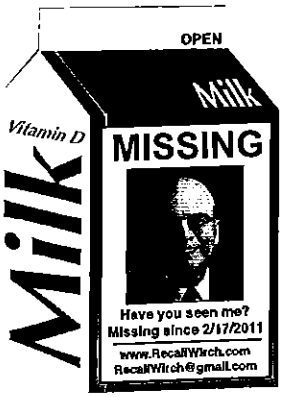
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary Phelps	116 Kings Ct Burlington WI	☐ Town ☐ Village ☒ City Burlington	3/27/11
2. James Phelps	116 Kings Ct. Burlington, WI	☐ Town ☐ Village ☒ City "	3-27-11
3. Michael Kisting	232 BRIDGE ST. A135 BURLINGTON, WI	☐ Town ☐ Village ☒ City "	3/27/11
4. William King	BURLINGTON, WI BURLINGTON, WI	☒ Town ☐ Village ☐ City "	3-27-11
5. Dorothy King	1905 So BROWNS LK DR BURLINGTON, WI	☐ Town ☐ Village ☐ City "	3/27/11
6. [illegible]	33715 DREAM ST BURLINGTON, WI	☒ Town ☐ Village ☐ City "	3/27/11
7. [illegible]	33715 DREAM ST BURLINGTON, WI	☒ Town ☐ Village ☐ City "	3/27/11
8. [illegible]	317 DIRDS DR BURLINGTON, WI	☐ Town ☐ Village ☒ City "	3/27/11
9. Courtney Scherrer	317 Dardis Burlington WI	☐ Town ☐ Village ☒ City "	3/27/11
10. [illegible]	32705 "Buses St Burlington, WI	☒ Town ☐ Village ☐ City "	3/27/11

Certification of Circulator

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

I reside at 30015 BEACH DR. 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.

3/27/11
(date)

Charles Andrews
(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.6/2003) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1501

RECALL PETITION

TO: Wisconsin Government Accountability Board
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We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

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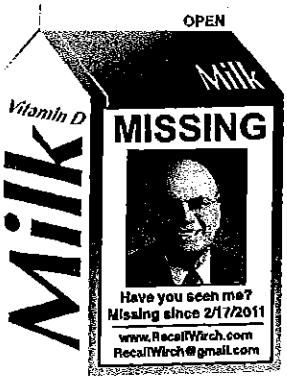
from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gais Nelson	6672 102nd St #C Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/28/11
2. Linda Katurow	924 Weiler Rd Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington,	3/28/11
3. Gary [illegible]	924 Weiler Rd Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington,	3/28/11
4. Robert Ratoine	201 GARDNER AVE BURLINGTON WIS.	☐ Town ☐ Village ☒ City Burlington	3/28/11
5. Roslyn M. Ratoine	201 Burlington Gardner 53105	☐ Town ☐ Village ☒ City Burlington	3-28-11
6. Richard A. Carter	2710 Spring dr. Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-28-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Franklin E Dames, certify:
(name of circulator)

I reside at 324 Kendall 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.

3/28/11
(date)

Franklin E Dames
(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. 1502

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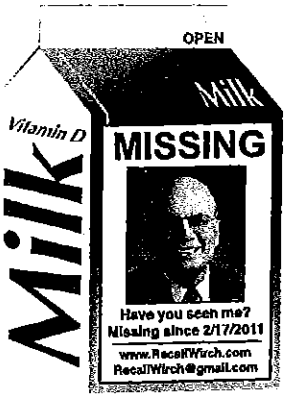

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael Findlay	356 S. Kendrick Ave Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/27/11
2. Matthew J. Zimmermann Sr.	31209 Bushnell Rd Burlington, WI, 53105	☒ Town ☐ Village ☐ City Burlington	3/27/11
3. [illegible]	716 N Milwaukee Ave Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/27/11
4. [illegible]	405 Orchard St Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/27/11
5. James Cowan	6902 Prairie Road Burlington, WI, 53105	☐ Town ☐ Village ☒ City Burlington	3-27/11
6. Suzanne Cowan	6901 Prairie Rd Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-27-11
7. [illegible]	~~34709 Cowan Rd~~ ~~Burlington, WI~~	☐ Town ☐ Village ☐ City	
8. Laura Zahn	222 Grove St. #10 Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3-27-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, BILL MITCHELL, certify:
(name of circulator)

I reside at 4105 JANESVILLE WI 53546.
(circulator's residence - include number, street, and municipality)

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

3-27-11
(date)

Bill Mitchell
(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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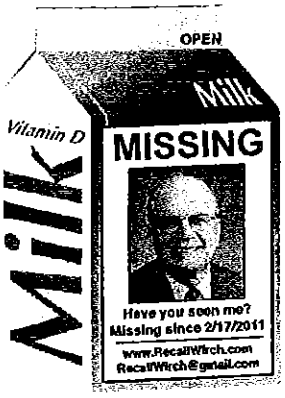

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. ~~SALLY F~~ Jeffrey A Franczek	368 INDIAN BEND RD BURLINGTON, WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	3-27-11
2. Theresa Dewitt	308 Church St. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-27-11
3. Ruby Brown	209 KENDALL BURLINGTON, WI	☐ Town ☐ Village ☒ City Burlington	27 MAR 11
4. Yolanda Brown	209 Kendall Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3.27.11
5. Clyde H Martell	32161 Euphoria Dr. Burlington WI	☒ Town ☐ Village ☒ City Burlington	3/27/11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Philip A Ketterhagen (name of circulator), certify:

I reside at 8000 CROSSWAY 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.

3-27-11 (date) — Philip A Ketterhagen (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. 1504

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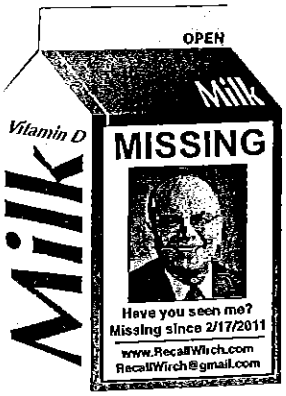

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1. Tammy Kilmurray	364 Church St Burlington	☐ Town ☐ Village ☒ City Burlington	3/24/11
2. [illegible]	332 Church ST	☐ Town ☐ Village ☒ City Burlington	3/24/11
3. [illegible]	332 Church St.	☐ Town ☐ Village ☒ City Burlington	3/24/11
4. [illegible]	264 Church St.	☐ Town ☐ Village ☒ City Burlington	3/24/11
5. Kelsey Meyerhofer	222 Grove St, Apt. 8	☐ Town ☐ Village ☒ City Burlington	3/25/11
6. JESUS BENITEZ	616 W STATE ST	☐ Town ☐ Village ☒ City BURLINGTON	3/25/11
7. [illegible]	201 Kendrick	☐ Town ☐ Village ☒ City Burlington	3/25/11
8. Marion Pankratz	201 N. Kendrick Ave	☐ Town ☐ Village ☒ City Burlington WI	3/25/11
9. Barbara [illegible]	225 N Kendrick	☐ Town ☐ Village ☒ City Burlington	3/25/11
10. [illegible]	348 N. Kendrick Ave Burlington WIS	☐ Town ☐ Village ☒ City Burlington WI 53105	3-25-11

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State ST. Burlington Wis 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.

3-25-11 (date) Charles Krause (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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(jurisdiction or district of officeholder)

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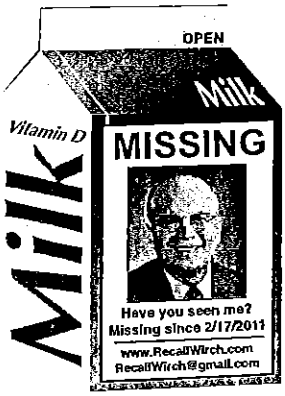

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jami Monroe	281 Indian Bend Rd Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/23/11
2. [illegible]	281 Indian Bend Rd. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/23/11
3. Carrie Fitzpatrick	709 Shelton Ct Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/23/11
4. Lori Madey	716 Shelton ct Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/23/11
5. Diana McLumby	356 Robin's	☐ Town ☐ Village ☒ City Burlington	3/23/11
6. John McLumby	356 Robins Run	☐ Town ☐ Village ☒ City Burlington	3-23-11
7. Robert O'Meara	288 ROBINS RUN	☐ Town ☐ Village ☒ City BURLINGTON	3-23-11
8. [illegible]	264 ROBINS RUN	☐ Town ☐ Village ☒ City BURLINGTON	3-23-11
9. [illegible]	275 Robin Run	☐ Town ☐ Village ☒ City Burlington	3-23-11
10. Sara Weis	275 Robins Run	☐ Town ☐ Village ☒ City Burlington	3/23/11

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State St. Burlington Wis. 53105.
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3-23-11 (date) Charles Krause (signature of circulator)

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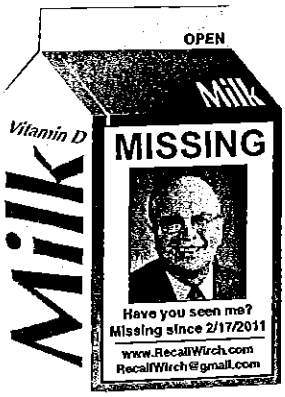

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ann Tomal	189 Westridge Ave	☐ Town ☐ Village ☒ City Burlington WI	3-21-11
2. [illegible]	283 Robins Run	☐ Town ☐ Village ☒ City Burlington	3-21-11
3. Donald J Vandelsord	307 Robins Run	☐ Town ☐ Village ☒ City Burlington	3-21-11
4. [illegible]	365 Robins Run	☐ Town ☐ Village ☒ City BURLINGTON	3-21-11
5. Steven J [illegible]	401 Robins Run	☐ Town ☐ Village ☒ City Burlington	3/21/11
6. [illegible]	425 Robins Run	☐ Town ☐ Village ☒ City BURLINGTON	3/21/11
7. [illegible]	425 Robins Run	☐ Town ☐ Village ☒ City Burlington	3/21/11
8. [illegible]	1032 Lewis Street	☐ Town ☐ Village ☒ City Burlington	3/21/11
9. Barb Gawlocki	380 Robins Run	☐ Town ☐ Village ☒ City Burling	3/21/11
10. Wedura Spaieff	364 Robins Run	☐ Town ☐ Village ☒ City Burlington	3/21/11

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State ST. Burlington Wis 53105.
(circulator's residence - include number, street, and municipality)

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3-21-11
(date)

Charles Krause
(signature of circulator)

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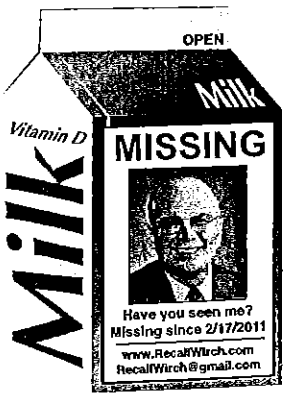


STATEMENT OF REASON FOR RECALL

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

Refusing to represent the citizens of Wisconsin 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Martha R. Schroeder	500 W. State St Burlington, Wi	☐ Town ☐ Village ☒ City Burlington Wi 53105	3.23.11
2. Joan M. Krause	35300 W. State St Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3-23-11
3. [illegible]	205 Church St Burlington, WI 53105	☒ Town ☐ Village ☒ City Burlington	3/24/2011
4. Velma R Anderson	345 Church St	☐ Town ☐ Village ☒ City Burlington	3/24/11
5. [illegible]	373 Church St Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/24/11
6. Arlene Pitt	409 Garfield St Burlington WI	☐ Town ☐ Village ☒ City Burlington	3/24/11
7. Jean [illegible]	381 Church St.	☐ Town ☐ Village ☒ City Burlington	3/24/11
8. David [illegible]	637 Brady St Bu	☐ Town ☐ Village ☒ City BURLINGTON	3/24/11
9. Marguerite Deephouse	388 Church St Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/24/11
10. Patrick J Molloy	364 Church St Burlington	☐ Town ☐ Village ☒ City Burlington	3/24/2011

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State ST. Burlington Wis. 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.

3-24-11
(date)

Charles Krause
(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

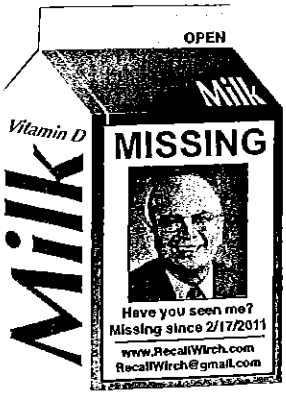
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	328 N. Kendrick Ave	☐ Town ☐ Village ☒ City Burlington	3/25/11
2. [illegible]	208 N. Kendrick Ave	☐ Town ☐ Village ☒ City Burlington	3/25/11
3. Dana Pieters	208. N. Kendrick Ave	☐ Town ☐ Village ☒ City Burlington	3/25/11
4. [illegible]	548 W. State St.	☐ Town ☐ Village ☒ City Burlington	3-25-11
5. Tad Hatcher	548 W. State St.	☐ Town ☐ Village ☒ City Burlington	3-25-11
6. [illegible]	548 W. State St.	☐ Town ☐ Village ☒ City Burlington	3-25-11
7. Shirley LaBella	300 N. Kendrick	☐ Town ☐ Village ☒ City Burlington	3-26-11
8. Mark Huhstorf	733 OAK ST	☐ Town ☐ Village ☒ City BURLINGTON	3-26-11
9. Carol Huhstorf	733 OAK ST	☐ Town ☐ Village ☒ City Burlington	3-26-11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State St. Burlington Wis 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.

3-26-11
(date)

Charles Krause
(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

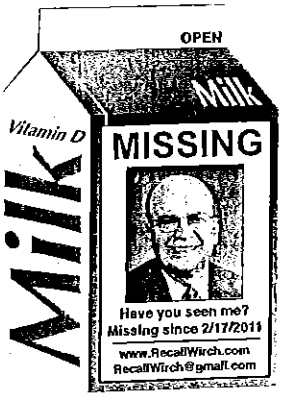
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	33011 Tamarack Rd	☒ Town ☐ Village ☐ City Burlington	3/19/2011
2. [illegible]	32821 S Lakeshore DR.	☒ Town ☐ Village ☐ City Burlington	3/19/2011
3. April L Warner	7220 McHenry St	☒ Town ☐ Village ☐ City Burlington	3/19/11
4. [illegible]	7121 McHenry St	☒ Town ☐ Village ☐ City Burlington	3/19/11
5. Diana Coughlin	13101 First St	☒ Town ☐ Village ☐ City Paris	3/19/11
6. Leon M Wright	1527 Skinner Dr	☒ Town ☐ Village ☐ City Twin Lakes	3/19/11
7. [illegible]	7445 Fish Hatchery Rd	☒ Town ☐ Village ☐ City Burlington	3/19/11
8. [illegible]	8626 Country View Ln	☒ Town ☐ Village ☐ City Burlington	3/19/11
9. Carrie [illegible]	8626 Country View Ln	☒ Town ☐ Village ☐ City Burlington	3/19/11
10. Brett Bowe	664 W State St #8 Burlington	☐ Town ☐ Village ☒ City Burlington	3/19/11

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State St. Burlington Wis. 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)

Charles Krause
(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

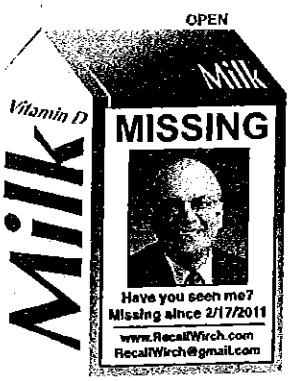
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Byron Prunk	32615 Yahnke Rd. Burlington WI	☒ Town ☐ Village ☐ City Burlington	3-26-11
2. Polly Prunk	326 Milwaukee AVE. Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
3. Ray Stiffens	513 Oak St Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
4. Renee Stiffens	513 Oak St. Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
5. M. Mott	348 Garfield St Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
6. Allen Chase	473 Edward St Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
7. Michelle Chase	473 Edward St. Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
8. Jacqueline M Ponboky	2515 Cedar Dr. Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3/26/11
9. Philip G. Ketterhagen	13229 Trout Rd Burlington Wi. 53105	☒ Town ☐ Village ☐ City Burlington	3/26/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Philip G Ketterhagen (name of circulator), certify:

I reside at 2000 Crossway 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.

3-26-11
(date)

Philip G Ketterhagen
(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.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1511

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gary T Gage	30130 Woodlawn Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	03.26.2011
2. Daniel Eisenhardt	317 Hickory Dr Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/26/2011
3. [illegible]	27400 Church Burlington WI	☒ Town ☐ Village ☐ City Burlington Town	3/26/2011
4. Lavan Moore	27400 Church Rd. Burlington	☒ Town ☐ Village ☐ City Burlington	3-26-11
5. Mark Keller	20316-83rd Place Bristol WI	☐ Town ☒ Village ☐ City Bristol	3-26-11
6. JoAnne M Daines	324 KENDALL ST BURLINGTON WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
7. [illegible]	208 S Elmwood Ave Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
8. Sergio Gozdy	425 Walnut St Burlington	☐ Town ☐ Village ☒ City Burlington	3-26-11
9. Barbara Temple	708 Briody St. ~~Burlington WI 53105~~	☐ Town ☐ Village ☒ City Burlington	3-26-11
10. Carl J Luedtke	3212-169th Ave Kenosha, Wis, 53144	☒ Town ☐ Village ☐ City Paris	3-26-11

Certification of Circulator

I, Philip A Kettenhofen, certify:
(name of circulator)

I reside at 2000 CROSSWIND 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.

3-26-11 (date)

Philip A Kettenhofen (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. 1512

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

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	7122 Shagbark Ln	☒ Town ☐ Village ☐ City Burlington	3/26/11
2. [illegible]	525 OAK ST.	☐ Town ☐ Village ☒ City BURLINGTON	3-26-11
3. [illegible]	6846 HOSICK CRK ROAD	☒ Town ☐ Village ☐ City BURLINGTON	3-26-11
4. Joanna H King	1501 Barbara St.	☐ Town ☐ Village ☒ City Burlington	3-26-11
5. [illegible]	2821 FISCHER DR	☒ Town ☐ Village ☐ City BURLINGTON	3/26/11
6. Celina Hanzelka	283 Robins Run Burlington	☐ Town ☐ Village ☒ City Burlington	3/26/11
7. Angie Zilisch	349 S Kendrick Burlington WI	☐ Town ☐ Village ☒ City Burlington	3/26/11
8. Kayla [illegible]	8110 Fishman Rd Burlington WI	☐ Town ☐ Village ☐ City Burlington	3/26/11
9. [illegible]	1604 S. Honey Lake Rd. Burlington	☐ Town ☐ Village ☐ City Burlington	3/26/11
10. Deborah Nigoncci	1604 S. Honey Lake Rd. Burlington	☒ Town ☐ Village ☐ City Burlington	3/26/11

Certification of Circulator

I, Philip A Ketterhagen, certify:
(name of circulator)

I reside at 2000 CROSSWAY 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.

3-26-11
(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. 1513

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

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	425 HIGHRIDGE RD BURLINGTON WI 53105	☐ Town ☐ Village ☑ City BURLINGTON	3/26/11
2. Bernie Stoes	3150 213th AVE Bristol WI 53104	~~☐ Town~~ ☑ Village ☐ City Bristol	3/26/11
3. Russell Lieb	357 McHENRY ST. BURLINGTON, WI 53105	☑ Town ☐ Village ☐ City BURLINGTON	3/26/11
4. Christopher Mingus	1501 Barbara St. Burlington, WI 53105	☐ Town ☐ Village ☑ City Burlington	3/26/11
5. Roger Sorenson JR.	32715 Vista View Drive Burl. WI. 53105	☐ Town ☑ Village ☐ City Burlington	3/26/11
6. Jeffrey M. Kelly	8629 235TH AVE SALEM WI. 53168	☑ Town ☐ Village ☐ City SALEM	3/26/11
7. Jeff S. Hon	P.O. Box 432 ROCHESTER, WI 53167	☐ Town ☑ Village ☐ City ROCHESTER	3/26/11
8. Cynthia Stoes	~~W1334 Hwy H~~ Burlington WI 53105	☐ Town ☐ Village ☐ City	
9. Brian Hoy	332 South Kendrick Ave Burlington WI 53105	☐ Town ☐ Village ☑ City Burlington	3/26/11
10. Joseph M. Hale	132 Hillcrest Dr. Burlington WI 53105	☐ Town ☐ Village ☑ City Burlington	3/26/11

Certification of Circulator

I, Philip A Kettenhofen, certify:
(name of circulator)

I reside at 2000 CROSSWAY 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.

3-26-11 (date) Philip A Kettenhofen (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. 1514

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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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joseph A. Wasik	808 ECHO DR.	☐ Town ☐ Village ☑ City BURLINGTON	3/12/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Lisa Wasik, certify:
(name of circulator)

I reside at 808 Echo Dr. 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.

3-23-11 (date)

Lisa Wasik (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. 1515

GAB-170 (Rev.6/2002) 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

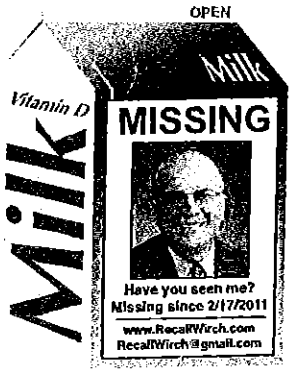
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	300 Henry St Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3/26/11
2.	232 Bridge St #421 Burlington, WI	☐ Town ☐ Village ☒ City Burlington,	3/26/11
3. Bob Norbert	542 CREST WOOD DR BURLINGTON, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/26/11
4. Ann Carrille	5902 S. English Settlement Burlington WI 53073	☒ Town ☐ Village ☐ City Burlington,	3/26/11
5. Marta Kraemer	1735 S. Pine ST Burlington 53105	☐ Town ☐ Village ☒ City Burlington,	3/26/11
6.	30230 Forest Dr. Burlington 53105	☒ Town ☐ Village ☐ City Burlington, WI	3/26/11
7.	30230 Forest Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington, WI	3/26/11
8. James Lance	8035 MONROE ST BURLINGTON WI 53105	☒ Town ☐ Village ☐ City Burlington, WI	3/26/11
9.	372 Lewis Street Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington, WI	3/26/11
10. Stephen	724 Meadow Ln Burlington WI Ln	☒ Town ☐ Village ☒ City Burlington	3-26-2011

Certification of Circulator

I, Franklin E DAMES, certify:
(name of circulator)

I reside at 324 Kendall St Burlington, WI 53223.
(circulator's residence - include number, street, and municipality)

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

3/26/11
(date)

Franklin E Dames
(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.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

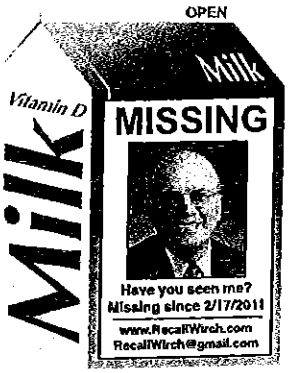
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	148 S. MAIN ST. BURLINGTON WI. 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11
2. [signature]	6641 Wheatland Rd. Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3-26-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Philip A Ketterhagen, certify:
(name of circulator)

I reside at 2000 CROSSWAY 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.

3-26-11
(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

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

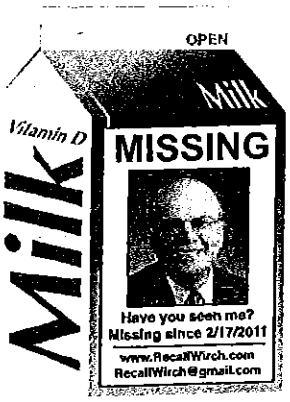
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carolyn Robbins	6310 Yahnke RD Burlington WI 53105	☐ Town ☐ Village ☐ City Burlington	3-26-11
2. [illegible]	1288 SERENA LN BURLINGTON WI 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11
3. [illegible]	1288 SERENA LN BURLINGTON WI 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11
4. Gary Kruse	601 HILLSIDE BURLINGTON, WI, 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11
5. Dennis Cooper	300 ORIGEN ST Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11
6. Martha Carr	937 Greenwood Dr. Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11
7. E B Schildt	1235 Schneider Lane Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11
8. Mary J. Rum	312 Indian Bend Rd Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Kerry Dettmann, Kerry Dettmann, certify:
(name of circulator)

I reside at 3409 N. 94 St., Milwaukee, WI 53222.
(circulator's residence - include number, street, and municipality)

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

3/26/11
(date)

Kerry Dettmann
(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

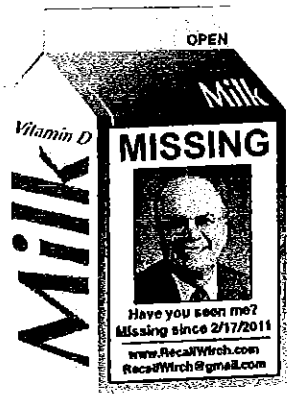
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	1517 SERENA LN BURLINGTON WI	☐ Town ☐ Village ☒ City BURLINGTON WI 53105	3-26-11
2.	530 Tower St Burlington WI	☐ Town ☐ Village ☒ City Burlington 53105	3-26-11
3. Michelle Pederson	397 Highridge Rd. Burlington WI	☐ Town ☐ Village ☒ City Burlington 53105	3-26-11
4.	5708 1st Pl Kenosha WI 53144	☒ Town ☐ Village ~~☐ City~~ Somers	3-26-11
5.	265 Edward St Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington 53105	3-26-11
6. Karen A.	265 Edward St Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington 53105	3-26-11
7. Matthew Therine	34116 Lagoon Drive Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington 53105	3-26-11
8. Amber Griffith	265 Edward St Burlington WI 53105	☐ Town ☐ Village ☐ City Burlington 53105	3-26-11
9. Katherine A. Cramer	5708-1st Pl Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	3/26/11
10. Kimberly Hamann	4118 S. Fourth St Silver Lake WI 53170	☐ Town ☒ Village ☐ City Silver Lake	3/26/11

Certification of Circulator

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

I reside at 202 W Jefferson 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.

03/26/11
(date)

Jennifer Joyce
(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. 1519

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

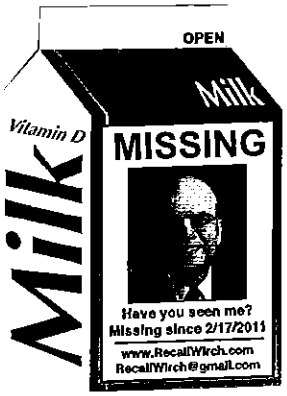
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lisa Longoria	172 W. Jefferson Burlington 53105	☐ Town ☐ Village ☒ City Burlington	3/24/11
2. Susan Russell	857 Union Ct. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/26/11
3. Louis Pritchett	1264 Peregrine Ct Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/26/11
4. June Anderson	1264 Peregrine Ct Burlington WI	☐ Town ☐ Village ☒ City BURLINGTON WI	3/26/11
5. [illegible]	700 Meadow [illegible] Burlington	☐ Town ☐ Village ☒ City Burlington	3/26/11
6. Janet Grau	909 Echo Dr. Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
7. Albert A. Grau	909 ECHO DRIVE BURLINGTON, WI.	☐ Town ☐ Village ☒ City Burlington	3-26-11
8. James Dudley	32509 Trail Lane Burlington WI	☒ Town ☐ Village ☐ City Burlington	3-26-11
9. Denise Koesten	273 Henry St Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-26-11
10. Nicole Pattison	1517 Serena LANE Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-26-11

Certification of Circulator

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

I reside at 202 W Jefferson 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.

03/26/11 (date)

Jennifer Joyce (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. 1520

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

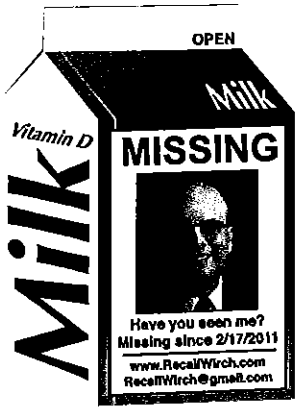
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	206 E. Spruce St. PO Box 42 Silver Lake, WI 53170	☐ Town ☑ Village ☐ City Silver Lake	3/8/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Debbie DeDecker, certify:
(name of circulator)

I reside at 32200-45th St #61 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.

3-26-11 (date) Debbie DeDecker (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. 1521

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

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Smith	418 Fourth Silver Lake 53170	☐ Town ☑ Village ☐ City Silver Lake	3/26/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 202 W Jefferson 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.

03/26/11
(date)

Jennifer Joyce
(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. 1522

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

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	7714 Evergreen Terr Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-21-11
2. [illegible]	2322 HAERLE TWIN LAKES	☐ Town ☒ Village ☐ City TWIN LAKES	3-21-11
3. [illegible]	2355 Haerle Ave Twin Lakes, WI	☐ Town ☒ Village ☐ City Twin Lakes	3-21-11
4. [illegible]	7538 W. Lakeshore Burl, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/21/11
5. [illegible]	8406 Wren St Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3-26-11
6. [illegible]	33115 Cardinal Tr Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/26/11
7. Christine M. Schultz	33104 Cardinal Trl. Burlington, WI 53144	☒ Town ☐ Village ☐ City Burlington	3/26/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Bonnie Ketterhagen, certify:
(name of circulator)

reside at 2000 Crossway Rd. Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

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

3-26-11 (date) Bonnie Ketterhagen (signature of circulator)

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

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

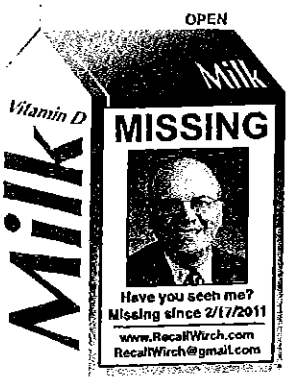
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bob Dudley	32509 TRAIL LN Burlington Wi.	☒ Town ☐ Village ☐ City Burlington	3-21-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Steve Sleider, certify:
(name of circulator)

I reside at 32820 48th 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.

3/21/11
(date)

Steve Sleider
(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

Page No. 1524

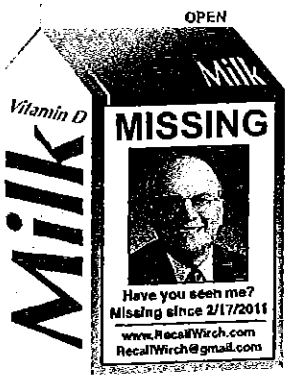
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	1819 Moskal Rd. Twin Lakes, WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3/21/11
2. Mike Kresken	193 Kendrick Ave #5 Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/21/11
3. [illegible]	7719 Evergreen Terrace Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/21/11
4. Thomas Winkler	34000 Lagoon Dr Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3/21/11
5. Joyce E. Knively	34310 Euclid Dr. Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3/21/11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, ROBERT HARTWICK, certify:
(name of circulator)

I reside at 101 S. KANE ST. BURLINGTON, WI 53105 CITY 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.

3/21/2011
(date)

Robert Hartwick
(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. 1525

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

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patrick A. Kirk	348 Rose Pt St Burlington	☐ Town ☐ Village ☑ City Burlington	3-19-11
2. Gertrude Sundberg	7650 Plainview Burlington Ave	☑ Town ☐ Village ☐ City Burlington	3-19-11
3. Earl Sundberg	7650 Plainview Ave Bu Burlington	☑ Town ☐ Village ☐ City Burlington	3-19-11
4. Mallory Bye	7655 Plainview ave, Burlington, WI 53105	☑ Town ☐ Village ☑ City Burlington	3-19-11
5. Ann Knellen	7659 Highland Burlington	☑ Town ☐ Village ☐ City Burlington	3-19-11
6. Doug Wiemer	7625 Waveland Burlington	☑ Town ☐ Village ☐ City Burlington	3-19-11
7. Kyle Wiemer	7625 waveland Burlington	☑ Town ☐ Village ☐ City Burlington	3-19-11
8. Bree Kuda	7621 Plainview Burlington	☑ Town ☐ Village ☐ City Burlington	3-19-11
9. Mary Kuda	7621 Plainview Burlington	☑ Town ☐ Village ☐ City Burlington	3-19-11
10. JOSH BEDNAR	7643 PLAINVIEW BURLINGTON	☑ Town ☐ Village ☐ City BURLINGTON	3-19-11

Certification of Circulator

I, Steve Downey, certify:
(name of circulator)

I reside at 7610 Plainview Ave. 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.

3-19-11
(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

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

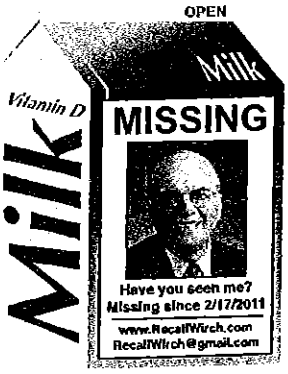
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Dumas	28839 WAy Marland Burlington WI	☑ Town ☐ Village ☐ City Burlington	3/24/11
2. Donald L Gustafson	370 Monica Ave Burlington WI	☐ Town ☐ Village ☑ City Burlington	3/25/11
3. Katherine Gustafson	370 Monica Ave	☐ Town ☐ Village ☑ City Burlington	3/25/11
4.	Burlington, WI.	☐ Town ☐ Village ☐ City	
5. Nikki Stiewe	1322 S. TEUT RD BURLINGTON, WI	☑ Town ☐ Village ☐ City Burlington	3/25/11
6. Jeffrey W Stiewe	1411 Davidson Dr Burlington	☐ Town ☐ Village ☑ City Burlington	3/25/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, THOMAS R. LOS, certify:
(name of circulator)

I reside at 5574 S. DENIS CT. HALES CORNERS, WI. 53130.
(circulator's residence - include number, street, and municipality)

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

3/25/11
(date)

Thomas R. Los
(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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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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	4223 LAKE ST BURLINGTON, WI 53105	☑ Town ☐ Village ☐ City BURLINGTON	3-5-11
2.	172 N ELMWOOD Burlington WI 53105	☐ Town ☐ Village ☑ City Burlington	3-5-11
3.	172 N. ELMWOOD BURL, WI 53105	☐ Town ☐ Village ☑ City BURLINGTON	3-5-11
4.	308 WALNUT ST BURLINGTON, WI 53105	☐ Town ☐ Village ☑ City BURLINGTON	3-5-11
5.	308 WALNUT ST BURLINGTON WI	☐ Town ☐ Village ☑ City BURLINGTON	3-5-11
6.	509 EDGEWOOD DR Burl W. 53105	☐ Town ☐ Village ☑ City Burlington	3-5-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Victor Strockis, certify:
(name of circulator)

I reside at 4223 LAKE 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.

3-25-11
(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. 1528

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

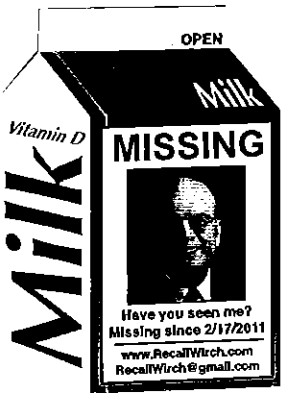
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sebastian Muehl	149 Lewis St Burlington	☐ Town ☐ Village ☒ City Burlington.	3-25-11
2. Ste Steve Cutrell	316 Brigen St Burlington Wi	☐ Town ☐ Village ☒ City "	3-25-11
3. Dorsi [illegible]	232 Bridge St APT 341 Burlington, WI, 53105	☐ Town ☐ Village ☒ City "	3-25-11
4. Laura J Wampnickowski	264 Karyl St. Burlington, WI 53105	☐ Town ☐ Village ☒ City "	3/25/11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, RICHARD RADOSEVICH, certify:
(name of circulator)

I reside at 1811 JENNIFER LANE, WAUKESHA 53186.
(circulator's residence - include number, street, and municipality)

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

3/25/11 (date) [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

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

2

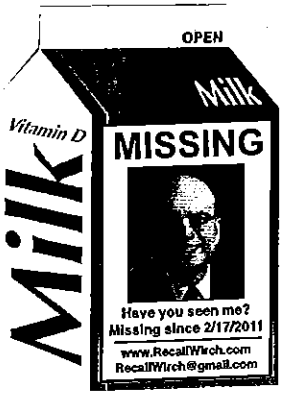
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	32311 Academy Rd Burlington WI 53105	☒ Town ☒ Village ☐ City Burlington	3-25-11
2. [illegible]	266 W Chestnut Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-25-11
3. J D Jones	6151 Mc Henry St Burlington Wi 53105	☒ Town ☐ Village ☐ City "	3-25-11
4. Richard Geossert	6151 Mc Henry St Burlington Wis 53105	☒ Town ☐ Village ☐ City "	3-25-2011
5. Eric Lyon	301 Douglas Drive Burlington, WI	☐ Town ☐ Village ☒ City "	3-25-11
6. [illegible] Hempson	N6275 Paradise Dr Burlington Wi 53105	☐ Town ☐ Village ☐ City "	3-25-11
7. [illegible]	N6251 Beach Dr. Burlington WI 53105	☒ Town ☐ Village ☐ City "	3-25-11
8. Robert Nowak Sr	N6257 Casa Loma Burlington 53105	☒ Town ☒ Village ☐ City "	3-25-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, RICHARD RADOSEVICH, certify:
(name of circulator)

I reside at 1811 JENNIFER LANE WAUKESHA, WI 53186.
(circulator's residence - include number, street, and municipality)

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

3/25/11 (date) [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

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RECALL PETITION

TO: Wisconsin Government Accountability Board
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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Amy Ulrs	325 S. Elmwood Ave Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/20/11
2. Lynn Nelson	24720 31st St. Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	3/25/11
3. Kurt Pugh	518 TOWER ST BURLINGTON, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/25/11
4. [illegible]	1517 FIRST ST TWIN LAKES	☐ Town ☒ Village ☐ City Twin Lakes	3/25/11
5. Sally Dougan	8 N. RIVER ROAD BURLINGTON	☒ Town ☐ Village ☐ City Burlington	3/25/11
6. Brad A Otto	264 S. PERKINS Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/25/11
7. Jeffrey Davidson	737 Crestwood Dr Burlington, WI 53105	☐ Town ☐ Village ☒ City "	3/25/11
8. Jim Nau.	34700 W. CHESTNUT ST BURLINGTON WIS. 53105	☐ Town ☐ Village ☒ City "	3/25/11
9. Therese M Newberry	325 Robins Run Burlington WI 53105	☐ Town ☐ Village ☒ City "	3/25/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Sandra Remer, certify:
(name of circulator)

I reside at 30020 Mound Dr 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.

3/25/11
(date)

Sandra Remer
(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. 531

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

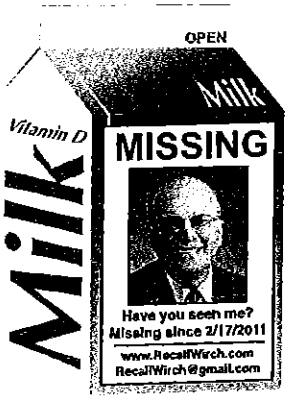
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lorraine Messinger	135 N RIVER RD BURLINGTON, WI	☐ Town ☐ Village ☑ City Burlington	3-25-11
2. Kim Maze	135 N RIVER R BURLINGTON, WI	☐ Town ☐ Village ☑ City "	3-25-11
3. Mary Forbes	864 Uhen Ct BURLINGTON	☐ Town ☐ Village ☑ City "	3-25-11
4. Doug Johnson	549 Tower St Burlington WI	☐ Town ☐ Village ☑ City "	3-25-11
5. Chyong In Edwards	549 Tower St Burlington WI	☐ Town ☐ Village ☑ City "	3-25-11
6. Geraldine F. Estelita	Burlington WI	☐ Town ☐ Village ☑ City "	3-25-11
7. David Sanneman	135 Waters Edge Burlington, WI	☑ Town ☐ Village ☐ City "	3-25-11
8. E. Karkula	317 Origen St Burlington	☐ Town ☐ Village ☑ City "	3-25-11
9. J. KARKULA	317 Origen St Burlington	☐ Town ☐ Village ☑ City "	3-25-11
10. K. Martell	32161 Euphoria Dr. Burlington, WI 53105	☑ Town ☐ Village ☐ City "	3/25/11

Certification of Circulator

I, Nelson R. Sohns, certify:
(name of circulator)

I reside at 2505 Red Oak Drive 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.

3-25-2011 (date)

Nelson R. Sohns (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

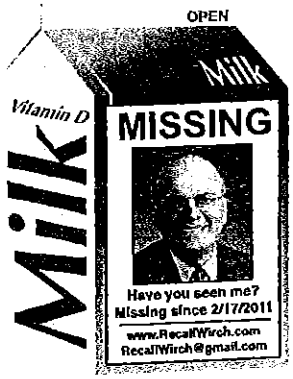
RECALL PETITION

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

e undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

tion for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	8785 326th Av	☐ Town ☑ Village ☐ City Burlington	3-17-2011
2.	4120 Lake St Burlington Wi 53105	☑ Town ☐ Village ☐ City Burlington	3-17-11
3.	1256 SHERIDAN RD KENOSHA WI 53140	☐ Town ☐ Village ☑ City KENOSHA	3-17-11
4.	529 Storle Ave Burlington WI 53105	☐ Town ☐ Village ☑ City Burlington	3-17-11
5.	1855 Landre Ct Burlington WI	☑ Town ☐ Village ☐ City Burlington	3-17-11
6.	525 W Chestnut St. Chad Jurgens	☐ Town ☐ Village ☑ City Burlington	3-17-11
7.	35406 SPRING PRAIRIE RD BURLINGTON WI 53105	☐ Town ☐ Village ☐ City Burlington	3-25-11
8.	597 N. PINE BURLINGTON 53105	☐ Town ☐ Village ☐ City Burlington	3-25-11
9.	597 N. Pine St Burlington, WI 53105	☐ Town ☐ Village ☑ City Burlington	3-25-11
10.	340 Lewis St Burlington, Wi 53105	☐ Town ☐ Village ☑ City Burlington	3-25-11

Certification of Circulator

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

I reside at 2000 Crossway 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.

3-25-11 (date) Bonnie J Ketterhagen (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. 1533

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

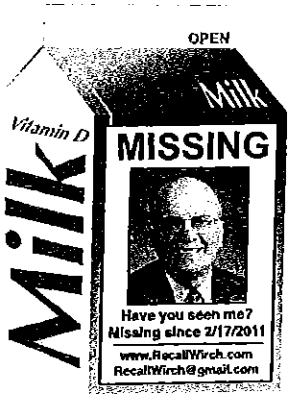
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	1656 W. State St #2 Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-16-11
2.	1656 W. State St #8 Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-16-11
3.	341 Highwoodes Rd Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-17-11
4.	6803 FOX TAIL LANE BURLINGTON WI 53105	☒ Town ☐ Village ☐ City Burlington	3-17-11
5.	29001 Plank Rd Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-17-11
6.	34601 OAK Knoll RD BURLINGTON WI	☒ Town ☐ Village ☐ City Burlington	3-17-11
7.	653 Hillside Dr APT #6 Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-17-11
8.	625 Madison Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-17-11
9.	5800 Hwy 36 Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-17-11
10.	33511 S. LAKESHORE Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3-17-11

Certification of Circulator

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

I reside at 2000 Crossway 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.

3-18-11
(date)

Bonnie J. Ketterhagen
(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. 1534

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Colleen Yonash	441 Westridge Ave Burlington, WI 53105	☐ Town ☐ Village ☐ City Burlington	03-18-11
2. John E. Ciolfi	10989 Little Rd. Salem Wis.	☒ Town ☐ Village ☐ City Salem	3/18/11
3. [illegible]	31118 Weiler Rd Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/18/11
4. Richard Henderson	31118 Weiler Rd Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/18/11
5. Erwin G. Wells	232 Bridge St. Burling WI 53105	☐ Town ☐ Village ☒ City Burlington	3/18/11
6. [illegible]	11641 39th Ave Pleasant Prairie 53158	☐ Town ☐ Village ☐ City Pleasant Prairie	3/18/11
7. [illegible]	11641 39th Pleasant Prairie 53158	☐ Town ☐ Village ☐ City Pleasant Prairie	3/18/11
8. Ron Johnson	2836 Knollwest Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/18/11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 202 W. Jefferson 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.

03/18/11 (date)

Jennifer Joyce (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. 1535

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tammy S. Favaro	4308 376th Ave. Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3-18-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Sandra Remm, certify:
(name of circulator)

I reside at 30020 Mound Dr 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.

3/18/11
(date)

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

Page No. 1536

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Donald V. Uhen	208 Origen St.	☐ Town ☐ Village ☒ City Burlington	3/12/11
2. Dolores A. Uhen	208 Origen St	☐ Town ☐ Village ☒ City Burlington	3/12/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Donald V. Uhen, certify:
(name of circulator)

I reside at 208 Origen 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.

3/10/11 (date) — Donald V. Uhen (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. 1537

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Frank Meyer	2515 Fairfield Ln Burlington	☒ Town ☐ Village ☐ City Burlington	3/18/11
2. David [illegible]	2807 S. Brown Lane Burlington	☒ Town ☐ Village ☐ City Burlington	3/18/11
3. [illegible]	40018 97th st Genoa City Wi	☒ Town ☐ Village ☐ City Randall	3/18/11
4. Gerald Poepping	30512 Kettenhagen Rd Burlington, Wis 53105	☒ Town ☐ Village ☐ City Burlington	3/18/11
5. Stephanie Charapata	401 Oak Hill Cir. Burlington, WI 53105	☐ Town ☒ Village ☐ City Rochester	3-18-11
6. [illegible]		☐ Town ☐ Village ☐ City	
7. Dan [illegible]	501 Tanner St Burlington WI	☐ Town ☐ Village ☒ City Burlington	3/18/11
8. Mary Kay Walsh	25301 1st St. Kansasville WI 53139	☒ Town ☐ Village ☐ City Brighton	3/18/11
9. Kathleen J. Ehlen	21512 15 St Union Grove WI	☒ Town ☐ Village ☐ City Paris	3-18-11
10. [illegible]	29120 Kettenhagen Rd Burlington WI, 53105	☒ Town ☐ Village ☐ City Burlington	3-18-11

Certification of Circulator

I, Nelson R. Sohns, certify:
(name of circulator)

I reside at 2505 Red Oak Drive 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.

3-18-2011 (date) Nelson R. Sohns (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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608-266-8005, http://gab.wi.gov email: gab@wi.gov

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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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Cinlin Wallace	33905 White Oak Dr Burlington W. 53105	☑ Town ☐ Village ☐ City Burlington	3-18-11
2. Richard H. Schertz	845 Crestwood Dr. Burlington, WI	☐ Town ☐ Village ☑ City "	3-18-11
3. [illegible]	840 Brady ST. BURLINGTON, WI. 53105	☐ Town ☐ Village ☑ City "	3-18-11
4. Joan Ciboski	29802 Circle Dr.	☑ Town ☐ Village ☐ City "	3-18-11
5. [illegible]	119 E WASHINGTON ST Burlington WI 53105	☐ Town ☐ Village ☑ City "	3-18-11
6. [illegible]	35724 Chestnut St. Burlington WI 53105	☐ Town ☐ Village ☐ City "	3-18-11
7. Bernet Johnson	29805 Meadow Burlington	☑ Town ☐ Village ☐ City "	3-18-11
8. Kay A. Bydalek	357 Joan St. Burlington,	☐ Town ☐ Village ☑ City "	3-18-11
9. Pat McCarthy	512 STORLE AVE Burlington	☐ Town ☐ Village ☑ City "	3-18-11
10. Pete Madson	256 KARYL ST. BURLINGTON WI	☐ Town ☐ Village ☑ City "	3-18-11

Certification of Circulator

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

I reside at 2807 S. BROWNS LAKE Burlington W.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 3/18/11 [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. 1539

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	7965 Ridgeway Drive Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	03-19-11
2. [signature]	325 Fox St. Burlington WI. 53105	☒ Town ☐ Village ☐ City Burlington	3.19.11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, FRANKLIN E DANIELS, certify:
(name of circulator)

I reside at 324 ~~Kendall~~ Kendall 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.

3/19/11 (date) Franklin E Daniels (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. 1540

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

RECALL PETITION

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

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	385 Travellers Run	☐ Town ☐ Village ☒ City Burlington	3-15-11
2.	373 TRAVELLERS RUN	☐ Town ☐ Village ☒ City BURLINGTON	3-15-11
3. Margy Slubey	377 Travellers Run	☐ Town ☐ Village ☒ City Burlington WI	3-15-11
4.	377 TRAVELLERS RUN	☐ Town ☐ Village ☒ City BURLINGTON	3-15-11
5. Mary Aussprung	361 Traveller's Run	☐ Town ☐ Village ☒ City Burlington	3-15-11
6.	361 Traveller's Run	☐ Town ☐ Village ☒ City Burlington	3-15-11
7.	329 Travellers Run	☐ Town ☐ Village ☒ City Burlington	3-15-11
8.	824 CHANTILLY CT	☐ Town ☐ Village ☒ City BURLINGTON	3-15-11
9.	308 Dr Sica Drive Burlington	☐ Town ☐ Village ☒ City Burlington	3-15-11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State ST Burlington Wis 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.

3-15-11 (date) Charles Krause (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.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1541

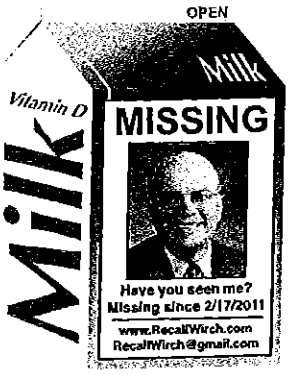
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Amy Werkerle	316 S. Maple Lane Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-6-11
2. Katherine Wieneke	720 S Maple Lane Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-6-11
3. Richard Wieneke	720 S MAPLE LANE BURLINGTON, WI 53105	☒ Town ☐ Village ☐ City BURLINGTON	3-11-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, MARTIN J. WERKERLE, certify:
(name of circulator)

I reside at 316 S. MAPLE LN. 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.

03/11/2011 (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

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

RECALL PETITION

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

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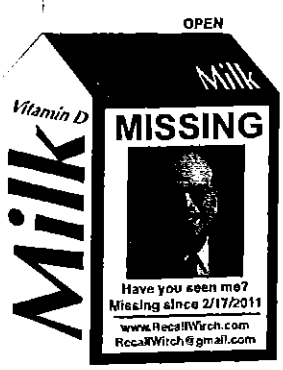
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	20700 60th St Bristol	☒ Town ☐ Village ☐ City Paris	3/3/11
2. K.C. Hackebeil	23623 62ST street Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/3-11
3. Terrence J. Hackebeil	24811 87TH St #5 Salem WI 53168	☒ Town ☐ Village ☐ City Salem	3-3-11
4. Laura Hackebeil	23623 61st St 53168 Salem WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3-3-11
5. Thomas Madison	8763 Quail Run Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/4/11
6. Karen Pierson	8651 Fieldstone Ct Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3/6/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, DAVID J ROE, certify:
(name of circulator)

I reside at 8760 QUAIL RUN 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.

3-6-2011 (date)

Dan J Roe (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. 1543

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

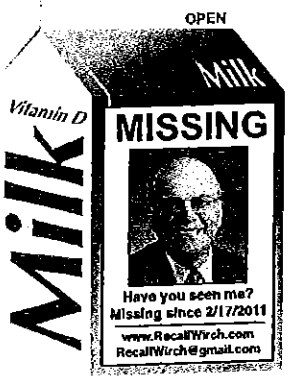
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Thomas [illegible]	33540 LAGOON DR BURLINGTON	☑ Town ☐ Village ☐ City Burlington	3-19-11
2. [illegible]	33940 LAGOON DR BURLINGTON, WI	☑ Town ☐ Village ☐ City "	3-19-11
3. Justin Jaunen	7656 McKenzy St Burlington, WI	☑ Town ☐ Village ☐ City "	3-19-11
4. Kathy Herzog	40279 106th St Genoa City, WI	☑ Town ☐ Village ☐ City Randall, WI	3/19/11
5. ERIC MARCMA	556 EAST STATE ST. BURLINGTON WI 53105	☐ Town ☐ Village ☑ City BURLINGTON	3-19-11
6. JOEL SYMOENS	7965 REPLEGAY DR BURLINGTON	☑ Town ☐ Village ☐ City BURLINGTON	3/19/11
7. Melissa Robertson	33200 4th St Lot 49 Burlington WI	☐ Town ☐ Village ☐ City Burlington	3/19/11
8. Ray Andres	33081 CAROLINA LN TR BURLINGTON WI 53105	☑ Town ☐ Village ☐ City BURLINGTON	3/19/11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 40279-106th Street Genoa City, WI Town of Randall, 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.

3/19/2011
(date)

Scott Herzog
(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. 1544

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

RECALL PETITION

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Fell	33715 S Lakeshore	☒ Town ☐ Village ☐ City Burlington	3/19/11
2. Terry Fell	33715 S. Lakeshore Dr	☒ Town ☐ Village ☐ City Burlington 53105	3/19/11
3. Jackie Miller	32830 Robers St	☐ Town ☐ Village ☐ City Burlington 53105	3-19-11
4. Les Miller	32830 Rober st	☒ Town ☐ Village ☐ City Burlington 53105	3-19-11
5. Tammi M. Odaniako	905 Ronnie Rae Ave. Twin Lake, WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3/19/11
6. [illegible]	8005 RIDGEWAY DRIVE BURLINGTON, WI 53105	☒ Town ☐ Village ☐ City BURLINGTON	3/19/11
7. Amanda Walker	8005 Ridgeway DR. Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/19/11
8. [illegible] Hughes	156 W. State Street Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/19/11
9. Colleen M. Hughes	156 W. State St. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/19/11
10. Jennifer L. Lange	872 Country View Ln Burlington WI 53105	☐ Town ☐ Village ☐ City Burlington	3/19/11

Certification of Circulator

I, FRANKLIN E DAMES, certify:
(name of circulator)

I reside at 324 Kendall 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.

3/19/11 (date) Franklin E Dames (signature of circulator)

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

GAD-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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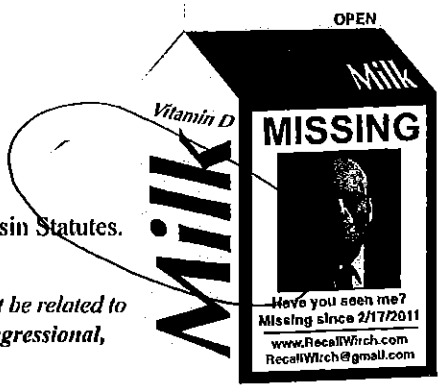

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Martha Kerfman	5601-353rd Ave. Burlington, WI 531105	☒ Town ☐ Village ☐ City Wheatland	3/3/11
2. Patricia Platts	428 Burden Ave Twin Lakes Wisc 53181	☐ Town ☒ Village ☐ City Twin Lakes	3/3/11
3. Frank R. Platts	428 Burden Av. Twin Lakes, Wisc	☐ Town ☒ Village ☐ City Twin Lakes	3/3/11
4. Kelly Platts	428 Burden Ave Twin Lakes, WI	☐ Town ☒ Village ☐ City Twin Lakes	3-4-11
5. M Lehrkuhl	Tw Lakes WI Herda Ave	☐ Town ☒ Village ☐ City Tw Lakes	3-4-11
6. Louis G Leonard	W14000 SMINE PELL LAKE WI,	☒ Town ☐ Village ☐ City PELL LAKE	3/8/11
7. Diane Ainsworth	606 Hatenwood Dr Twin Lakes WI	☐ Town ☒ Village ☐ City Twin Lakes	3/9/11
8. Larry McCafferty	420 Burlington Ave T. L Wisc	☐ Town ☒ Village ☐ City Twin Lake	3/9/11
9. Karen [illegible]	1845 Musial Rd Twin Lakes WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3-9-11
10. Jade Eppers	29821 75th St Salem WI 53168	☒ Town ☐ Village ☐ City Burlington	3-9-11

Certification of Circulator

I, Patricia J. Platts, certify:
(name of circulator)

I reside at 428 Burden Ave Twin Lakes, Wisc 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.

March 9-11 (date) Patricia J Platts (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. 1546

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Cathy Vistil	9132 375th Twin Lakes WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3-10-11
2. Mary Ellen Smith	1534 Pheasant Ave Twin Lakes, WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	03-10-11
3. Lurette M. Smith	1534 Pheasant Ave Twin Lakes, WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	03-10-11
4. Jeannette Sette	3609 - 17th Kenosha	☐ Town ☐ Village ☒ City Kenosha	3-15-11
5. Rae Loeffler	25 Roseann Ct Twin Lakes	☐ Town ☒ Village ☐ City Twin Lakes	3-15-11
6. Lee Werner	609 GATEWOOD DR. TWIN LAKES, WI 53181	☐ Town ☒ Village ☐ City TWIN LAKES	3-16-11
7. Claudette Stoker	440 W. Main Twin Lakes WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3-16-11
8. Lynn Schrandt	P.O. Box 306 Silver Lake, WI	☐ Town ☒ Village ☐ City Silver Lake	3-16-11
9. Bruce Ahrens	353 Holy Hill Rd 104	☐ Town ☒ Village ☐ City TWIN LAKES	3-16-11
10. Kelly Ender	1010 W Main Twin Lakes WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3-19-11

Certification of Circulator

I, Patricia J Platto, certify:
(name of circulator)

I reside at 428 B Linden Ave Twin Lakes Wisc 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.

March 19-11 — Patricia J Platto
(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. 1547

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

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James R. Swingen	7714 EVERGREEN TR.	☒ Town ☐ Village ☐ City BURLINGTON	3/19/11
2. Dennis K. Skowronski	33940 WHITE OAK DR	☒ Town ☐ Village ☐ City BURLINGTON	3/19/11
3. [illegible]	1324 River Knoll St Burlington	☒ Town ☐ Village ☒ City Burlington	3/19/11
4. Anna M. Johnson	249 Amanda St #6	☐ Town ☐ Village ☐ City Burlington	3/19/2011
5. Stephen [illegible]	8519 Steele St. Burlington	☒ Town ☐ Village ☐ City Burlington	3/19/11
6. John A Kusken	33600 DREAM ST Burlington Wis	☒ Town ☐ Village ☐ City Burlington	3/19/11
7. [illegible]	5035 Briar Ridge Burlington, Wis	☒ Town ☐ Village ☐ City Lyons Burlington	3/19/11
8. Becky Dobbs	5035 Briar Ridge Ct Burlington	☒ Town ☐ Village ☐ City Lyons	3/19/11
9. Becky Wirch	8720 Country View Dr.	☒ Town ☐ Village ☐ City Burlington	3/19/11
10. [illegible]	9504 Fish Hatchery Rd Burlington, WI	☐ Town ☒ Village ☐ City Burlington	3/19/11

Certification of Circulator

I, Kristy L. Boyle (name of circulator), certify:

I reside at 1130 11th Ave., Union Grove WI 53182 (circulator's residence - include number, street, and municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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) Kristy Boyle (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. 1548

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

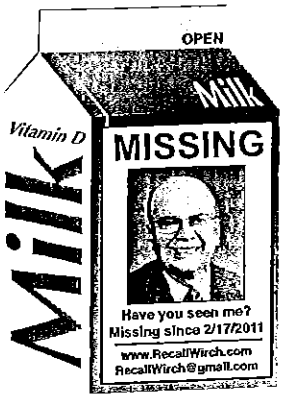
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	7610 Plainview Ave Burlington WI	☒ Town ☐ Village ☐ City Burlington	3-19-11
2.	Burlington WI 8623 Fish Hatchery Rd	☒ Town ☐ Village ☐ City Burlington	3-19-2011
3.	34301 Euclid Dr Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington WI	3-19-11
4.	33905 White Oak Dr Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-19-11
5.	7385 Woodland Ct	☒ Town ☐ Village ☐ City Burlington	3-19-11
6.	3400 Dyer Lake Road Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3-19-11
7.	144 W. Chestnut upper unit B	☐ Town ☐ Village ☒ City Burlington	3-19-11
8.	144 W. Chestnut St. upper	☐ Town ☐ Village ☒ City Burlington	3/19/11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State St. Burlington Wis. 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)

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

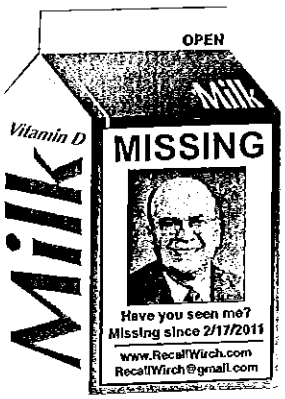
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Frank Krause	149 WESTRIDGE AVE. BURLINGTON WI. 53105	☐ Town ☐ Village ☒ City BURLINGTON	3/16/11
2. Kristi Wasmund	155 Beth Ct. Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/16/11
3. David Dettloff	155 Beth Court Burlington Wis 53105	☐ Town ☐ Village ☒ City Burlington	3/16/11
4. Roya Nilla	164 Beth ct Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/16/11
5. [illegible]	156 BETH CT BURLINGTON, WI	☐ Town ☐ Village ☒ City BURLINGTON	3/16/11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State ST Burlington Wis 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.

3-16-11
(date)

Charles Krause
(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

Page No. 1550

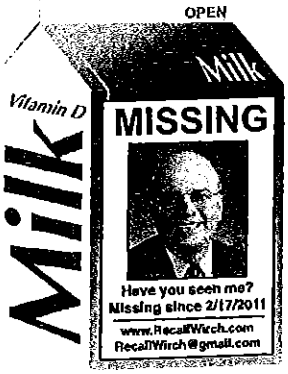
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edward J. Knapp Edward J. Knapp	35115 Ridge Rd ~~Burlington WI~~	☒ Town ☐ Village ☐ City Burlington	3-7-2011
2. Rachel Knapp Rachel Knapp	35115 Ridge Rd	☒ Town ☐ Village ☐ City Burlington	3/8/2011
3. Daniel Knapp Daniel Knapp	35115 Ridge Rd	☒ Town ☐ Village ☐ City Burlington	3/8/2011
4. Matt Knapp Matthew Knapp	35115 Ridge Rd	☒ Town ☐ Village ☐ City Burlington	3/8/2011
5. Marin Kuhn	757 Shilah Ct Burlington	☐ Town ☐ Village ☒ City Burlington	3-8-11
6. Madey	716 Shilah Ct Burlington	☐ Town ☐ Village ☒ City Burlington	3-8-11
7. [illegible]	281 Indian Bend Rd Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-8-11
8. Jaime Monroe	281 Indian Bend Rd Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-8-11 53105
9. Carol Huckstorf	733 OAK ST	☐ Town ☐ Village ☒ City Burlington	53105 3-8-11
10. Mark Huckstorf	733 OAK ST	☐ Town ☐ Village ☒ City BURLINGTON	3-8-11 53105

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State St Burlington Wis 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.

3-8-11
(date)

Charles Krause
(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

Page No. 1551

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	W741 Spring Prairie Rd Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/6/11
2.	8368 Virginia Circle Wind Lake, WI. 53185	☒ Town ☐ Village ☐ City Wind Lake	3-6-11
3.	33347 Washington Ave Burlington WI 53105	☒ Town ☐ Village ☐ City Rochester	3-6-11
4.	25060 Dover Line Rd Waterford, WI 53185	☒ Town ☐ Village ☐ City Norway	3-6-11
5.	[illegible] Burlington, WI	☒ Town ☐ Village ☒ City Burlington	3/6/11
6.	156 S Wisconsin ~~127 S. River Rd~~	☐ Town ☐ Village ☐ City Burlington	3/6/11
7.	127 S. River Rd	☒ Town ☐ Village ☐ City Burlington	3/6/11
8.	336 Indian Bend	☐ Town ☐ Village ☒ City Burlington	3/10/11
9.	360 Indian Bend Rd Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/10/11
10.	361 Indian Bend Rd. Burlington WI. 53105	☐ Town ☐ Village ☒ City Burlington	3/10/11

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State St Burlington Wis 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.

3/10/11 (date) Charles Krause (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. 1552

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

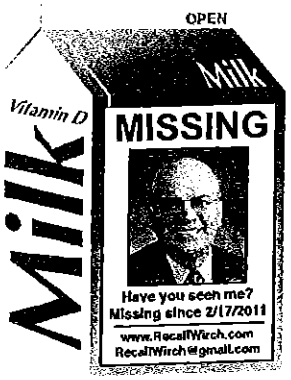
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jared Buss	132 W. Highland Ave. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-18-2011
2. Ron Bodtke	1321-136th Ave Union Grove	☒ Town ☐ Village ☐ City Paris	3-18-11
3. [illegible]	310 Pine St Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/18/11
4. [illegible]	2515 CEDAR DR Burlington, WI 53105	☐ Town ☐ Village ☐ City BURLINGTON	3/8-11
5. [illegible]	Salem, WI 53168 7623 288th Ave	☒ Town ☐ Village ☐ City SALEM	3-18-11
6. [illegible]	- Salem, WI 53168 7623 288th Ave	☒ Town ☐ Village ☐ City Salem	3-18-11
7. [illegible]	556 S. Kendrick, Burl 763-9016	☐ Town ☐ Village ☒ City Burlington	3-18-11
8. Danielle Jablonski	8547 235th Ave. Salem, WI. 53168	☒ Town ☐ Village ☐ City Salem	3-18-11
9. [illegible]	22 S. River Rd Burlington WI	☒ Town ☐ Village ☐ City Burlington	3/18/11
10. [illegible]	441 Westridge Ave Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3-18-11

Certification of Circulator

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

I reside at 202 W. Jefferson 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.

03/18/11
(date)

Jennifer Joyce
(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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Page No. 1553

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joyce Poeppeng	30512 Ketter Hagen Burlington, WIS.	☑ Town ☐ Village ☐ City Burlington	3-18-11
2. Phil Klein	473 State Ave Burlington	☑ Town ☐ Village ☐ City Burlington	3-18-11
3. Susan Hinds	29130 2nd Pl. Kansasville, WI	☑ Town ☐ Village ☐ City Brighton	3-18-11
4. Glenn Jasti	540 Jasti Dr Burlington WI	☑ Town ☐ Village ☐ City Burlington	3-18-11
5. Lynn Hardgrove	133 S Elmwood Ave Burlington, WI 53105	☑ Town ☐ Village ☐ City Burlington	3-18-11
6. Pat BARCZAK	30325 Forest DR. Burlington 53105	☑ Town ☐ Village ☐ City Burlington	3-18-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Richard W Griebel, certify:
(name of circulator)

I reside at 2511 DRIFTWOOD TRAIL 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.

3-18-11
(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. 1554

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

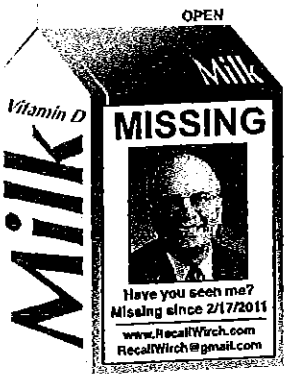
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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.)

Refuse to represent the citizens of Wisconsin 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. MICHAEL T. DEANS	988 CEDAR DR. BURLINGTON, WI 53105	☐ Town ☐ Village ☒ City Burlington	3-25-2011
2. Karla R Gutchey	[illegible] [illegible] WI 53183	☐ Town ☐ Village ☐ City Burlington	
3.	641 Delaware Ave Burlington	☐ Town ☐ Village ☑ City Burlington	3-25-2011
4. Barry Nelson	24770 315T STREET SALEM, WI.	☒ Town ☐ Village ☐ City Brighton	3-25-2011
5. Dale Reed	30717 Durand Ave Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3-25-11
6. Eileen Nater	29929 Plank Rd Burlington WI 53105	☒ Town ☐ Village ☐ City "	3-25-11
7. Rosmyne Degen	424 Rose Ann Drive Burlington, WI 53105	☐ Town ☐ Village ☒ City "	3-25-11
8. Glen Rubach	N6259 Paradise Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City "	3-25-11
9. Larry Uhen	127 S. RIVER RD BURLINGTON, WI 53105	☒ Town ☐ Village ☐ City "	3-25-11
10. Dawn Elwade	558 Orchard St. Burlington	☐ Town ☐ Village ☒ City "	3-25-11

Certification of Circulator

I, Nelson R. Sohns, certify:
(name of circulator)

I reside at 2505 Red Oak Drive 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.

3-25-2011
(date)

Nelson R Sohns
(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. 1555

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

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Amy Lucas	11703 242 Ave Trevor WI 53179	☒ Town ☐ Village ☐ City Salem	3-27-11
2. [illegible]	7924-43rd Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-27-11
3. [illegible]	7321 10th Ave Kenosha WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-27-11
4. [illegible]	3736 63rd Street Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-27-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JOHN INFANTE (name of circulator), certify:

I reside at 6313 42ND 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.

3/27/2011 (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

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

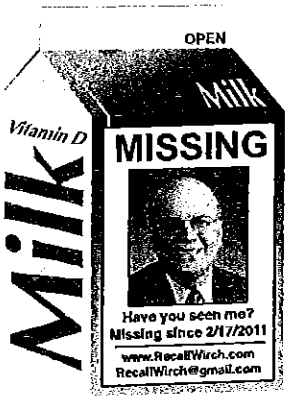
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	6825 44th Ct. Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/29/11
2. James E Woelfl	7524 7TH AVE KENOSHA WI	☐ Town ☐ Village ☒ City Kenosha	3/29/11
3. David Kim	5005 Springbrook Rd Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prarie	3/29/11
4. Laurie R. Wardell	7418 24th Ave. Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3/29/11
5. [illegible]	6843 45th Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-30-11
6. [illegible]	6843 45th Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-30-11
7. Nancy M. Sanford	4125 81st Pl. Kenosha, WI 53142	☐ Town ☐ Village ☐ City Kenosha	3-30-11
8. Francesca Silenzi	6718 Pershing Blvd Kenosha, WI. 53142	☐ Town ☐ Village ☐ City Kenosha	3-30-11
9. Anna Velivikis	4444-68th St. Kenosha WI	☒ Town ☐ Village ☐ City Kenosha	3-30-11
10. [illegible]	6826 - Pershing Blvd Kenosha WI 53140	☐ Town ☐ Village ☐ City Kenosha	3-30-11

Certification of Circulator

I, Colana K. Hutchinson (name of circulator), certify:

I reside at 4421 Harrison Road 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.

3-31-11
(date)

Colana 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 §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
*08-266-8005, http://gab.wi.gov email: gab@wi.gov

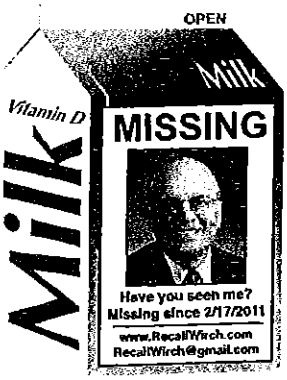
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	6814 85th Ave. Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/30/11
2. Donna M Lewis	6805 84th Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/30/11
3. [illegible]	6607 84th Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/30/11
4. Marcela [illegible]	5225 26th St. Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/30/11
5. K Murphy	9141 81st Ave Kenosha, WI.	☐ Town ☒ Village ☐ City Pleasant Prairie	3/31/11
6. A. Camilli	9132-41 Ave Kenosha, WI.	☐ Town ☒ Village ☐ City Pleasant Prairie	3/31/11
7. [illegible]	9210 Prairie Village Dr Kenosha, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3-31-11
8. [illegible]	9194 Prairie Village Dr Kenosha, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3-31-11
9. John Cygal	9194 Prairie Village Dr Kenosha, WI.	☐ Town ☒ Village ☐ City Pleasant Prairie	3-31-11
10. Elizabeth G. Hund	9172 Prairie Village Dr. Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3-31-11

Certification of Circulator

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

I reside at 4816 84th St. 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 31, 2011 — Deborah A. Prijic
(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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608-266-8005, http://gab.wi.gov email: gab@wi.gov

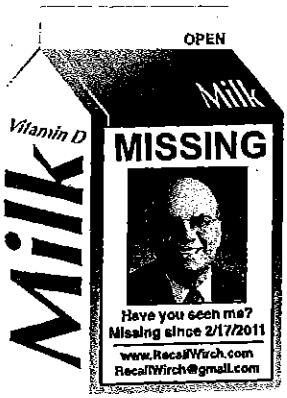
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	6201 83rd Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-29-11
2. [illegible]	6307 83rd Ave Kenosha, 53142	☐ Town ☐ Village ☒ City Kenosha	3.29.11
3. [illegible]	Kenosha 8519 -66 St	☐ Town ☐ Village ☒ City Kenosha	3/30/11
4. [illegible]	Kenosha 8402 66 ST	☐ Town ☐ Village ☒ City Kenosha	3/30/11
5. [illegible]	Kenosha 8402-66 St	☐ Town ☐ Village ☐ City Kenosha	3/30/11
6. [illegible]	6905 84th Ave Kenosha	☐ Town ☐ Village ☒ City Kenosha	3/30/11
7. [illegible]	9191 41ST Ave Kenosha	☐ Town ☒ Village ☐ City Pleasant Prairie	3/31/11
8. [illegible]	9191 41st Ave Kenosha	☐ Town ☒ Village ☐ City Pleasant Prairie	3/31/11
9. [illegible]	9188 41st Av Kenosha 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3-31-11
10. [illegible]	9198 Prairie Village Dr Kenosha	☐ Town ☒ Village ☐ City Pleasant Prairie	3-31-11

Certification of Circulator

I, JOHN H. 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 31, 2011 — John H. Prijic
(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

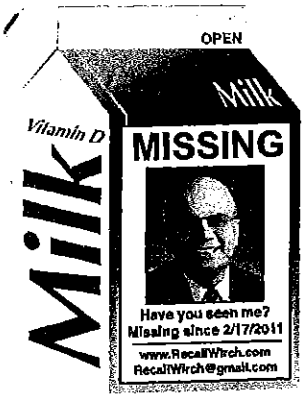
GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov, email: gab@wi.gov

Page No. 1559

RECALL PETITION

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

4



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

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Elizabeth M Kneesel	8033 East Ridge Dr Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3/23/11
2. Susan L Kneesel	8033 E. Ridge Dr. PLEASANT PRAIRIE	☐ Town ☒ Village ☐ City Pleasant Prairie	3-27-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Elizabeth M. Kneesel, certify:
(name of circulator)

I reside at 8033 East Ridge Dr, 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.

3-27-11
(date)

Elizabeth M Kneesel
(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.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1560

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gary O'Leksy	10417- 50th Ave	☐ Town ☒ Village ☐ City Pleasant Prairie	3-25-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, X Gary O'Leksy, certify:
(name of circulator)

I reside at X 10417- 50th Ave Pleasant Prairie Wis.
(circulator's residence - include number, street, and municipality)

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

X 3/30/11 (date) X Gary O'Leksy (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. 1561

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Judy Hansche	8235-199 Ave Bristol, WI 53104	☐ Town ☒ Village ☐ City BRISTOL	3-25-11
2. Donald Hansche	" " " " " "	☐ Town ☒ Village ☐ City "	3/25/11
3. Ronald Hansche	8230 198th AVE Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	3-25-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, X JUDY HANSCHE, certify:
(name of circulator)

I reside at X 8235-199 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.

X 3-29-11 (date) X Judy Hansche (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. 1562

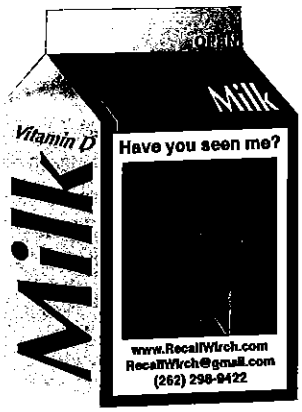
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carol Mongreig	7738 - 5th Ave. Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	March 26, 2011
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, CAROL MONGREIG, certify:
(name of circulator)

I reside at 7738 5th. AVE KENOSHA WIS. 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.

March 26, 2011 (date) Carol S. Mongreig (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. 1563

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Terrence C Constant TERRENCE C. CONSTANT	5126 22ND STREET SOMERS, KENOSHA WI 53144	☒ Town ☐ Village ☐ City SOMERS	3/26/2011
2. Nancy Feldbusch N. Feldbusch	923 120 AVE. 53177 SOMERS	☒ Town ☐ Village ☐ City SOMERS	3-26-2011
3. Steven M. Dgrn Steven M. Dgrn	2003-60th Str. Kenosha, WI., 53143	☐ Town ☐ Village ☒ City Kenosha	3-29-2011
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, TERRENCE C. CONSTANT (name of circulator), certify:

I reside at 5126 22ND STREET, SOMERS, KENOSHA WI 53144, SOMERS MUNICIPALITY
(circulator's residence - include number, street, and municipality)

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

3-29-2011 (date) Terrence C Constant (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

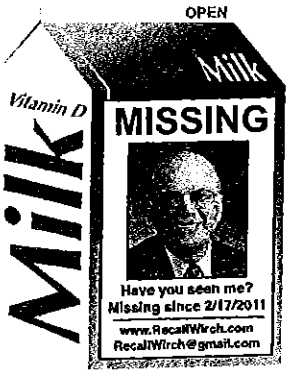
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Lechowski	10236 WILMOT RD PLEASANT PRAIRIE 53158	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	3-7-11
2. [illegible]	469 15th Ave Kenosha WI 53144	☒ Town ☐ Village ☐ City Paris	3-10-11
3. Joe Tenado	635B Meadow Lane Burlington WI	☒ Town ☐ Village ☐ City Burlington	3-24-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jay Sorensen (name of circulator), certify:

I reside at 11398 Wilmot Rd P.P. Wi 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.

3-24-11
(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

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Shirley Bowman	8345 108th Ave. Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3/25/11
2. [illegible]	8345 108th Ave Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3-25-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Shirley Bowman (Shirley Bowman), certify:
(name of circulator)

I reside at 8345 108th 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.

3/25/11
(date)

Shirley Bowman
(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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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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kristy Barker	1210 Winged Foot Dr. Kristy Barker	☐ Town ☒ Village ☐ City Twin Lakes	3-18-11
2. [illegible]	1210 Winged Foot Dr Johnny Barker	☐ Town ☒ Village ☐ City Twin Lakes	3-22-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, KB Kristy Barker, certify:
(name of circulator)

I reside at 1210 Winged Foot Drive 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.

3-28-11 (date) Kristy Barker (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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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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bruce Orzechowski	8540 54th Ave	☐ Town ☒ Village ☐ City Pleasant Prairie	30 Mar 2011
2. Jenny Orzechowski	8540 54th ave	☐ Town ☒ Village ☐ City Pls Prairie	30 Mar 2011
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Bruce Orzechowski, certify:
(name of circulator)

I reside at 8540 54th Ave 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.

30 Mar 2011 (date) Bruce Orzechowski (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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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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Domenick F. Martinelli	8065-50th Avenue Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3/26/11
2. Dianne M. Martinelli	8065-50th Avenue Kenosha - WI	☐ Town ☐ Village ☒ City Kenosha	3/26/11
3. Jane Hoffman	5930-83RD PLACE KENOSHA, WI	☐ Town ☐ Village ☒ City KENOSHA	3-28-11
4. Rich Hoffman	5930 83rd Place Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3-28-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Domenick F. Martinelli, certify:
(name of circulator)

I reside at 8065 - 50th Avenue, Kenosha Wisconsin 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 29, 2011 (date) Domenick F. Martinelli (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. 1569

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Earl N. Gauerke	31411 Lake ST Burlington, WI 53105-9464	☒ Town ☐ Village ☐ City Burlington	3/31/2011
2. Johanna E. Gauerke	31411 LAKE ST. BURLINGTON, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/31/2011
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, EARL N. GAUERKE, certify:
(name of circulator)

I reside at 31411 LAKE ST, BURLINGTON, WI 53105-9464.
(circulator's residence - include number, street, and municipality)

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

MARCH 31, 2011 (date)

Earl N. Gauerke (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. 1570

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Timothy C. Kruse	224 W. MARKET ST	☐ Town ☐ Village ☒ City BURLINGTON	3-30-11
2. Sandra J Kruse	224 W. MARKET ST	☐ Town ☐ Village ☒ City BURLINGTON	3-30-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, TIMOTHY C. KRUSE, certify:
(name of circulator)

I reside at 224 W. MARKET ST. BURLINGTON, WIS 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.

3-30-11
(date)

Timothy C. Kruse
(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. 1571

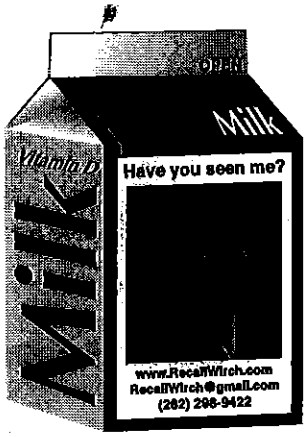
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Prange	11605 342ND AVE TWIN LAKES, WI 53181	☒ Town ☐ Village ☐ City RANDALL	3/31/11
2. Bonnie Prange	11605 342nd Ave Twin Lakes WI 53181	☒ Town ☐ Village ☐ City Randall	3-31-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, RICHARD PRANGE, certify:
(name of circulator)

I reside at 11605 342ND AVE RANDALL TOWNSHIP 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.

3/31/11
(date)

Richard Prange
(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)

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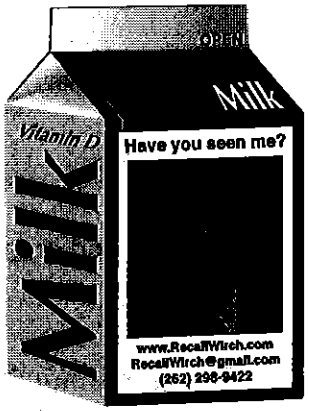
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Shirley Kanthack	232 BRIDGE ST. #334 BURLINGTON Wi. 53105	☐ Town ☐ Village ☒ City Burlington	3/31/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, SHIRLEY KANTHACK, certify:
(name of circulator)

I reside at 232 BRIDGE ST. #334 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.

3-31-11 (date)

Shirley Kanthack (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. 1573

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

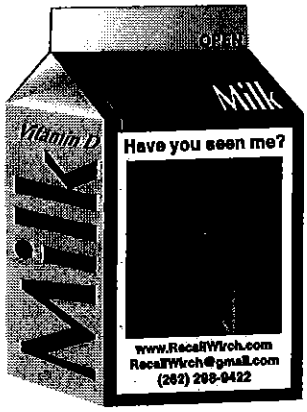
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	310 N. HONEY LAKE RD BURLINGTON WI 53105	☐ Town ☐ Village ☐ City ROCHESTER	3-31-11
2. [signature]	310 N Honey Lake Rd Burlington, WI 53105	☐ Town ☐ Village ☐ City ROCHESTER	3-31-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, SANDRA L HAZELTON, certify:
(name of circulator)

I reside at 310 N. HONEY LAKE 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.

3-31-11 [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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Frank Tufford	7941 McHENRY BURLINGTON, WI.	☒ Town ☐ Village ☐ City BURLINGTON	3/31/11
2. Dorella K. Tufford	7941 McHenry St. Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3/31/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, FRANK TUFFORD, certify:
(name of circulator)

I reside at 7941 McHENRY 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.

3/31/11 (date) Frank Tufford (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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(name of officeholder to be recalled and office)

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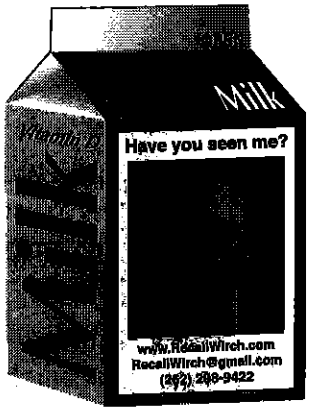

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mark Bentzler	W993 Ski Hill Dr. Burlington, WI 53105	☒ Town ☐ Village ☐ City Spring prairie	3-30-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at W993 Ski Hill Dr. Burlington, WI 53185 Town of Spring 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.

3-30-11 (date) Mark Bentzler (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.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

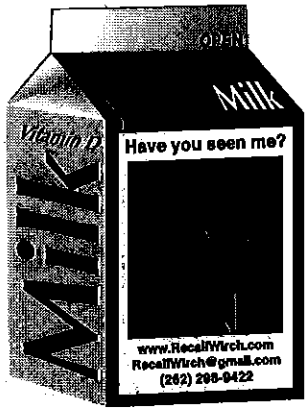
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Candy Tweedt	728 Foxtrail Cr	☐ Town ☐ Village ☒ City Burlington	3/30/11
2. Glenn Tweedt	728 Foxtrail CR	☐ Town ☐ Village ☒ City Burlington	3/30/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Candy Tweedt, certify:
(name of circulator)

I reside at 728 Foxtrail Cr. Burlington, WI city 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.

3/31/11 (date)

Candy Tweedt (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. 1577

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen M. Schmidt	7029 Clover Ct. Burlington, WI 53105	☐ Town ☑ Village ☐ City Lyons	3/31/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Karen M. Schmidt, certify:
(name of circulator)

I reside at 7029 Clover Ct. Burlington, WI 53105 ~~Lyons~~ Lyons.
(circulator's residence - include number, street, and municipality)

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

3/31/11
(date)

Karen M. Schmidt
(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. 1578

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8003, http://gab.wi.gov email: gab@wi.gov

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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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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Randal J Zacharias Sr.	29913 WOODLAWN DR BURLINGTON, WI.	☑ Town ☐ Village ☐ City BURLINGTON	3/30/2011
2. Lana M Zacharias	29913 Woodlawn Dr	☑ Town ☐ Village ☐ City Burlington	3/30/2011
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Randal J Zacharias Sr, certify:
(name of circulator)

I reside at 29913 WOODLAWN DR, 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.

3-30-2011
(date)

Randal J Zacharias Sr.
(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. 1579

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

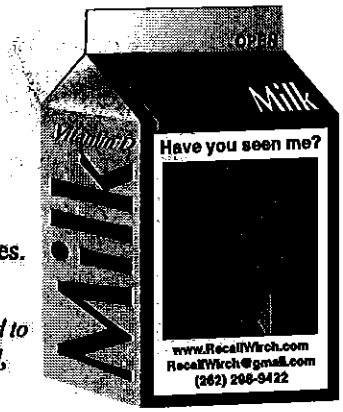
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.		☐ Town ☐ Village ☐ City	
2. Wayne Pope	110 Waters Edge Circle Burlington, WI 53105	☑ Town ☐ Village ☐ City Burlington	03-30-11
3. Sherry L. Pope	110 Waters Edge Circle Burlington, Wi 53105	☑ Town ☐ Village ☐ City Burlington	3-30-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, WAYNE POPE, certify:
(name of circulator)

I reside at 110 WATERS EDGE CIRCLE, 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.

03-30-2011 (date)

Wayne A. Pope (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. 1580

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

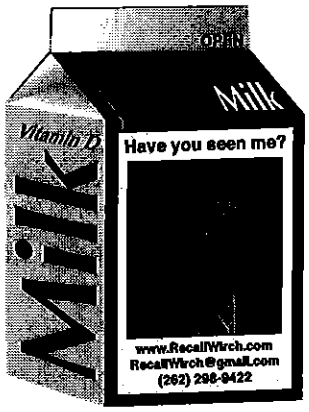
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kent A Sutkay	816 ECHO DR. BURLINGTON, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/31/2011
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, KENT A. SUTKAY, certify:
(name of circulator)

I reside at 816 ECHO DR. 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.

3-31-2011 (date) Kent A Sutkay (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. 1581

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	33814 BASSET ROAD BURLINGTON	☒ Town ☐ Village ☐ City RANDALL	3/30/11
2.	33814 Basset Rd Burlington WI	☒ Town ☐ Village ☐ City Randall	3-30-11
3.	33814 Basset Rd. Burlington WI	☒ Town ☐ Village ☐ City Randall	3-30-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, MIKE STANCILL, certify:
(name of circulator)

I reside at 33814 BASSET RD. BURLINGTON WI 53105 RANDALL.
(circulator's residence - include number, street, and municipality)

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

3/30/11
(date)

(signature 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. 1582

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Albert H. Miller	1405 Linden Ct.	☑ Town ☐ Village ☐ City Burlington	3/30/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Albert H. Miller, certify:
(name of circulator)

I reside at 1405 Linden Ct. 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.

03/30/11 (date)

Albert H. Miller (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. 1583

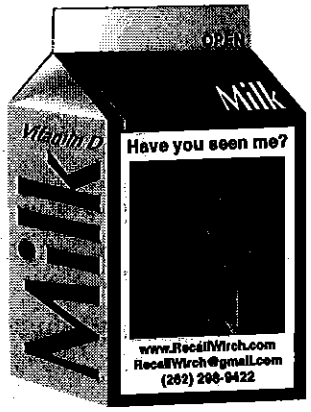
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	748 Shiloh Ct	☐ Town ☐ Village ☒ City Burlington	3/30/11
2. Jackie Fitch	748 Shiloh Ct.	☐ Town ☐ Village ☒ City Burlington	3/30/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Brian R Fitch, certify:
(name of circulator)

I reside at 748 Shiloh Ct, 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.

3/30/11 (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. 1584

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

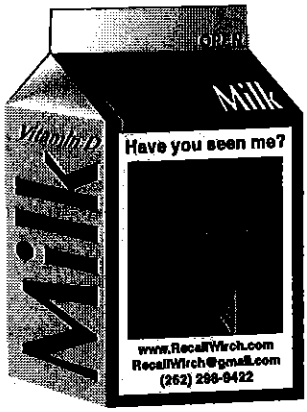
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Nick Peterson	6039 Spring Valley Rd Burlington, WI 53105	☒ Town ☐ Village ☐ City Lyons	3/31/11
2. Jennifer Peterson	6039 Spring Valley Rd Burlington, WI 53105	☒ Town ☐ Village ☐ City Lyons	3/31/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, NICK PETERSON, certify:
(name of circulator)

I reside at 6039 SPRING VALLEY RD TOWN OF LYONS.
(circulator's residence – include number, street, and municipality)

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

3/31/11
(date)

Nick Peterson
(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. 1585

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

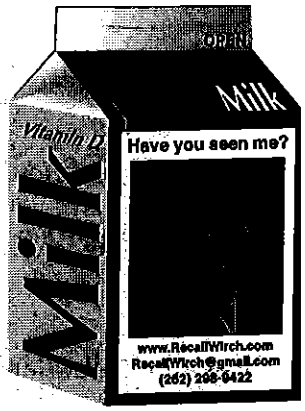
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lorraine Baumeister	26501 Ketterhagen Rd Burlington Wi	☑ Town ☐ Village ☐ City Dover	3/30/11
2. Jerry Baumeister	26501 Ketterhagen Rd Burlington WI	☐ Town ☐ Village ☐ City Dover	3/30/11
3. Dick Baumeister	26615 KETTERHAGEN BURLINGTON WI	☐ Town ☐ Village ☐ City DOVER	3/30/11
4. Mike Nolan	1630 Sunnyside DR KANSASville WI 53139	☑ Town ☐ Village ☐ City Dover	3-30-11
5. [illegible]	24933 Minnetonka Dr Kansasville WI 53139	☑ Town ☐ Village ☐ City Dover	3-30-11
6. Mary J. Nolan	1630 Sunnyside Dr Kansasville, WI 53139	☒ Town ☐ Village ☐ City Dover	3-30-11
7. Jack E Hunter	32206-4584 53140 BURLINGTON WISC	☐ Town ☐ Village ☐ City WHITLAND	3-31-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Gerald Poepping (name of circulator), certify:

I reside at 30512 Ketterhagen 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.

3-31-11 (date) Gerald Poepping (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.
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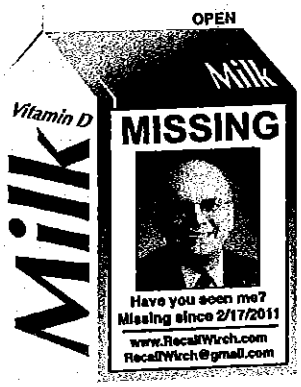
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	1425 MCWAN DR BURLINGTON WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	2/27/11
2.	432 N State Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11
3.	432 W STATE ST BURLINGTON WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	2/27/11
4.	116 S. Elmwood AVE Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11
5.	740 Shiloh Ct Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11
6.	116 S. Elmwood Ave Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11
7.	480 Tower St. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2-27-11
8.	480 Tower ST Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11
9.	480 Tower St. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11
10.	1021 Cooperhawk Dr Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11

Certification of Circulator

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

I reside at 172 LEWIS 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.

3/30/11
(date)

Scott G. Rausch
(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

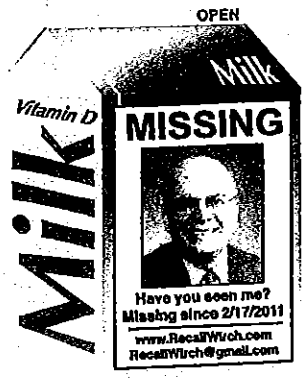
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	1633 Murphey Ave Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	2/28/2011
2. Mary Burkman	1589 Spring Valley Burlington 53105	☒ Town ☐ Village ☐ City Lyons	2/28/11
3. [illegible]	740 Shiloh ct Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-5-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Tracy Rausch, certify:
(name of circulator)

I reside at 172 Lewis 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.

3/30/11 (date)

Tracy Rausch (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. 1588

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

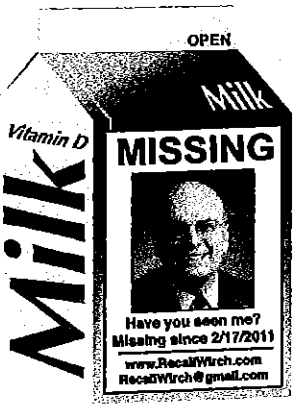
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Leah Shannon	1633 Murphy Ave Burl. WI 53105	☒ Town ☐ Village ☐ City Burlington	3/2/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Tracy Rausch, certify:
(name of circulator)

I reside at 172 Lewis 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.

3/30/11 (date) Tracy Rausch (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. 1589

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

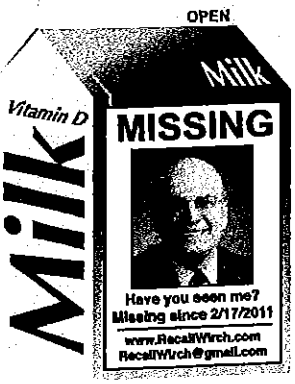
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Wirch	28437 Coyote Cir Burlington WI 53105	☒ Town ☐ Village Burlington ☐ City	2-27-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 172 Lewis 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.

3/30/11
(date)

Scott A. Rausch
(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. 1590

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

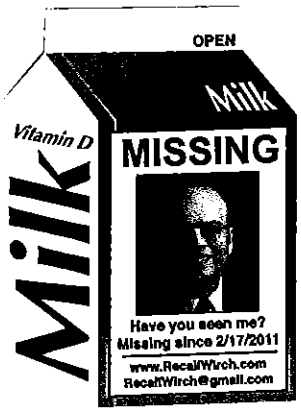
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Larry Scott	572 Tower St. Burlington	☐ Town ☐ Village ☒ City Burlington	2/26/11
2. Bruce W. Peterson	29622 Kettenhofen Burlington WI.	☐ Town ☐ Village ☐ City Burlington	2/26/11
3. Scott Flert	432 Emerson ST Burlington WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	2/26/11
4. Michael E Wimer	143 Fox Trail Ct Burl. WI 53105	☐ Town ☐ Village ☒ City Burlington	2/26/11
5. Lisa Rausch	124 W. Jefferson St Burlington, WI	☐ Town ☐ Village ☒ City Burlington	2/26/11
6. Shane G. Rausch	124 W. JEFFERSON ST.	☐ Town ☐ Village ☒ City BURLINGTON	2/26/11
7. Scott J [illegible]	132 SCHEMMER ST. BURLINGTON	☐ Town ☐ Village ☒ City BURLINGTON	2/26/11
8. Eric R. Bekesen	6612 Yahnke Road Burlington	☒ Town ☐ Village ☐ City Burlington	2/26/11
9. Neal Cvos	418 PARK AVE BURLINGTON WI	☐ Town ☐ Village ☒ City BURLINGTON	2/26/11
10. MATTHEW J VOS	418 PARK AVE BURLINGTON WI	☐ Town ☐ Village ☒ City BURLINGTON	2/26/11

Certification of Circulator

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

I reside at 172 LEWIS 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.

3/30/11 (date)

Scott A. Rausch (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. 1591

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gary A. Burchs	1021 Cooper Hawk Burlington WI	☐ Town ☐ Village ☒ City Burlington	2/27/11
2. Karen M. Webster	1049 S Pine St Unit 204 - Burlington WI	☐ Town ☐ Village ☒ City Burlington	2/27/11
3. Joseph Zimmerman	1815 Murphy Ave Burlington WI 53105	☐ Town ☐ Village ☐ City Burlington	2/27/11
4. [illegible]	[illegible] Burlington WI	☐ Town ☐ Village ☒ City Burlington	[illegible]
5. [illegible]	[illegible]	☐ Town ☐ Village Kansasville	[illegible]
6. [illegible]	[illegible]	☐ Town ☒ Village [illegible]	[illegible]
7. [illegible]	[illegible]	☐ Town ☐ Village [illegible]	[illegible]
8. [illegible]	7929-48TH AVE KENOSHA, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	2/27/11
9. [illegible]	231 Edgewood Dr Burlington, WI	☐ Town ☐ Village Burlington	[illegible]
10. [illegible]	30717 Durand Ave Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	2/27/11

Certification of Circulator

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

I reside at 172 Lewis 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.

3/30/11
(date)

Scott A. Rausch
(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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608-266-8005, http://gab.wi.gov email: gab@wi.gov

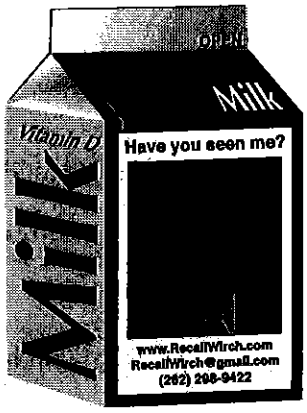
RECALL PETITION

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.
D.O not Do his JOB - Hid out. If WE did that WE would Be Fired!!

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marsha Kowalski	30136 Lake Hills Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/30/11
2. Richard J Kowalski	30136 Lake Hills Dr. Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/30/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, MARSHA KOWALSKI + RICHARD J KOWALSKI, certify:
(name of circulator)

I reside at 30136 LAKE HILLS DR. 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.

3/30/2011
(date)

Marsha Kowalski Richard J Kowalski
(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. 1593

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RECALL PETITION

TO: Wisconsin Government Accountability Board
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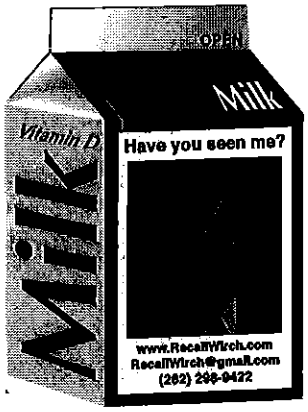

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd State Senate District in Madison.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David Gelden	8583 Country View Lane Burlington, WI 53105	☒ Town ☐ Village Burlington ☐ City	3/30/11
2. Tammy Gelden	8583 Country View Lane Burlington, WI. 53105	☒ Town ☐ Village Burlington ☐ City	3/30/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 8583 Country View Lane 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.

3/30/11 (date) — David Gelden (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. 1594

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RECALL PETITION

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

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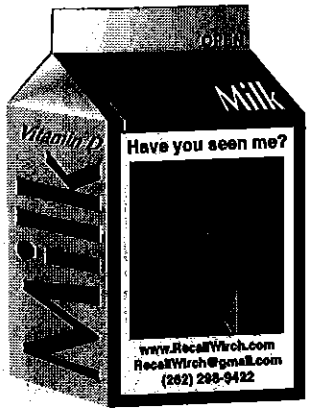
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert H Sandberg	632 Michigan Ave	☐ Town ☐ Village ☒ City Burlington, WI	3-30-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Robert H. Sandberg, certify:
(name of circulator)

I reside at 632 Michigan Ave 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.

3-30-11
(date)

Robert H Sandberg
(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. 1595

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 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael Austin	30424 FOREST DR BURLINGTON	☒ Town ☐ Village ☐ City BURLINGTON	3-5-11
2. [illegible]	324 Origen St Burlington	☐ Town ☐ Village ☒ City BURLINGTON	3-5-11
3. Samantha Miller	BURLINGTON	☐ Town ☐ Village ☐ City BURLINGTON	3-5-11
4. Margaret Kulwicki	4850 Parkview Rd. Waterford	☐ Town ☒ Village ☐ City Waterford	3-5-11
5. John Stefan	241 S Pine ST BURLINGTON	☒ Town ☐ Village ☐ City BURLINGTON	3-5-11
6. [illegible]	619 Meadow Ln #4 BURLINGTON WI	☐ Town ☐ Village ☒ City BURLINGTON	3/5/11
7. Aaron Byrne	31066 Prospect Dr Waterford WI	☐ Town ☒ Village ☐ City Waterford	3/5/11
8. [illegible]	33208 4th St BURLINGTON	☐ Town ☐ Village ☒ City BURLINGTON	3-5-11
9. [illegible]	29000-2nd Place Kansasville WI 53139	☒ Town ☐ Village ☐ City Brighton	3-5-11
10. [illegible]	29000 2nd Place Kansasville WI. 53139	☒ Town ☐ Village ☐ City Brighton	3-5-11

Certification of Circulator

I, Joan Fabbri, certify:
(name of circulator)

I reside at 9801 S. Fox Run Oak Creek WI 53154
(circulator's residence - include number, street, and municipality)

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

3/5/11
(date)

(signature of circulator)

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

Page No. 1596

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

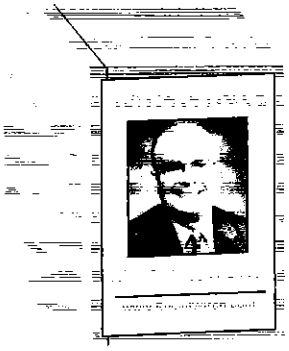
RECALL PETITION

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

We, the undersigned ed qualified electors of the 22nd Wisconsin State Senate District,
petition for the recall (jurisdiction or district of officeholder)

recall of Robert Wirch 22nd District State Senate of Wisconsin
from office pursuant (name of officeholder to be recalled and office)

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



STATEMENT OF REASON FOR RECALL

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

sing to represent the citizens of Wisconsin 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael Nellessen	420 Burden Twin Lakes	☐ Town ☒ Village ☐ City Twin Lakes	3/2/11
2. Dawn Nellessen	420 Burden Ave Twin Lakes	☐ Town ☒ Village ☐ City "	3/2/11
3. Timothy Vanderes	Po Box 121 Powers Lake	☒ Town ☐ Village ☐ City Randall	3-2-11
4. Pat Kail	Twin Lakes 799 Roosevelt Road	☐ Town ☒ Village ☐ City Twin Lakes	3/3/11
5. Daniel Peterson	PO BOX 22 Bassett Wi	☐ Town ☐ Village ☐ City Randall	3-3-11
6. [illegible]	34410 Bassett RD PO Box 23 Bassett 53101	☒ Town ☐ Village ☐ City Randall	3/6/11
7. Jessi Brown	339 Martin Ave. Twin Lks. WI 53181	☒ Town ☒ Village ☐ City Twin Lakes	3/6/11
8. Laurie Floren	634 S. Cogswell Dr Silver Lake WI 53170	☐ Town ☒ Village ☐ City Silver Lake	3/8/11
9. Barbara Phillips	38928 90th St Powers Lake	☒ Town ☐ Village ☐ City Randall	3/26/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Richard C. Karrasch (name of circulator), certify:

I reside at 8743 368th Ave Burlington, WI 53105 (TOWN of RANDALL)
(circulator's residence - include number, street, and municipality)

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

3-28-11 (date) Rich [illegible] (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. 1597

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

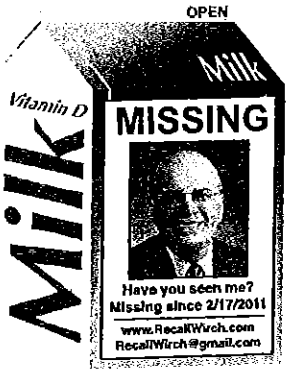
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ray Free — Ray Free	431 Swanson Ct. Twin Lakes, Wi. 53181	☐ ~~Town~~ ☒ Village ☐ City — Twin Lakes	3/13/11
2. Devan Free — Devan Free	5517 19TH ST APT 1-D	☐ ~~Town~~ ☐ Village ☐ City — Kenosha	3/13/11
3. Diane Free — Diane Free	3317 15 St Apt 1D Kenosha Wi	☐ Town ☐ Village ☐ City — Kenosha	3/13/11
4. June Free — June Free	431 Swanson Ct	☐ ~~Town~~ ☒ Village ☐ City — Twin Lakes	3/13/11
5. Rob Young	3317 15st #1D Kenosha WI 53141	☐ Town ☐ Village ☒ City — Kenosha	3/13/11
6. Ray Young — Ray Young	669 Wood RD Kenosha WI 53144	☐ ~~Town~~ ☐ Village ☐ City — Somers	3/13/11
7. Jane Streit — Jane Streit	1253-30th Ct #A Kenosha, WI. 53144	☐ Town ☐ Village ☒ City — Kenosha	3/14/11
8. Mike Thurston	4614-43rd St Kenosha WI 53144	☐ Town ☐ Village ☒ City — Kenosha	3/16/11
9. Dan Kepple	6911-53RD ST #133 Kenosha, WI 53144	☐ Town ☐ Village ☒ City — Kenosha	3/30/11
10. Sarah E. Kepple — SARAH KEPPLE	6911-53RD ST #133 Kenosha, WI 53144	☐ Town ☐ Village ☒ City — KENOSHA	3/30/11

Certification of Circulator

I, Genia Brooksbank, certify:
(name of circulator)

I reside at 8201 66th 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.

4/1/11 (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

Page No. 1598

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

RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Amy Barth	114-43rd Ave Kenosha, WI 53144	☐ Town ☐ Village ☐ City Somers	3-3-11
2. Jennifer Vete	8750 Sheridan Rd Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-3-11
3. Charles Christensen	8608-111th Pleasant Prairie	☐ Town ☐ Village ☐ City Pleasant Prairie	3-3-11
4. Brian Hackett	6202 57th AVE Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-3-11
5. Mark R. Gentilchuoni	8721-36th AVE Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-18-11
6. Michael P. Henkes	8727 36th AVE. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-20-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Michael P. Henkes, certify:
(name of circulator)

I reside at 8727 36th 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.

3-30-11 (date)

Michael P. Henkes (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. 1599

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

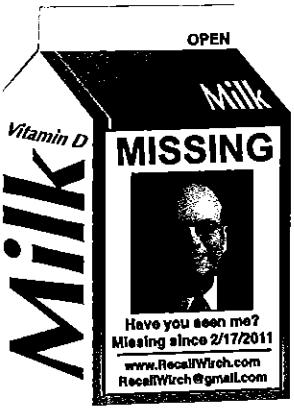
RECALL PETITION

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

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

petition for the recall of Robert Wirch 22nd 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 22nd 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James D. Reid	1321-25th Ave.	☒ Town ☐ Village ☐ City Somers Kenosha Cty.	2/25/11
2. Jane D. Reid	1321-25th Ave.	☒ Town ☐ Village ☐ City Somers Kenosha Cty.	2/25/11
3. Kristine Blanchard	1404 40th Ct.	☐ Town ☐ Village ☒ City Kenosha	2/26/11
4. Anne Rust	PO Box 8 1122 88th Ave.	☒ Town ☐ Village ☐ City Somers	3/3/11
5. Lorraine Huntoon	2015-21st St.	☐ Town ☐ Village ☒ City Kenosha	3/11/11
6. Edna Herman	4914 Pershing Blvd.	☐ Town ☐ Village ☒ City Kenosha	3/19/11
7. Susan Buckley	4914 Pershing Blvd	☐ Town ☐ Village ☒ City Kenosha	3/19/11
8. Don Kruk	2300-14TH PL	☒ Town ☐ Village ☐ City Somers	3-19-11
9. Barb Kruk	2300-14th PL	☒ Town ~~☐ Village~~ ☐ City Somers	3-19-11
10. Albert J. Follak	2503-24TH AVE	☐ Town ☐ Village ☒ City Kenosha	3-22-11

Certification of Circulator

I, Daniel S. Blanchard, certify:
(name of circulator)

I reside at 1404 40th COURT, 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.

3/31/2011
(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

Page No. 1600

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