</sup> St<br>TREVOR WI 53179                                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Salem   | 3/17/11              |
| 7. <i>James D. Jassera</i>                                                                                                                                                        | 27924 SILVER LAKE ROAD<br>SALEM, WI. 53168                                                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Salem   | 3/17/11              |
| 8. <i>Mulish J.</i>                                                                                                                                                               | 4307 29 <sup>th</sup> St<br>Kenosha, WI 53144                                                    | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Kenosha | 3-17-11              |
| 9. <i>Joe Wan</i>                                                                                                                                                                 | 26418 81 <sup>st</sup> St.<br>BRISTOL WI                                                         | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bristol | 3/17/11              |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                      |

I, JANELYN M. LAHTI, **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 11852 213<sup>th</sup> Ave Bristol WI 53104  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

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# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
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from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                           | DATE OF SIGNING |
| 1. <i>Michael J Rosenthal</i>                                                                                                                                                     | <u>10219 29th AVE</u><br><u>PLEASANT PRAIRIE WI 53158</u>                                        | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>2/27/11</u>  |
| 2. <i>Dennis K. Swartz</i>                                                                                                                                                        | <u>8804-47th AVE</u><br><u>KENOSHA, WI 53142</u>                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>          | <u>2/28/11</u>  |
| 3. <i>Michelle Rindel</i>                                                                                                                                                         | <u>7801 88th Ave Apt 175</u><br><u>Pleasant Prairie WI 53158</u>                                 | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>02-28-11</u> |
| 4. <i>Carol Holland</i>                                                                                                                                                           | <u>4303 75th St</u><br><u>Kenosha, WI 53142</u>                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>          | <u>2-28-11</u>  |
| 5. <i>Russell Veery</i>                                                                                                                                                           | <u>11202 11th AVE</u><br><u>PLEASANT PRAIRIE WI 53158</u>                                        | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>2-28-11</u>  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |

### Certification of Circulator

I, MICHAEL J ROSENTHAL, certify:  
(name of circulator)

I reside at 10219 29th AVE PLEASANT PRAIRIE, WI 53158  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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]* 3-19-11  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170

Page No. 1144

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

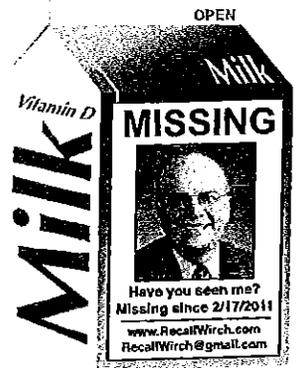
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
|------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>J.A. Hansen</u>  | <u>1524 84<sup>th</sup> Street<br/>Kenosha WI</u>                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3-19-11</u>  |
| 2.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 3.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                    |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, LINDA SHERER, certify:  
(name of circulator)

I reside at 4203 TAFT ROAD, KENOSHA, WI 53142  
(circulator's residence - include number, street, and municipality)

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

03-19-11  
(date)

Linda Sherer  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1145

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

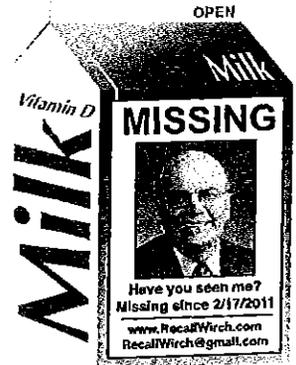
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <i>[Signature]</i>                                                                                                                                                             | 1715 80th St<br>Kenosha WI 53143                                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3-19-11         |
| 2. <i>[Signature]</i>                                                                                                                                                             | 1709 80th St<br>Kenosha WI 53143                                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3-19-11         |
| 3. <i>[Signature]</i>                                                                                                                                                             | 1409 - 80th St<br>Kenosha WI 53143                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3-19-11         |
| 4. <i>[Signature]</i>                                                                                                                                                             | 8018 - 14th Ave<br>Kenosha WI 53143                                                              | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3-19-11         |
| 5. <i>[Signature]</i>                                                                                                                                                             | 9314 32 Ave<br>Kenosha WI                                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3-19-11         |
| 6. <i>[Signature]</i>                                                                                                                                                             | 6116 14th Ave<br>KENOSHA WI                                                                      | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3-19-11         |
| 7. <i>[Signature]</i>                                                                                                                                                             | 8312 14 ave<br>Kenosha WI                                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3-19-11         |
| 8. <i>[Signature]</i>                                                                                                                                                             | 1520 24th St<br>Kenosha WI                                                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3-19-11         |
| 9. <i>[Signature]</i>                                                                                                                                                             | 1512 - 24th St<br>Kenosha WI 53143                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |
| 10. <i>[Signature]</i>                                                                                                                                                            | 1512 24th St<br>Kenosha WI 53143                                                                 | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | 3/19/11         |

### Certification of Circulator

I, LINDA SIEPLER, certify:  
(name of circulator)

I reside at 4203 TAFT ROAD KENOSHA WI 53142  
(circulator's residence - include number, street, and municipality)

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

03-19-11  
(date)

*[Signature]*  
(signature of circulator)

Please mail this form to: Recall Wirch  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1146

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                           | DATE OF SIGNING |
| 1. <u>Kenneth R. Neill</u>                                                                                                                                                        | <u>111 86<sup>th</sup> Place Pleasant Prairie</u>                                                | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/22/11</u>  |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |

### Certification of Circulator

I, KENNETH R. NEILL, certify:  
(name of circulator)

I reside at 111 86<sup>th</sup> PLACE PLEASANT PRAIRIE, WI 53158  
(circulator's residence - include number, street, and municipality)

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

3/22/11  
(date)

Kenneth R. Neill  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

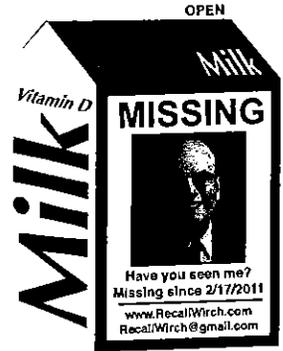
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>John M. Foerster</u>                                                                                                                                                        | <u>20403 81<sup>st</sup> St.</u>                                                                 | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>BRISTOL</u> | <u>3-21-11</u>  |
| 2. <u>Joan M. Foerster</u>                                                                                                                                                        | <u>20403 81<sup>st</sup> St</u>                                                                  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Bristol</u> | <u>3/21/11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, JOAN M. FOERSTER, certify:  
(name of circulator)

I reside at 20403 81<sup>st</sup> Street, Bristol, WI 53104  
(circulator's residence - include number, street, and municipality)

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

3-21-11  
(date)

John M. Foerster  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

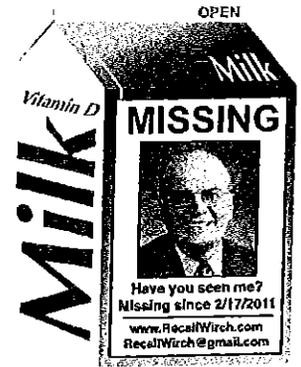
(name of officeholder to be recalled and office)

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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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING  |
| 1. <u>Anna H. Milkowski</u><br><u>Anna Milkowski</u>                                                                                                                              | <u>1173 Point O' Woods Dr</u><br><u>Twin Lakes WI 53181</u>                                      | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Twin Lakes</u><br><input type="checkbox"/> City | <u>3.20.2011</u> |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |

### Certification of Circulator

I, Anna Milkowski (name of circulator), certify:

I reside at 1173 Point O' Woods Dr Twin Lakes WI 53181  
(circulator's residence - include number, street, and municipality)

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

3.20.2011  
(date)

Anna Milkowski  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

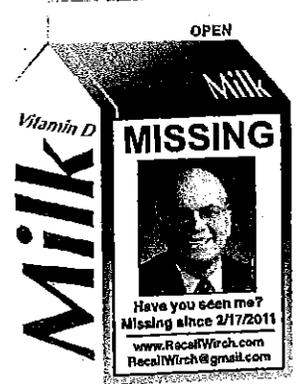
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
|-------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>Dale Stearman</u> | <u>6431 96TH AVE</u>                                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/21/11</u>  |
| 2.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 3.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

## Certification of Circulator

I, DALE A. STEARMAN, certify:

(name of circulator)

I reside at 6431 96TH AVE, KENOSHA, WI 53142

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

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

3/21/11  
(date)

Dale Stearman  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

Page No. 1150

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

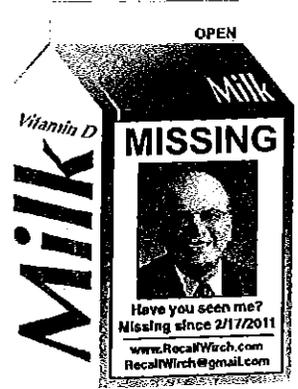
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Maureen Pastika</u>                                                                                                                                                         | <u>1624 32nd AVE<br/>Kenosha, WI 53144</u>                                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/7/11</u>   |
| 2. <u>Bob J. Ruff</u>                                                                                                                                                             | <u>1624 32nd AVE<br/>KENOSHA WI 53144</u>                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/7/11</u>   |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, MAUREEN PASTIKA, certify:

I reside at 1624 32nd AVE, KENOSHA, WI 53144  
(circulator's residence - include number, street, and municipality)

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

3/7/11  
(date)

Maureen Pastika  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

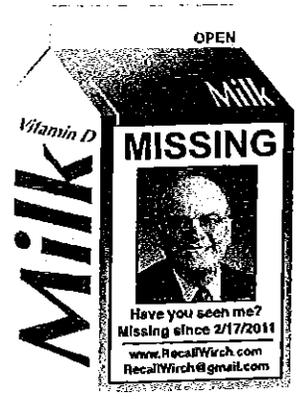
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                              |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                                  | DATE OF SIGNING     |
| 1. <u>Mary F. Couch</u>                                                                                                                                                           | <u>148 Sunset Ct.<br/>Twin Lakes, WI 53181</u>                                                   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u>              | <u>03/21/11</u>     |
| 2. <u>Jerli C. Couch</u>                                                                                                                                                          | <u>148 Sunset Ct.<br/>Twin Lakes, WI 53181</u>                                                   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u>              | <u>03/21/11</u>     |
| 3.                                                                                                                                                                                | <del>148 Sunset Ct.<br/>Twin Lakes, WI 53181</del>                                               | <del><input type="checkbox"/> Town<br/><input checked="" type="checkbox"/> Village<br/><input type="checkbox"/> City <u>Twin Lakes</u></del> | <del>03/21/11</del> |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                     |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                     |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                     |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                     |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                     |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                     |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                     |

### Certification of Circulator

I, Mary F. Couch, certify:  
(name of circulator)

I reside at 148 Sunset Ct., Twin Lakes, WI 53181  
(circulator's residence - include number, street, and municipality)

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

03/21/2011  
(date)

Mary F. Couch  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                     |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                         | DATE OF SIGNING |
| 1. <u>ERIC COLON</u> <i>[Signature]</i>                                                                                                                                           | <u>9631 OLD GRANBY RD.</u>                                                                       | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>PLEASANT PRING</u> | <u>3-1-11</u>   |
| 2. <i>[Signature]</i>                                                                                                                                                             | <u>2340-2nd Street</u><br><u>Kenosha, WI 53140</u>                                               | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>         | <u>3-5-11</u>   |
| 3. <u>Vanessa Morrone</u> <i>[Signature]</i>                                                                                                                                      | <u>2350-2nd Street</u><br><u>Kenosha, WI 53140</u>                                               | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Somers</u>         | <u>3-11-11</u>  |
| 4. <u>Jon Olson Jr.</u> <i>[Signature]</i>                                                                                                                                        | <u>Kenosha, WI 53142</u>                                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u>        | <u>3-11-11</u>  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |

### Certification of Circulator

I, Robert J. Morrone, certify:  
(name of circulator)

I reside at 2350-2ND STREET, KENOSHA, WI 53140  
(circulator's residence - include number, street, and municipality)

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

3/20/2011  
(date)

Robert J. Morrone  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1153



# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

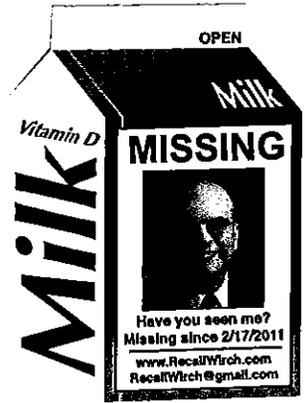
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS       | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                           | DATE OF SIGNING |
|------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <i>Robert R. [Signature]</i> | <i>12932 39th Pleasant Prairie - WI 53158</i>                                                    | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Pleasant Prairie</i> | <i>03/05/11</i> |
| 2.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 3.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 4.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 5.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 6.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 7.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 8.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 9.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 10.                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |

### Certification of Circulator

I, Howard D Cooley, certify:  
(name of circulator)  
 I reside at 8731 Lakeshore Drive, Pleasant Prairie WI 53158  
(circulator's residence - include number, street, and municipality)

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

3-28, -2011 *Howard D Cooley*  
(date) (signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

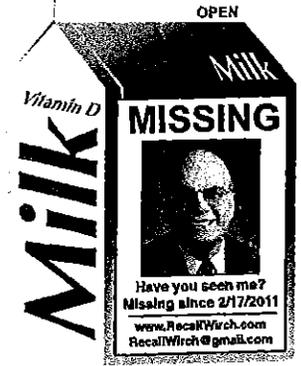
(name of officeholder to be recalled and office)

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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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                               |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                   | DATE OF SIGNING |
| 1. <u>Jody L. Green</u>                                                                                                                                                           | <u>12110 221<sup>st</sup> Ave<br/>Bristol, WI 53104</u>                                          | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Salem</u> | <u>3/21/11</u>  |
| 2. <u>Jody L. Green</u>                                                                                                                                                           | <u>12110 221<sup>st</sup> Ave<br/>Bristol, WI 53104</u>                                          | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Salem</u> | <u>3/21/11</u>  |
| 3. <u>(Kenneth M. Green)†</u>                                                                                                                                                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

### Certification of Circulator

I, Jody L. Green, certify:

(name of circulator)

I reside at 12110 221<sup>st</sup> Ave. Bristol, WI 53104

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

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

3/21/11  
(date)

Jody L. Green  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

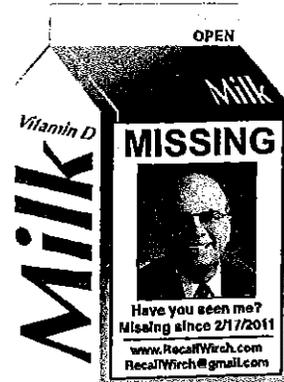
(name of officeholder to be recalled and office)

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

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                          |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                              | DATE OF SIGNING |
| 1. <u>Louis Kurylo</u>                                                                                                                                                            | <u>12762 249<sup>th</sup> Ave<br/>TREVOR</u>                                                     | <input checked="" type="checkbox"/> Town <u>Salem</u><br><input type="checkbox"/> Village <u>TREVOR</u><br><input type="checkbox"/> City | <u>3-24-11</u>  |
| 2. <u>Sophie Kurylo</u>                                                                                                                                                           | <u>1<sup>st</sup> WI 53179</u>                                                                   | <input checked="" type="checkbox"/> Town <u>Salem</u><br><input type="checkbox"/> Village <u>TREVOR</u><br><input type="checkbox"/> City | <u>3-24-11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                       |                 |

### Certification of Circulator

I, Sophie Kurylo, certify:  
(name of circulator)  
 I reside at 12762 249<sup>th</sup> Ave Trevor WI 53179  
(circulator's residence - include number, street, and municipality) Salem

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

3-24-11 (date) [Signature] (signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

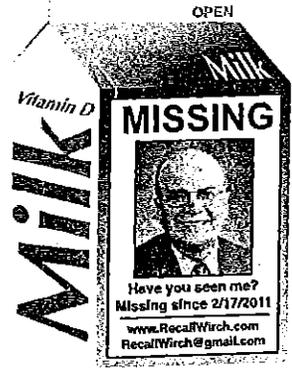
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                 |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING  |
| 1. <u>Helen Dabrowski</u><br><i>Helen Dabrowski</i>                                                                                                                               | <u>1902 Pheasant Av</u><br><u>Twix Lakes WI</u>                                                  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Twix Lakes</u><br><input type="checkbox"/> City | <u>3.21.2011</u> |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |

### Certification of Circulator

I, Helen Dabrowski, certify:

(name of circulator)

I reside at 1902 Pheasant Av Twix Lakes WI 53181

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

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

3.21.2011  
(date)

*Helen Dabrowski*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1158

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

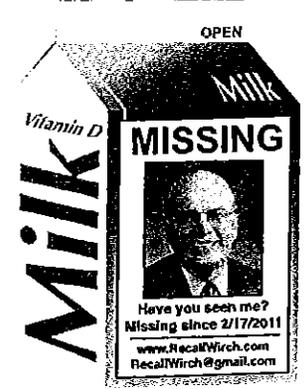
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                       | DATE OF SIGNING |
| 1. <u>Catherine B. Krueger</u>                                                                                                                                                    | <u>9756 - 296<sup>th</sup> Ave</u><br><u>P.O. Box 87</u>                                         | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Silver Lake</u><br><input type="checkbox"/> City  | <u>03-08-11</u> |
| 2. <u>Jeri Lam</u>                                                                                                                                                                | <u>6800 243<sup>rd</sup> Ave</u>                                                                 | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Paddock Lake</u><br><input type="checkbox"/> City | <u>03-12-11</u> |
| 3. <u>Anthony Dwyer</u>                                                                                                                                                           | <u>6800 243<sup>rd</sup> Ave.</u>                                                                | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Paddock Lake</u><br><input type="checkbox"/> City | <u>03-12-11</u> |
| 4. <u>Maureen</u>                                                                                                                                                                 | <u>11107 306 AVE</u>                                                                             | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <u>SALEM</u><br><input type="checkbox"/> City        | <u>3-12-11</u>  |
| 5. <u>Carol Lake</u>                                                                                                                                                              | <u>11107 306 AVE</u>                                                                             | <input checked="" type="checkbox"/> Town <u>Salem</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City        | <u>3-12-11</u>  |
| 6. <u>Greg Lake</u>                                                                                                                                                               | <u>11107 306 Ave</u>                                                                             | <input checked="" type="checkbox"/> Town <u>Salem</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City        | <u>3-14-11</u>  |
| 7. <u>Maureen Lake</u>                                                                                                                                                            | <u>11101 306 AVE</u>                                                                             | <input checked="" type="checkbox"/> Town <u>Salem</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City        | <u>3-14-11</u>  |
| 8. <u>Brett Krueger</u>                                                                                                                                                           | <u>9756 - 296<sup>th</sup> AVE</u><br><u>P.O. Box 87</u>                                         | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Silver Lake</u><br><input type="checkbox"/> City  | <u>3-14-11</u>  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |

### Certification of Circulator

I, Debra F. Krueger, certify:  
(name of circulator)

I reside at 9756 - 296<sup>th</sup> Ave, Silver Lake, 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.

March 14, 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

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

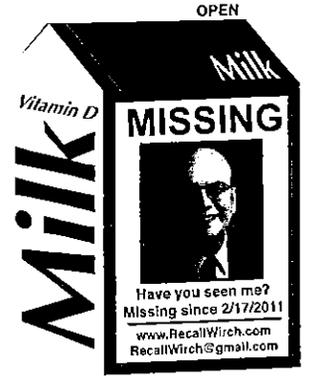
We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)  
 petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Steve Hirsch</u>                                                                                                                                                            | <u>6502 94<sup>th</sup> Ave</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/20/11</u>  |
| 2. <u>Nancy L. Hirsch</u>                                                                                                                                                         | <u>6502 94<sup>th</sup> Ave</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/20/11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

I, STEVE HIRSCH **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 6502 94<sup>th</sup> Ave Kenosha  
(circulator's residence - include number, street, and municipality)

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

3/20/11 Steve Hirsch  
(date) (signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wis.gov> email: [gab@gab.wis.gov](mailto:gab@gab.wis.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

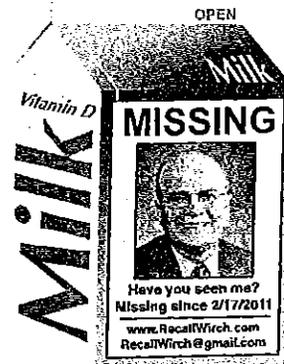
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS                      | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                    | DATE OF SIGNING |
|---------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>Jama Smolok</u><br><u>Jama Smolok</u> | <u>2356 Catherine</u><br><u>Trim Lake WI 53181</u>                                               | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Trim Lake</u> | <u>3-22-11</u>  |
| 2.                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 3.                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 4.                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 5.                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 6.                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 7.                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 8.                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 9.                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 10.                                         |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |

I, Jama Smolok, **Certification of Circulator**, certify:

I reside at 2356 Catherine (name of circulator) Trim Lake, WI, 53181  
(circulator's residence - include number, street, and municipality)

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

3-22-11 Jama Smolok  
(date) Signature of circulator (signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1161

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING  |
| 1. <u>HENRY R. VAN EVERY</u><br><u>Henry R. Van Every</u>                                                                                                                         | <u>18914 83<sup>rd</sup> PL</u><br><u>BRISTOL WI 5304</u>                                        | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>BRISTOL</u> | <u>3/19/2011</u> |
| 2. <u>Constance S. Van Every</u><br><u>Constance S. Van Every</u>                                                                                                                 | <u>18914 83<sup>rd</sup> Place</u><br><u>BRISTOL WI 53104</u>                                    | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>BRISTOL</u> | <u>3/19/2011</u> |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                  |

### Certification of Circulator

I, HENRY R. VAN EVERY, certify:  
(name of circulator)

I reside at 18914 83<sup>rd</sup> PL BRISTOL WI 53104  
(circulator's residence - include number, street, and municipality)

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

Henry R. Van Every  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                    | DATE OF SIGNING |
| 1. <u>Raymond H. McKee</u><br><small>(RAYMOND H. MCKEE)</small>                                                                                                                   | <u>370 OLD GREEN BAY RD</u><br><u>KENOSHA, WI. 53144-1125</u>                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Somers</u> | <u>03/21/11</u> |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |

I, RAYMOND H. MCKEE **Certification of Circulator**, certify:

I reside at 370 OLD GREEN BAY RD., KENOSHA, WI. 53144-1125  
(circulator's residence - include number, street, and municipality)

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

03/21/2011, Monday Raymond H. McKee  
(date) (signature of circulator)

Please mail this form to: **Recall Wirch**  
P.O. Box 26 • Silver Lake, WI 53170  
www.RecallWirch.com • RecallWirch@gmail.com

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

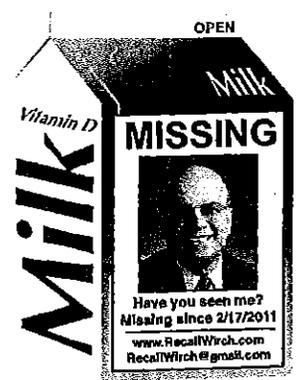
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                         |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                             | DATE OF SIGNING |
| 1.                                                                                                                                                                                | 6413 95 <sup>th</sup> Ave                                                                        | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <b>KENOSHA</b> | 3/20/11         |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                      |                 |

### Certification of Circulator

I, LELA BUCKINGHAM, certify:

I reside at 6413 95<sup>th</sup> Ave. Kenosha  
(circulator's residence - include number, street, and municipality)

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

3/20/11  
(date)

(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

Page No. 1164

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

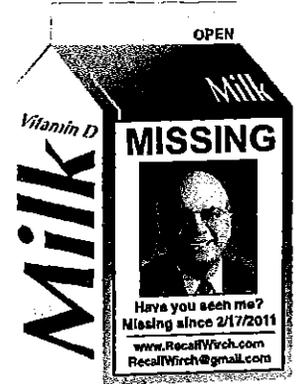
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                      | DATE OF SIGNING |
| 1. <u>Tom Keefe</u>                                                                                                                                                               | <u>705 248<sup>th</sup> Ave<br/>Kaukaunoi, WI. 53139</u>                                         | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Brighton</u> | <u>3.20.11</u>  |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |

### Certification of Circulator

I, Jan Kiefer (name of circulator) \_\_\_\_\_, certify:

I reside at 705 248<sup>th</sup> Ave Kaukaunoi WI. 53139  
(circulator's residence - include number, street, and municipality)

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

3.20.11  
(date)

Jan Kiefer  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wis.gov>, email: [gab@wis.gov](mailto:gab@wis.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

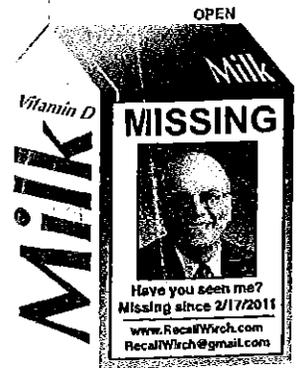
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                          |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                              | DATE OF SIGNING |
| 1. <i>Susan L. Sawyer</i>                                                                                                                                                         | 408 W. State St.<br>Burlington WI 53105                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Burlington | 3/5/11          |
| 2. <i>Ann Sawyer</i>                                                                                                                                                              | 408 W. State St.<br>Burlington WI 53105                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Burlington | 3/5/11          |
| 3. <i>Claire Sawyer</i>                                                                                                                                                           | 408 W. State St.<br>Burlington, WI 53105                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Burlington | 3/5/11          |
| 4. <i>M Sawyer</i>                                                                                                                                                                | 408 W. State St.<br>Burlington WI 53105                                                          | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Burlington | 3/20/11         |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |

I, Susan L. Sawyer, certify:  
(name of circulator)  
 I reside at 408 W. State St Burlington 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.

3/20/11  
(date)
*Susan L. Sawyer*  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

GAB-176 (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 608-265-9305, <http://gab.wi.gov> email [gab@wi.gov](mailto:gab@wi.gov)

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

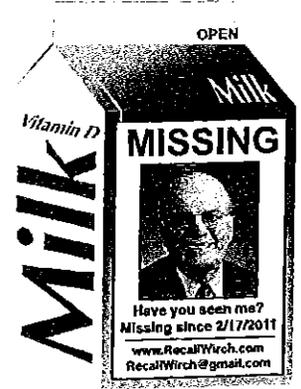
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS       | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING |
|------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>Kenneth H. Bergman</u> | <u>1236 Winged Foot Dr.</u>                                                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u> | <u>3/19/11</u>  |
| 2.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 3.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 4.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.                           |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, Kenneth Bergman, certify:  
(name of circulator)  
 I reside at 1236 Winged Foot Dr. Twin Lakes WI 53181  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wis.gov> email: [gab@wis.gov](mailto:gab@wis.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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

### STATEMENT OF REASON FOR RECALL

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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING |
|------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1.                     | 1425 DEVON RD.<br>BURLINGTON, WI 53105                                                           | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <b>BURLINGTON</b> | 3-15-11         |
| 2.                     | 1425 Devon Rd<br>Burlington, WI 53105                                                            | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <b>Burlington</b> | 3-15-11         |
| 3.                     | 1272 SERENA LN<br>BURLINGTON, WI 53105                                                           | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <b>BURLINGTON</b> | 3-15-11         |
| 4.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.                    |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

I, ROBERT A. HACKER **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 1425 DEVON RD. BURLINGTON, WI 53105  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

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# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Bette Lingo</u>                                                                                                                                                             | <u>8201 214th Ave.</u>                                                                           | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Bristol</u><br><input type="checkbox"/> City | <u>3/4/2011</u> |
| 2. <u>Lynn Watten</u>                                                                                                                                                             | <u>8170 214 Ave</u>                                                                              | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Bristol</u><br><input type="checkbox"/> City | <u>3.9.11</u>   |
| 3. <u>Bridget Lihilskey</u>                                                                                                                                                       | <u>8160 214th ave</u>                                                                            | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Bristol</u><br><input type="checkbox"/> City | <u>3-15-11</u>  |
| 4. <u>James Watten</u>                                                                                                                                                            | <u>8170 214th Ave</u>                                                                            | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Bristol</u><br><input type="checkbox"/> City | <u>3/16/11</u>  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, Bette Lingo, certify:

I reside at 8201 214th Ave. Bristol, WI 53104  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 20, 2011  
(date)

Bette M. Lingo  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1169

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

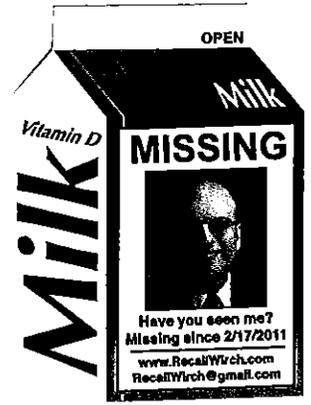
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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

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

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>[Signature]</u>                                                                                                                                                             | <u>5303 39th Ave</u>                                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>2/27/11</u>  |
| 2. <u>[Signature]</u>                                                                                                                                                             | <u>5303 39th Ave</u>                                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>2/27/11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, Ashley Justin, certify:  
(name of circulator)

I reside at 5303 39th ave Kenosha, WI 53144  
(circulator's residence - include number, street, and municipality)

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

2/27/11  
(date)

[Signature]  
(signature of circulator)

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

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1170

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

**Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.**



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                              |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                                  | DATE OF SIGNING  |
| 1. <u>Nancy E Thornton</u>                                                                                                                                                        | <u>567 TOWER ST</u>                                                                              | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>BURLINGTON WISCONSIN</u> | <u>3/19 2011</u> |
| 2. <u>Emerson R. Thornton</u>                                                                                                                                                     | <u>567 Tower St.</u>                                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>BURLINGTON WISCONSIN</u> | <u>3/19 2011</u> |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                           |                  |

**Certification of Circulator**

I, Nancy E Thornton, certify:  
(name of circulator)

I reside at 567 Tower St Burlington WI 53105  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

GAB-178 (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://gabar.wisconsin.gov>, email: [gab@wisconsin.gov](mailto:gab@wisconsin.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 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Veronica J Ashton</u>                                                                                                                                                       | <u>8230-42<sup>nd</sup> Ave</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/20/11</u>  |
| 2. <u>D. Ashton</u>                                                                                                                                                               | <u>8230 42ND AVE</u>                                                                             | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/20/11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, Veronica J. Ashton, certify:  
(name of circulator)  
 I reside at 8230-42<sup>nd</sup> Ave Kenosha  
(circulator's residence - include number, street, and municipality)

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

3/20/11 (date) Veronica J Ashton (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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                   | DATE OF SIGNING |
|--------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>Gerald P Herr</u>  | <u>25025 - 31<sup>ST</sup> STREET<br/>SALEM, WI 53168</u>                                        | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>BRIGHTON</u> | <u>3-20-11</u>  |
| 2. <u>Sharon L. Herr</u> | <u>25025 - 31<sup>ST</sup><br/>SALEM, WI 53168</u>                                               | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>BRIGHTON</u> | <u>3-20-11</u>  |
| 3. <u>Bryce P Herr</u>   | <u>25025 31<sup>ST</sup><br/>SALEM WI 53168</u>                                                  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Brighton</u> | <u>3-21-11</u>  |
| 4.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 5.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

### Certification of Circulator

I, GERALD P HERR, certify:

(name of circulator)

I reside at 25025 - 31<sup>ST</sup> STREET SALEM, WI 53168

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

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

3-21-11  
(date)

Gerald P Herr  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

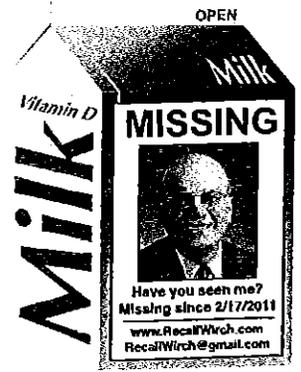
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                            |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                | DATE OF SIGNING  |
| 1. <u>David R. Dienethal</u><br><u>DAVID R. DIENETHAL</u>                                                                                                                         | <u>23601 126<sup>th</sup> Place</u><br><u>TREVOR WI 53179</u>                                    | <input checked="" type="checkbox"/> Town <u>SALEM</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <u>3-21-2011</u> |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |

### Certification of Circulator

I, DAVID R. DIENETHAL David R. Dienethal, certify:  
(name of circulator)

I reside at 23601 126<sup>th</sup> Place Trevor WI 53179  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 21, 2011  
(date)

David R. Dienethal  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wis.gov>, email: [gab@wis.gov](mailto:gab@wis.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

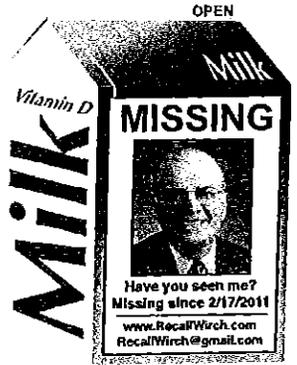
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                            |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                | DATE OF SIGNING  |
| 1. <u>Thomas J. Stefani</u>                                                                                                                                                       | <u>16831 Burlington Road</u><br><u>Union Grove, WI 53182</u>                                     | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Paris</u> | <u>3-20-2011</u> |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                  |

### Certification of Circulator

I, Thomas J. STEFANI, certify:

I reside at 16831 Burlington Road Union Grove, WI 53182 Town of Paris  
(circulator's residence - include number, street, and municipality)

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

3-20-2011  
(date)

Thomas J. Stefani  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

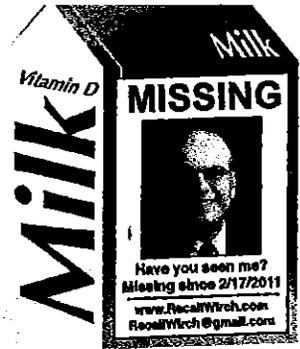
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                              | DATE OF SIGNING |
|------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Michael Smolensky   | 8336 Wheatland Rd<br>Burlington WI 53105                                                         | <input checked="" type="checkbox"/> Town Burlington<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3/7/2011        |
| 2. Gina Smolensky      | 8336 Wheatland Rd<br>Burlington WI 53105                                                         | <input checked="" type="checkbox"/> Town Burlington<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3-7-11          |
| 3. Ron Brewer          | 6705 Brewer Rd<br>Kenosha WI 53140                                                               | <input checked="" type="checkbox"/> Town Kenosha<br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | 3/8/11          |
| 4. Holly Stamat        | 4904 21 Ave<br>Kenosha WI 53140                                                                  | <input type="checkbox"/> Town Kenosha<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City    | 3/12/11         |
| 5. Lily Stamat         | 4904 21st Ave<br>Kenosha WI 53140                                                                | <input type="checkbox"/> Town Kenosha<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City    | 3/12/11         |
| 6. [Signature]         | 23324 Burlington Rd<br>Kansasville WI 53139                                                      | <input checked="" type="checkbox"/> Town Brighton<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | 3/18/11         |
| 7. Peter Jones         | 23324 Burlington Rd<br>Kansasville WI 53139                                                      | <input checked="" type="checkbox"/> Town Brighton<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | 3/18/11         |
| 8.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 9.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 10.                    |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |

**Certification of Circulator**

I, Chad A Chadwick, certify:  
(name of circulator)  
I reside at 7411 Wheatland Rd Burlington Wisconsin Town of Burlington  
(circulator's residence - include number, street, and municipality)

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

3-21-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1176

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

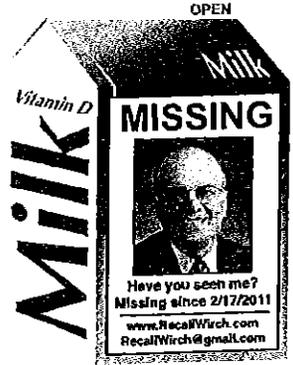
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>Lucinda R. Stone</u>                                                                                                                                                        | <u>7328 148<sup>th</sup> Ave<br/>Kenosha, WI 53142</u>                                           | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/21/11</u>  |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, Randi D. Stone (name of circulator), certify:

I reside at 7328 148<sup>th</sup> Avenue Kenosha WI 53142  
(circulator's residence - include number, street, and municipality)

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

3/21/11  
(date)

Randi D. Stone  
(signature of circulator)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

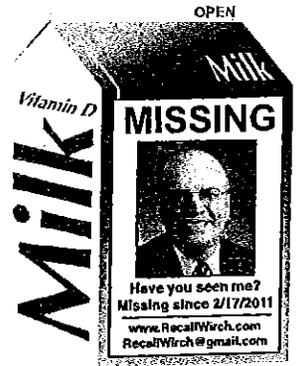
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS                          | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                    | DATE OF SIGNING |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>Sharon Larsen</u><br><u>SHARON LARSEN</u> | <u>4328 1<sup>st</sup> PLACE</u><br><u>KENOSHA WI 53144</u>                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>SOMERS</u> | <u>3-20-11</u>  |
| 2.                                              |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 3.                                              |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 4.                                              |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 5.                                              |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 6.                                              |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 7.                                              |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 8.                                              |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 9.                                              |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 10.                                             |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |

### Certification of Circulator

I, SHARON LARSEN, certify:  
(name of circulator)

I reside at 4328 1<sup>st</sup> PLACE KENOSHA WI 53144 Somers  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 20, 2011  
(date)

Sharon Larsen  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1178

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

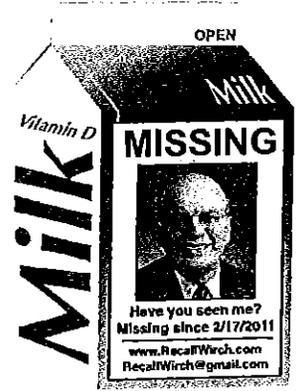
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                             |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                 | DATE OF SIGNING  |
| 1. <i>Mary Coffey</i>                                                                                                                                                             | <u>269 56TH AV.<br/>KENOSHA, WI 53144</u>                                                        | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>SOMERS</u> | <u>3/19/2010</u> |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                  |

### Certification of Circulator

I, MARY COFFEY, certify:

(name of circulator)

I reside at 269 56TH AV. KENOSHA, WI 53144

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

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

*Mary Coffey*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

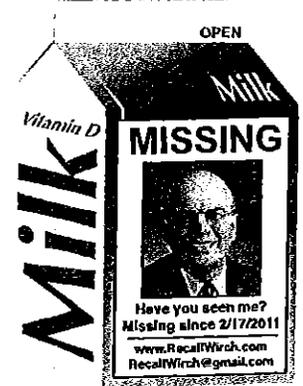
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                            |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                | DATE OF SIGNING |
| 1. <u>Kevin J. McCarville</u><br>KEVIN J. McCarville                                                                                                                              | <u>4906 308<sup>th</sup> AVE</u><br><u>Salem, Wis. 53168</u>                                     | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Salem</u> | <u>3-17-11</u>  |
| 2. <u>Kevin J. McCarville</u><br>Kevin J. McCarville                                                                                                                              | <u>4906 308<sup>th</sup> Ave.</u><br><u>Salem, WI 53168</u>                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Salem</u> | <u>3/17/11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |

### Certification of Circulator

I, Kevin J. McCarville, certify:

(name of circulator)

I reside at 4906 308<sup>th</sup> Ave. Salem, Wis. 53168

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

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

Kevin J. McCarville  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                             |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                 | DATE OF SIGNING |
| 1. <u>Jeffrey J. Heide</u>                                                                                                                                                        | <u>6320 7<sup>th</sup> STREET</u><br><u>KENOSHA, WI 53144</u>                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>SOMERS</u> | <u>3/19/11</u>  |
| 2. <u>Jenna Heide</u>                                                                                                                                                             | <u>6320 7<sup>th</sup> STREET</u><br><u>KENOSHA, WI 53144</u>                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>SOMERS</u> | <u>3/19/11</u>  |
| 3. <u>Lucie Heide</u>                                                                                                                                                             | <u>6406 7<sup>th</sup> Street</u><br><u>Kenosha, WI, 53144</u>                                   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>SOMERS</u> | <u>3-19-11</u>  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |

### Certification of Circulator

I, JEFFREY J. HEIDE, certify:

(name of circulator)

I reside at 6320 7<sup>th</sup> STREET TOWN OF SOMERS

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

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

Jeffrey J. Heide  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                    | DATE OF SIGNING |
| 1. <u>JOAN DePA</u>                                                                                                                                                               | <u>614-39<sup>th</sup> Ave.</u><br><u>Kenosha, WI, 53144</u>                                     | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Somers</u> | <u>3-21-11</u>  |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |

### Certification of Circulator

I, JOAN DePA, certify:  
(name of circulator)  
 I reside at 614-39<sup>th</sup> Ave. Kenosha, WI, 53144 Somers.  
(circulator's residence - include number, street, and municipality)

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

3-21-11  
(date)

Joan DePa  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1182

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

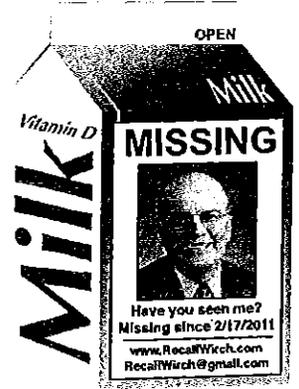
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                                                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                                                      | DATE OF SIGNING |
| 1.                                                                                                                                                                                | 6610 102 <sup>nd</sup> Ave<br>Kenosha WI 53142                                                   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><span style="margin-left: 20px;">KENOSHA</span> | 3-19-11         |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                                               |                 |

### Certification of Circulator

I, Wendell Wafarabe, certify:  
(name of circulator)

I reside at 6610 102<sup>nd</sup> Ave. Kenosha WI 53142  
(circulator's residence - include number, street, and municipality)

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

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1183

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                            |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                | DATE OF SIGNING |
| 1. <u>Troy Weber</u><br><u>TROY WEBER</u>                                                                                                                                         | <u>16315 7th St.</u>                                                                             | <input checked="" type="checkbox"/> Town <u>PARIS</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <u>3-20-11</u>  |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |

### Certification of Circulator

I, TROY WEBER, certify:

(name of circulator)

I reside at 16315 7th St., Paris

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

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

3-20-11  
(date)

Troy Weber  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1184

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                           | DATE OF SIGNING |
| 1. <u>Peter D. Schneckloth</u><br><u>P.D. Schneckloth</u>                                                                                                                         | <u>26323 52nd Street</u>                                                                         | <input checked="" type="checkbox"/> Town <u>Salem Wisconsin</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <u>3/20/11</u>  |
| 2. <u>Sherry Schneckloth</u><br><u>Sherry Schneckloth</u>                                                                                                                         | <u>26323 52nd Street</u>                                                                         | <input checked="" type="checkbox"/> Town <u>Salem, Wisconsin</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <u>3-20-11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |

### Certification of Circulator

I, Peter D. Schneckloth, certify:  
(name of circulator)

I reside at 26323 52nd Street Salem, Wisconsin 53168  
(circulator's residence - include number, street, and municipality)

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

3/20/11  
(date)

P.D. Schneckloth  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wis.gov>, email: [gab@wis.gov](mailto:gab@wis.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

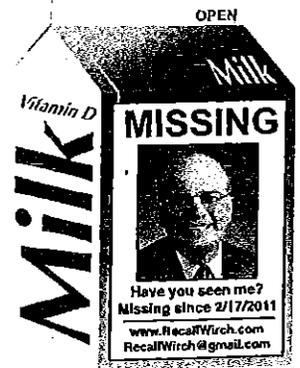
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                 |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING |
| 1. <u>Karen Aveland</u>                                                                                                                                                           | <u>432 Westridge Ave.<br/>Burlington WI 53105</u>                                                | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Burlington</u> | <u>3-18-11</u>  |
| 2. <u>Carlene Polzin</u>                                                                                                                                                          | <u>29516-21 St.<br/>Burlington WI 53105</u>                                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>BRIGHTON</u>   | <u>3-19-11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, Carlene Polzin, certify:

I reside at 29516-21 St. Burlington  
(circulator's residence - include number, street, and municipality)

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

Carlene Polzin  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1186

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

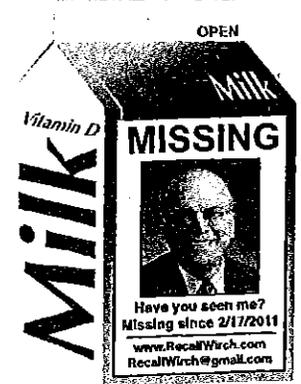
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS    | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                                | DATE OF SIGNING |
|---------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>Joan D. Sabaj</u>   | <u>801 MAPLE ST.</u><br><u>TWIN LAKES, WI.</u>                                                   | <input checked="" type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u> | <u>3-21-11</u>  |
| 2. <u>Judith A. Jilly</u> | <u>1616 Swallow</u><br><u>Twin Lakes, WI</u>                                                     | <input checked="" type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u> | <u>3-21-11</u>  |
| 3.                        |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                 |
| 4.                        |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                 |
| 5.                        |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                 |
| 6.                        |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                 |
| 7.                        |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                 |
| 8.                        |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                 |
| 9.                        |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                 |
| 10.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                 |

### Certification of Circulator

I, Joan Sabaj, certify:

(name of circulator)

I reside at 801 Maple Street Twin Lakes

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

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

3-21-11  
(date)

Joan D. Sabaj  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1187

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

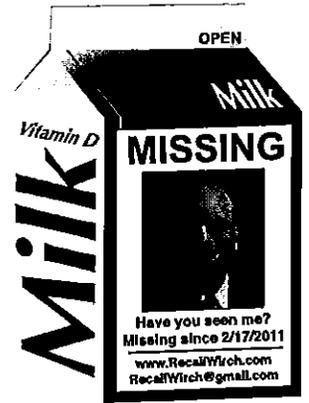
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                    | DATE OF SIGNING     |
| <del>_____</del>                                                                                                                                                                  | <del>3622 121st Place<br/>(duplicate)</del>                                                      | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Pleasant Prairie | <del>03/05/11</del> |
| 2. _____                                                                                                                                                                          | 4004 87 <sup>th</sup> St                                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha WI       | 03/05/2011          |
| 3. _____                                                                                                                                                                          | 4004 - 87 <sup>th</sup> St                                                                       | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha          | 3/5/11              |
| 4. _____                                                                                                                                                                          | 4000 86 <sup>th</sup> Pl                                                                         | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Kenosha          | 3/5/11              |
| 5. _____                                                                                                                                                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                     |
| 6. _____                                                                                                                                                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                     |
| 7. _____                                                                                                                                                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                     |
| 8. _____                                                                                                                                                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                     |
| 9. _____                                                                                                                                                                          |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                     |
| 10. _____                                                                                                                                                                         |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                     |

### Certification of Circulator

I, Todd L Henderson, certify:  
(name of circulator)

I reside at 3622 121st Place Pleasant Prairie, WI 53158 Village of Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

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

03/25/2011  
(date)

Todd Henderson  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

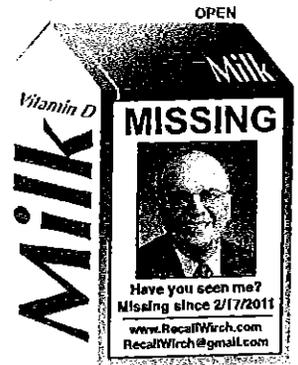
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                                    | DATE OF SIGNING |
| 1. <u>Mary Miles</u>                                                                                                                                                              | <u>29331 75<sup>th</sup> St<br/>Salem, WI 53168</u>                                              | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Salem</u>                  | <u>3/7/11</u>   |
| 2. <u>Alice Reind</u>                                                                                                                                                             | <u>38301 87<sup>th</sup> Pl<br/>Burlington WI 53105</u>                                          | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Randall<br/>Burlington</u> | <u>3/16/11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                             |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                             |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                             |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                             |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                             |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                             |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                             |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                             |                 |

I, Aurora Simonelli **Certification of Circulator**, certify:

I reside at 24347 88<sup>th</sup> St Salem, 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.

3/16/2011 Aurora Simonelli  
(date) (signature of circulator)

Please mail this form to: **Recall Wirch**  
P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

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

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                              | DATE OF SIGNING |
|------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1.                     | 2051 84 <sup>th</sup> Cir<br>BRISTOL WI 53104                                                    | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>BRISTOL | 3.22.11         |
| 2.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 3.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 4.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 5.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 6.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 7.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 8.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 9.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 10.                    |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |

### Certification of Circulator

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

I reside at 20501 84<sup>th</sup> Cir Bristol WI 53104  
(circulator's residence - include number, street, and municipality)

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

3.22.11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

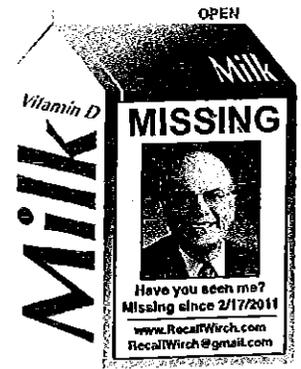
(name of officeholder to be recalled and office)

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

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

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                                | DATE OF SIGNING  |
| 1. <u>ALICIA E. BREDEN</u>                                                                                                                                                        | <u>500 PINEWOOD TRAIL<br/>TWIN LAKES - WI - 53181</u>                                            | <input checked="" type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>TWIN LAKES</u> | <u>3-21-2011</u> |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                         |                  |

### Certification of Circulator

I, ALICIA E. BREDEN, certify:

I reside at 500 PINEWOOD TRAIL - TWIN LAKES - WISCONSIN, 53181  
(circulator's residence - include number, street, and municipality)

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

MARCH 21/2011  
(date)

*Alicia E. Breden*  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
P.O. Box 26 • Silver Lake, WI 53170  
www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                    | DATE OF SIGNING  |
| 1. <u>Nathan L. Robertson</u>                                                                                                                                                     | <u>10006 3rd Ave</u>                                                                             | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village Pleasant Prairie<br><input type="checkbox"/> City | <u>3-22-2011</u> |
| 2. <u>Judy Ward</u>                                                                                                                                                               | <u>388 98th</u>                                                                                  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village Pleasant Prairie<br><input type="checkbox"/> City | <u>3-22-2011</u> |
| 3. <u>Carol Capra</u>                                                                                                                                                             | <u>10016 3rd Ave</u>                                                                             | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village Pleasant Prairie<br><input type="checkbox"/> City | <u>3-22-11</u>   |
| 4. <u>Kerry M. Kessler</u>                                                                                                                                                        | <u>322 98th St</u>                                                                               | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village Pleasant Prairie<br><input type="checkbox"/> City | <u>3/22/11</u>   |
| 5. <u>Kelli Cielak</u>                                                                                                                                                            | <u>322 98th St</u>                                                                               | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village Pleasant Prairie<br><input type="checkbox"/> City | <u>3/22/11</u>   |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                  |

### Certification of Circulator

I, Nathan L. Robertson, certify:  
(name of circulator)

I reside at 10006 3rd Ave, Pleasant Prairie, 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.

3-22-2011  
(date)

Nathan L. Robertson  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

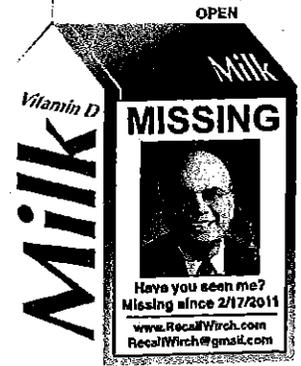
(name of officeholder to be recalled and office)

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

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**Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.**



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                         | DATE OF SIGNING |
| 1. <i>Enola Day</i>                                                                                                                                                               | <i>637 - 200<sup>th</sup> Ave<br/>Union Grove</i>                                                | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Paris Township</i> | <i>3/19/11</i>  |
| 2. <i>Darrell Day</i>                                                                                                                                                             | <i>637 - 200<sup>th</sup> Ave<br/>Union Grove</i>                                                | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Paris Township</i> | <i>3/19/11</i>  |
| 3. <i>Jana Wynne</i>                                                                                                                                                              | <i>639 200<sup>th</sup> Ave<br/>Union Grove</i>                                                  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Paris Township</i> | <i>3/19/11</i>  |
| 4. <i>David Wynne</i>                                                                                                                                                             | <i>639 200<sup>th</sup> Ave<br/>Union Grove</i>                                                  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Paris Township</i> | <i>3/19/11</i>  |
| 5. <i>Cheryl Liebert</i>                                                                                                                                                          | <i>641 - 200<sup>th</sup> Ave<br/>Union Grove WI 53182</i>                                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Paris</i>          | <i>3/21/11</i>  |
| 6. <i>Kenneth W. Selbst</i>                                                                                                                                                       | <i>641 200<sup>th</sup> Ave<br/>Union Grove WI</i>                                               | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>PARIS</i>          | <i>3/21/11</i>  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |

### Certification of Circulator

I, David Wynne, certify:  
(name of circulator)  
 I reside at 639 200<sup>th</sup> Ave, Union Grove, WI - Paris Township.  
(circulator's residence - include number, street, and municipality)

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

3-21-11  
(date)

*David Wynne*  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wi.gov>, email: [gab@wis.gov](mailto:gab@wis.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 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                              | DATE OF SIGNING |
|------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1.                     | 20922 81 <sup>st</sup> Street<br>Bristol, WI 53104                                               | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bristol | 3/23/2011       |
| 2.                     | 20922 81 <sup>st</sup> Street<br>BRISTOL, WI. 53104                                              | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>BRISTOL | 3-23-11         |
| 3.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 4.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 5.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 6.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 7.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 8.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 9.                     |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |
| 10.                    |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       |                 |

### Certification of Circulator

I, Dawn MacDonal-Wolff, certify:

(name of circulator)

I reside at 20922 81<sup>st</sup> Street, Bristol, WI 53104

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

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

3/23/2011  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                 |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING |
| <u>Rachelle M. Kirk</u>                                                                                                                                                           | <u>2115 22<sup>nd</sup> Street</u>                                                               | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>Kenosha</u> | <u>3.14.11</u>  |
| 2.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, Rachelle M. Kirk, certify:

I reside at 2115 22<sup>nd</sup> Street Kenosha  
(circulator's residence - include number, street, and municipality)

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

Rachelle M. Kirk  
(signature of circulator)

Please mail this form to: **Recall Wirch**  
 P.O. Box 26 • Silver Lake, WI 53170  
 www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1195

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

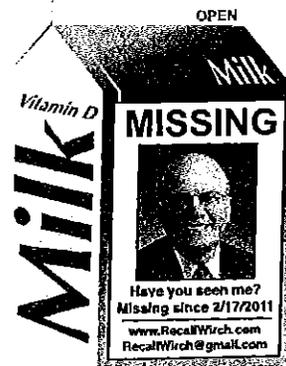
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                 |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                     | DATE OF SIGNING |
| 1. <i>Kenneth Michalski</i>                                                                                                                                                       | <u>700 Lake Street</u>                                                                           | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u> | <u>3/23/11</u>  |
| 2. <i>Karen Egolf</i>                                                                                                                                                             | <u>700 Lake Street</u>                                                                           | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Twin Lakes</u> | <u>3/23/11</u>  |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, Kenneth Michalski Karen Egolf, certify:

(name of circulator)

I reside at 700 LAKE STREET TWIN LAKES

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

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

3/23/11  
(date)

*Kenneth Michalski Karen Egolf*  
(signature of circulator)

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

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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

| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                           | DATE OF SIGNING |
|--------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <u>Charles Sparkman</u>  | <u>7801 88<sup>th</sup> Ave Lot 140</u>                                                          | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>4-13-11</u>  |
| <u>2. Betty Sparkman</u> | <u>7801 88<sup>th</sup> Ave Lot 140</u>                                                          | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>4-13-11</u>  |
| 3.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 4.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 5.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 6.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 7.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 8.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 9.                       |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |
| 10.                      |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                    |                 |

### Certification of Circulator

I, KENNETH C. MUEHLBAEHL, certify:  
(name of circulator)  
 I reside at 9128 PRAIRIE VILLAGE DR., PLEASANT PRAIRIE, WI 53142  
(circulator's residence - include number, street, and municipality)

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

4/13/2011  
(date)

Kenneth C. Muehlbaehl  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

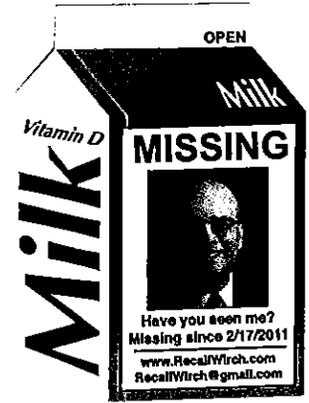
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                                        |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                            | DATE OF SIGNING  |
| 1. <i>John Salgins</i>                                                                                                                                                            | <i>6108 63rd St.</i>                                                                             | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Somers</i> | <i>3/12/2011</i> |
| 2. <i>Calgins</i>                                                                                                                                                                 | <i>6108 63 St</i>                                                                                | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Somers</i>            | <i>3/12/11</i>   |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                     |                  |

I, *Chad Ellertson* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at *5701-53<sup>rd</sup> Kenosha, WI 53149*  
(circulator's residence - include number, street, and municipality)

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

*4-13-2011* *[Signature]*  
(date) (signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.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 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(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.)*

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING  |
| 1. <u>Edward K. Feuker</u>                                                                                                                                                        | <u>2618-32nd ST.<br/>KENOSHA, WI. 53140</u>                                                      | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-11-2011</u> |
| 2. <u>Candace A. Feuker</u>                                                                                                                                                       | <u>2618-32 ST.<br/>Kenosha, WI. 53140</u>                                                        | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-11-2011</u> |
| 3.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                  |

### Certification of Circulator

I, Edward K. FEUKER, certify:  
(name of circulator)

I reside at 2618-32nd ST. KENOSHA, WI. 53140  
(circulator's residence - include number, street, and municipality)

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

04-11-2011  
(date)

Edward K. Feuker  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1199

# RECALL PETITION

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

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

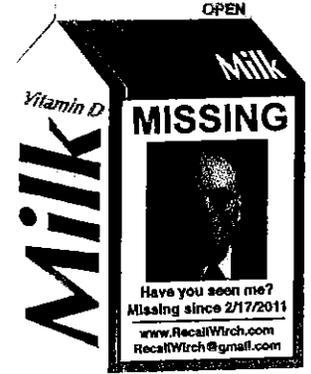
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

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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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                                                                                                  |                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS                                                                                                                                                            | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                                  | DATE OF SIGNING |
| 1. <u>B-J Bruce Johnson</u>                                                                                                                                                       | <u>3724 22<sup>nd</sup> St.</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-1-11</u>   |
| 2. <u>Mari Kubner</u>                                                                                                                                                             | <u>1325-32<sup>nd</sup> St.</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Xenoch</u>  | <u>3-2-11</u>   |
| 3. <u>Pat Kubner</u>                                                                                                                                                              | <u>1325 32<sup>nd</sup> St.</u>                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-2-11</u>   |
| 4.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                                                                                                                                                                                |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, Kathleen Proko, certify:  
(name of circulator)

I reside at 4727-352<sup>nd</sup> Ave Burlington WI Wheatland  
(circulator's residence - include number, street, and municipality)

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

Kathleen Proko  
(signature of circulator)

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