RECALL PETITION

TO: Wisconsin 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. Travis Becker	10815 32AVE PLEASANT PRAIRIE, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	03-02-11
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, TRAVIS BECKER, certify:
(name of circulator)

I reside at 10815 32AVE, PLEASANT PRAIRIE, WISC. 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.

03-02-11 (date)

T. Becker (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

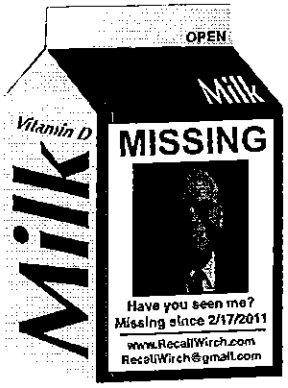
RECALL PETITION

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. Lisa Leup	7616 38th Ave	☐ Town ☐ Village ☒ City Kenosha	3/1/11
2. Kathleen Nelson	206-264th Ave.	☒ Town ☐ Village ☐ City Brighton ~~Paddock Lake~~	3/1/11
3. Ronald Viviofio	5001 23rd Place	☐ Town ☐ Village ☒ City Kenosha	3/1/11
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, Lisa M Leup (name of circulator), certify:

I reside at 7616 38th 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.

3/2/2011 (date) Lisa Leup (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. 202

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

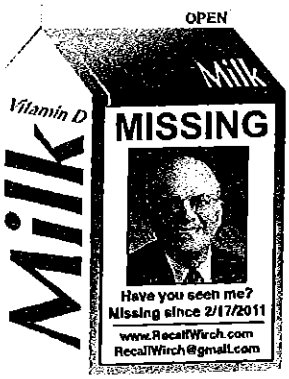
RECALL PETITION

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. Rod Zimmen	273 Indian Bend Rd	☐ Town ☐ Village ☒ City Burlington	3/5/11
2. [illegible]	8137 - 336th Ave	☐ Town ☐ Village ☐ City Wheatland Twp	3-5-11
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, Orville Seymer, certify:
(name of circulator)

I reside at 3020 W. Acre Ave Franklin, Wis 53132.
(circulator's residence - include number, street, and municipality)

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

[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

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

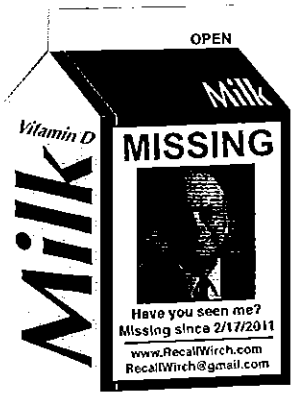
RECALL PETITION

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. Cindy Ostrowski	811 180TH AVE PARIS WI 53182	☒ Town ☐ Village ☐ City PARIS	3-3-11
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, Caroline A. Katzer, certify:
(name of circulator)

I reside at 12716 257th Ave., Trevor, WI 53179, town of Salem.
(circulator's residence - include number, street, and municipality)

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

3-5-11
(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. 204

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. Rick Blood	4112 Washington Rd #112 Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	2/28/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Rick Blood, certify:
(name of circulator)

I reside at 5853 State Rd 50 E. Lake Geneva WI 53147
(circulator's residence - include number, street, and municipality)

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

Rick Blood
(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. 205

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

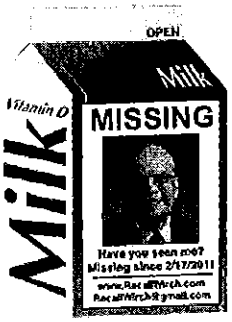
RECALL PETITION

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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John Infante JOHN INFANTE	6313 42ND AVE KENOSHA WI 53142	☐ Town ☐ Village ☒ City KENOSHA	2/24/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JOHN 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.

2/24/11 (date) John Infante (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-150 (Rev. 6/2011) 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

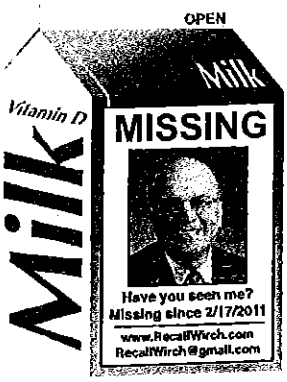
RECALL PETITION

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]	6540 Mc Henry St	☐ Town ☐ Village ☐ City Burlington	3/5/11
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, Gavin Brookbank, certify:
(name of circulator)

I reside at 8201 66th St Kenosha Wi.
(circulator's residence - include number, street, and municipality)

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

3/5/11 [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

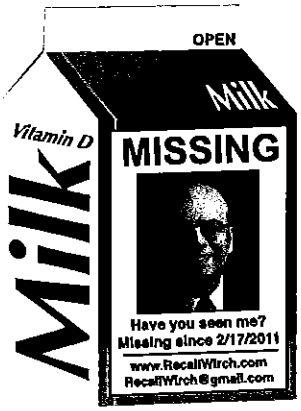
RECALL PETITION

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.)

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. Juanita S. Marhefke	449 9th St. Kenosha, WI. 53140	☒ Town ☐ Village ☐ City Somers	2/28/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Juanita Marhefke, certify:
(name of circulator)

I reside at 449 9th Street Somers, 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.

3/3/11 (date) Juanita S. Marhefke (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. 208

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. Robert M. Birchell	9310 128th ave	☐ ~~Town~~ ☒ Village ☐ City Bristol	3/5/11
2. Laurie A. Birchell	9310 128th Ave	☐ ~~Town~~ ☒ Village ☐ City Bristol	3-5-2011
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Robert M. Birchell, certify:
(name of circulator)

I reside at 9310 128th ave Bristol, WI.
(circulator's residence - include number, street, and municipality)

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

3/5/11
(date)

Robert M. Birchell
(signature of circulator)

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

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

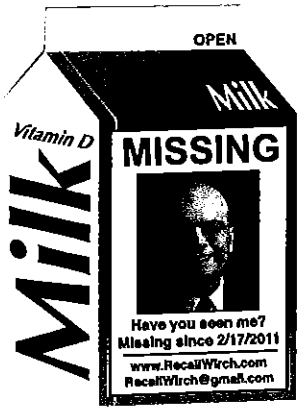
RECALL PETITION

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

We, the undersigned qualified electors of the 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]	33712 PALMDR. BURLINGTON WI 53105	☒ Town ☐ Village ☐ City Burlington	3-2-11
2. [illegible]	34310 WHITE OAK DR Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-4-11
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, Vicki Bernhardt, certify:
(name of circulator)

I reside at 3441 ~~BW~~ WREN 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.

3-5-11 (date) Vicki Bernhardt (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. 210

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. Deanna Wetzel	412 N Pine St Burl	☐ Town ☐ Village ☐ City Spring Prairie	3/3/11
2. Scott Remer	29815 Pinewood Dr. Burlington, WI	☐ Town ☐ Village ☐ City Burlington	3/3/11
3. Phil Pocotes	125 W. State St. Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3/3/11
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, Mary Lynch, certify:
(name of circulator)

I reside at 125 W. State St., Burlington.
(circulator's residence - include number, street, and municipality)

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

3.03.11
(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.6/2005) 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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jackie Parsons	7609-315th ave	☐ Town ☐ Village ☒ City Kenosha	3-3-11
2. Bradley Parsons	7021-33 ave Bradley S. Parsons	☐ Town ☐ Village ☒ City Kenosha	3-3-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Joseph M Kollman (name of circulator), certify:

I reside at 2708 116th Street 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.

03/05/11 (date) — Joseph M Kollman (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. 212

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. Karen J. Kramer	240 13th AVE RACINE, WI 53403	☒ Town ☐ Village ☐ City SOMERS	3-1-11
2. Lyla M. Kramer	240 13th ave Racine WI 53403	☒ Town Somers ☐ Village ☐ City	3-1-11
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, Donna Poulsen, certify:
(name of circulator)

I reside at 136 13th Ave Racine, WI 53403 - Town of Somers.
(circulator's residence - include number, street, and municipality)

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

3-2-11
(date)

Donna Poulsen
(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. William J Schuf	11711 223 AV Bristol 53104	☐ Town ☒ Village ☐ City Bristol	3/4/11
2. Jeanne Schuf	11711 223RD Ave BRISTOL 53104	☐ Town ☒ Village ☐ City Bristol	3/4/11
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, William J Schuf, certify:
(name of circulator)

I reside at 11711 223 AV Bristol Wi. 53104.
(circulator's residence - include number, street, and municipality)

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

3/4/11 (date) William J Schuf (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. 214

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

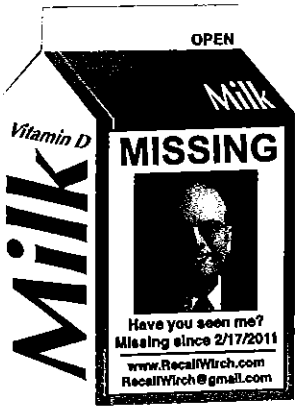
RECALL PETITION

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. Carol Johnson	1712 - 28th St Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	2-27-11
2. Kris Borth	1708 - 28th St Kenosha WI 53140	☐ Town ☐ Village ☒ City Kenosha	2-27-11
3. Lorraine Zinke	720 Sheridan Rd #103 Kenosha, Wis. 53140	☒ Town ☐ Village ☐ City Somers	2-27-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Chris Borth (Chris Borths), certify:
(name of circulator)

I reside at 1708-28th St. Kenosha, WI 53140.
(circulator's residence - include number, street, and municipality)

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

3/5/11 (date) Chris Borth (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. 215

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

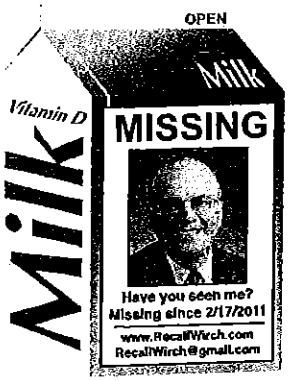
RECALL PETITION

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. Jeremy M Keuth	10098 64th Ave Pleasant Prairie WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
2. Jon W Keuth	10098 64th Ave Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
3. Patricia Grund	3020 240th Ave UNION GROVE, WI 53182	☒ Town BRIGHTON ☐ Village ☐ City	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, MARIA Bisceglia, certify:
(name of circulator)

I reside at 451 Sheridan Rd Racine, WI 53403.
(circulator's residence - include number, street, and municipality)

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

3/5/2011
(date)

Maria Bisceglia
(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. 216

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

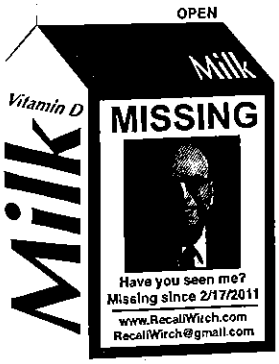
RECALL PETITION

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. Brady Lueck	8210 Summit Place	☒ Town ☐ Village ☐ City Burlington	3/4/11
2. Jenna Bailey, Jenna Bailey	2919 Circle Drive Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/4/11
3. Brenda Lueck, Brenda Lueck	8210 Summit Pl. 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, Brady Lueck, certify:
(name of circulator)

I reside at 8210 Summit Place 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.

3-5-11
(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. 217

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. Dolores Vasevicle	5216 86th St PL. PRAIRIE, WI	☐ Town ☒ Village ☐ City PLEASANT PR	3/2/11
2. Frances M Hybert	4120 81 Pl. Kenosha, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	3/2/11
3. Melissa Bjork	11935-24 Ct Pleasant Prairie, Wi	☐ Town ☒ Village ☐ City Pl. Prairie	3/3/11
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, ROBERT BJORK (name of circulator), certify:

I reside at 11935-24th CT PLEASANT PRAIRIE, WI (circulator's residence - include number, street, and municipality).

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

3/3/11 (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. 218

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]	444 288th Ave BURLINGTON, WI 53105	☒ Town ☐ Village ☐ City BRIGHTON	3-3-11
2. James Schmitt	133 S. Kane St. Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3-4-11
3. Stacy Snider	741 Shiloh Ct Burlington WI 53105	☐ Town ☐ Village ☒ City 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, ROBERT HARTWICK, certify:
(name of circulator)

I reside at 101 S. KANE 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.

3/5/2011
(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

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. Annie M. Kleinsoff	973 LEGION DR. TWIN LKS WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3-4-11
2. John Moumbi	124 W. CHESTNUT ST. SILVER LAKE 53170	☐ Town ☒ Village ☐ City Silver Lake	3-4-11
3. Margaret Moumbi	124 SILVER LAKE SILVER LAKE, WI	☐ Town ☒ Village ☐ City Silver Lake	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, KATHY WOODS, certify:
(name of circulator)

I reside at 102 E CHESTNUT ST SILVER LAKE WI 53170.
(circulator's residence - include number, street, and municipality)

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

3-5-2011 (date) Kathy J. Woods (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. 220

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. Ruby Hackbarth	31129 PLANK RD.	☒ Town ☐ Village ☐ City BURLINGTON	2/28/11
2. [illegible]	31129 PLANK RD	☒ Town ☐ Village ☐ City BURLINGTON	2/28/11
3. Teresa Nelson	8717-380th Ave	☒ Town ☐ Village ☐ City Burlington	3-1-11
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, RUBY HACKBARTH, certify:
(name of circulator)

I reside at 31129 PLANK RD. BURLINGTON, WISCONSIN 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.

3-4-11
(date)

Ruby Hackbarth
(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. 221

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

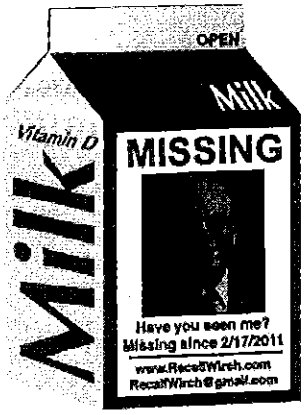
RECALL PETITION

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. Paul E. Volbert	5621-40th Ave Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	03/04/11
2. Beth A. Volbert	5621-40th Ave. Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/4/2011
3. GAGNON, DAVID M	8324 12th PL KENOSHA WI 53144	☒ Town ☐ Village ☐ City Somers	3/4/11
4. Linda Gagnon	9820-15th Street Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	3-4-11
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, Terry Sommer, certify:
(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes WI
(circulator's residence - include number, street, and municipality)

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

3-5/2011
(date)

Terry Sommer
(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. 222

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. Linda Cascio (Linda Cascio)	407 54th Street Kenosha, WI 53140	☐ Town ☐ Village ☑ City Kenosha	2-27-11
2. Patrice Hutchinson (Patrice Hutchinson)	4421 Harrison Road Kenosha, WI 53142	☐ Town ☐ Village ☑ City Kenosha	2-27-11
3. MARK Oechler (MARK Oechler)	11014 67th PL Kenosha WI 53142	☐ Town ☐ Village ☑ City Kenosha	2-28-11
4. William Taylor (William Taylor)	2801 80th St Kenosha, WI 53143	☐ Town ☐ Village ☑ City Kenosha	2-28-2011
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Kevin K. Hutchinson (Kevin K Hutchinson) 3-5-11, certify:
(name of circulator)

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicat opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12.13(3)(a). Wis. Stats.

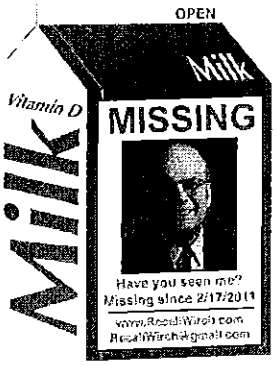
RECALL PETITION

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

We, the undersigned qualified electors of the 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. Deborah Holan	570 - 11 Place Somers	☒ Town ☐ Village ☐ City Somers	3/15/11
2. [illegible]	10359 187th Ave Bristol WI U.S.A.	☐ Town ☒ Village ☐ City Bristol WI	2/28/11
3. Julie Sentetts	10135 195th Ave Bristol WI	☐ Town ☒ Village ☐ City Bristol, WI	2/28/11
4. William Sentetts	10135 195th AVE BRISTOL WI	☐ Town ☒ Village ☐ City BRISTOL, WI	2/28/11
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, Sharon Calvillo (name of circulator), certify:

I reside at 10217 195th Ave. Bristol, WI
(circulator's residence - include number, street, and municipality)

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

3/5/11
(date)

(signature of circulator)

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
608-266-8003, 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. Scott Therriault	4922-23rd PL	☐ Town ☐ Village ☒ City KENOSHA	3-3-2011
2. [illegible]	4515 42nd st	☐ Town ☐ Village ☒ City Kenosha	3-3-2011
3. Nicole Mierl	4515 42 st	☐ Town ☐ Village ☒ City Kenosha	3/3/11
4. Lisa Therriault	4922-23 PL	☐ Town ☐ Village ☒ City Kenosha	3/4/11
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, SCOTT THERRIAULT, certify:
(name of circulator)

I reside at 4922-23rd PL 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.

3-5-2011 (date) Scott Therriault (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. Dina Dennis	40017 94th St. Genoa City, WI 53128	☒ Town ☐ Village ☐ City Randall	3-1-11
2. JOE VASS	4007 1 St Kenosha WI. 53144	☒ Town ☐ Village ☐ City Somers	3-1-11
3. JOHN CASCIO	808 ELM ST TWIN LAKES WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3-2-11
4. CARRIE SMITH	1359 LANCE DR TWIN LAKES WI	☐ Town ☒ Village ☐ City RANDALL	3-3-11
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, Linda J. Smith, certify:
(name of circulator)

I reside at 1319 Lance Drive 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.

March 5, 2011 Linda J. Smith
(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

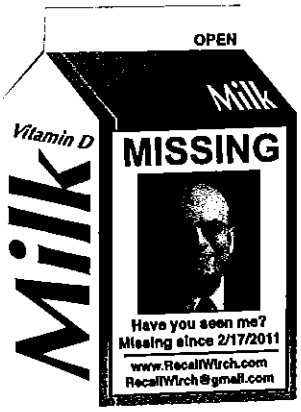
RECALL PETITION

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. Thm Scheerenberg	15503 7th Street	☑ Town ☐ Village ☐ City Paris	3/1/2011
2. James Scheerenberg	15503 7th Street	☑ Town ☐ Village ☐ City Paris	3/1/2011
3. Hannah Scheerenberg	15503 7th Street	☒ Town ☐ Village ☐ City Paris	3.1.2011
4. Amber Sullivan	27700 41st Street	☒ Town ☐ Village ☐ City Salem	3-3-11
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, Myrna Scheerenberg, certify:
(name of circulator)

I reside at 15503 7th St. Paris, WI 53182 (Paris Township).
(circulator's residence - include number, street, and municipality)

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

3-3-11
(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. 227

RECALL PETITION

TO: Wisconsin 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. Kathy Perez	10210 33rd Ave Pleasant Prairie, WI 5358	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
2. Joseph R. Pain	7617-18th AVE. Kenosha, WI, 53143	☐ Town ☐ Village ☒ City Kenosha	2-28-11
3. Jessica Johnson	5036-24th AVE. Kenosha, Wis. 53140	☐ Town ☐ Village ☒ City Kenosha	2-28-11
4. Andrew Parsons	2730 83RD PLACE KENOSHA, WI 53143	☐ Town ☐ Village ☒ City Kenosha	2-28-11
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, Gloria J. Andrea (name of circulator), certify:

I reside at 7617-18th Ave, Kenosha, WI 53143 (circulator's residence - include number, street, and municipality).

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

3/3/2011 (date) Gloria J. Andrea (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-470 (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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	16710 Horton Rd Kenosha WI 53142	☐ Town ☒ Village ☐ City Bristol	2/26/11
2. Janet A Elfering	16710 Horton Rd Kenosha, WI 53142	☐ Town ☒ Village ☐ City Bristol	2/26/11
3. [signature]	16710 Horton Rd Kenosha WI 53142	☐ Town ☒ Village ☐ City Bristol	2/26/11
4. [signature]	15113 Horton Rd Kenosha WI 53142	☐ Town ☐ Village ☐ City Bristol	2/27/11
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, Janet A. Elfering, certify:
(name of circulator)

I reside at 16710 Horton Road Kenosha, WI 53142 Bristol.
(circulator's residence - include number, street, and municipality)

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

3/3/2011 (date) Janet A Elfering (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

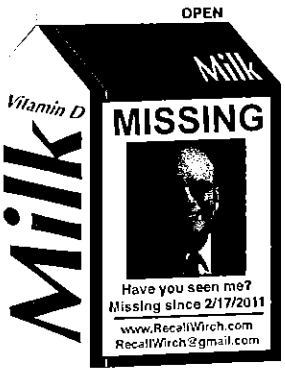
RECALL PETITION

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. Stephen V Squires Jr	11812 334 th Ave. Twin Lakes WI 53181	☒ Town ☐ Village ☐ City Randall	3/2/2011
2. Stephen V. Squires SR.	19900 128th st Lot 226 Bristol WI. 53104	☐ Town ☒ Village ☐ City Bristol	3/3/2011
3. [illegible]	19900 128th st Lot 226 Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	3/3/2011
4. Jacqueline M. Squires	11812 334th Ave Twin Lakes WI 53181	☒ Town ☐ Village ☐ City Randall	3-3-2011
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Stephen V Squires JR, certify:
(name of circulator)

I reside at 11812 334 th Ave Twin Lakes WI 53181.
(circulator's residence - include number, street, and municipality)

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

03/04/2011 (date) Stephen V Squires Jr (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. 230

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

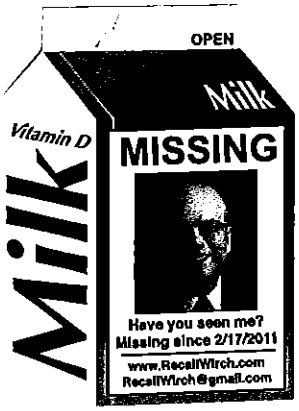
RECALL PETITION

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]	[illegible]	☑ Town ☐ Village ☐ City [illegible]	[illegible]
2. Peggy A. McCarthy	6407 - 247th Ave	☐ Town ☑ Village ☐ City Paddock Lake	3/1/11
3. [illegible]	[illegible]	☐ Town ☐ Village ☐ City [illegible]	[illegible]
4. Anne Stelzyski	3401 E Lakeshore Drive	☐ Town ☑ Village ☐ City Twin Lakes	3-2-11
5. Helen F Christe	38301 87th Place	☑ Town ☐ Village ☐ City Burlington	3-2-11
6. Amy McCarthy	30737 Wild Goose Lane	☑ Town ☐ Village ☐ City Burlington	3-2-11
7. Aurora Simonelli	24347 88th St S	☑ Town ☐ Village ☐ City Salem	3-5-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Aurora Simonelli, certify:
(name of circulator)

I reside at 24347 88th ST Salem, WI.
(circulator's residence - include number, street, and municipality)

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

3/5/2011 (date) Aurora Simonelli (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. 231

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

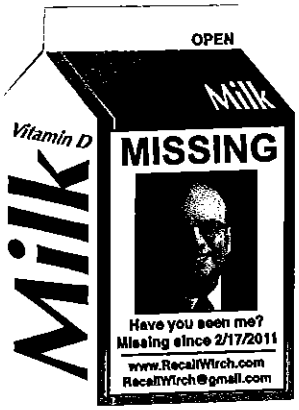
RECALL PETITION

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. Douglas D Kancian	5670 55th Avenue KENOSHA, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/2/2011
2. Joel Unscheid	8548 16th Ave. KENOSHA, WI 53143	☐ Town ☐ Village ☒ City Kenosha	03-02-11
3. [illegible]	8461 Northview Dr Pleasant Prairie 53158	☐ Town ☐ Village ☐ City Pleasant Prairie	3/5/11
4. Kay Unscheid	8548-16 Ave. Kenosha WI 53143	☐ Town ☐ Village ☒ City Kenosha	3/5/11
5. Lynne Neumann	8462 Northview Drive Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 3832-8th AV. 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.

3/5/11
(date)

Joyce M. Kancian
(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. 232

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

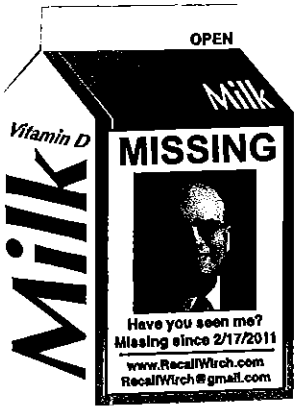
RECALL PETITION

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. Laura Svatek	9825 14th Pl Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	2/26/11
2. [illegible]	7825-14th Pl Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	2-26-11
3. [illegible]	4305 16TH ST KENOSHA WI 53144	☒ Town ☐ Village ☐ City Somers	3/2/11
4. Cheryl Wers	4305 16 Street Kenosha WI 53144	☐ Town ☐ Village ☐ City Somers	3/2/11
5. [illegible]	1350 22 Avenue Kenosha WI 53140	☐ Town ☐ Village ☒ City Kenosha	3-4-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, SHERRY SVATEK, certify:
(name of circulator)

I reside at 1621 43 AV KENOSHA WI 53144 SOMERS.
(circulator's residence - include number, street, and municipality)

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

3-5-11 (date) Sherry Svatek (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. 233

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

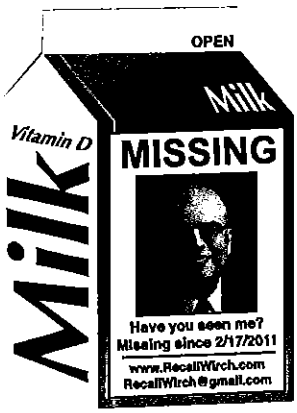
RECALL PETITION

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. Paul A Wright	2736 83rd PL	☐ Town ☐ Village ☒ City Kenosha	5 Mar 2011
2. Alisa Malinowski	22815 31st St	☒ Town ☒ Village ☐ City Bristol	Mar 5 2011
3. Erik Nohm	5406 32ND AVE	☐ Town ☐ Village ☒ City KENOSHA	3/5/11
4. Dean E [illegible]	11620 152 Ave Kenosha WI 53142	☐ Town ☒ Village ☐ City Bristol	3/5/11
5. Ernest [illegible]	6656 30th Ct KENOSHA, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3-5-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Erin Decker, certify:
(name of circulator)

I reside at 706 School St. Silver Lake WI.
(circulator's residence - include number, street, and municipality)

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

3/6/11 (date) Erin M Decker (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. 234

RECALL PETITION

TO: Wisconsin 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. John Kensington	24813 84th St Salem WIS 53168	☒ Town ☐ Village ☐ City Salem ~~Kenosha~~	2-28-11
2. Chuck Payne	528 Delis Rd Silver Lake 53170	☐ Town ☒ Village ☐ City Silver Lake "	2-28-11
3. Brad R Kappelman	6401 5th Ave Kenosha WI 53143	☐ Town ☐ Village ☐ City Kenosha	3/5/11
4. [illegible]	6335 5th Ave Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3/5/11
5. Marek Bauer	6116 247th Ave Paddock Lake WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/5/11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, PATRICK DONEGAN, certify:
(name of circulator)

I reside at 36857 OLD WOODS TRAIL GURNEE IL 60031.
(circulator's residence - include number, street, and municipality)

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

March 5, 2011 (date) Patrick Donegan (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. 235

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. Constance L Ott	3401 - 109th St Pleasant Prairie WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
2. Jerry M Evans	1033 115th St. Pleasant Prairie Wi	☐ Town ☒ Village ☐ City Pleasant Prairie	3/05/11
3. Charles R Stephen	9112 262nd Salem Wi	☒ Town ☐ Village ☐ City Salem	3/05/11
4. Norman C Bjorn	6822 250 Ave, Salem, Wis.	☐ Town ☐ Village ☐ City Paddock Lake	3/05-11
5. [illegible]	1440 20th Ave Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/05/11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Erin Decker, certify:
(name of circulator)

I reside at 706 School Street Silver Lake, WI 53170.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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) Erin M Decker (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. 236

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

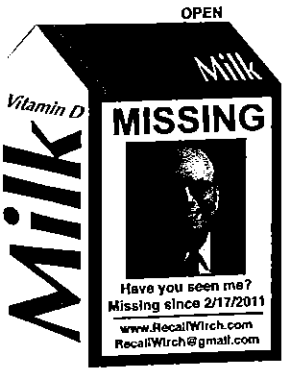
RECALL PETITION

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. Donald W Zerrien	352 TRAVELLERS RUN	☐ Town ☐ Village ☒ City BURLINGTON	3/2/2011
2. Loraly Schalinske	360 Travellers Run	☐ Town ☐ Village ☒ City Burlington	3.2.11
3. Todd Schalinske	360 Travellers Run	☐ Town ☐ Village ☒ City Burlington	3-2-11
4. Karl S Burkholder	376 Travellers Run	☐ Town ☐ Village ☒ City Burlington	3-2-11
5. Catherine Borchardt	376 Travellers Run	☐ Town ☐ Village ☒ City Burlington	3-2-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Donald W Zerrien (DONALD W. ZERRIEN), certify:
(name of circulator)

I reside at 352 TRAVELLERS RUN, 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.

3/4/11
(date)

Donald W Zerrien
(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. 237

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

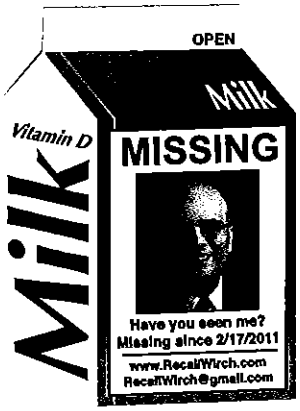
RECALL PETITION

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. Joy C Koch	13723 0th ave	☐ Town ☐ Village ☒ City Kenosha	2/28/11
2. Ed Koch	1372 30th ave	☐ Town ☐ Village ☒ City Kenosha	2/28/11
3. Joy Lee	10514 7th St	☐ Town ☐ Village ☐ City Somers	2/28/11
4. Kim Augustine	4306-31st Ave	☐ Town ☐ Village ☒ City Kenosha	2/28/11
5. Jason Rolen	1709-27 St	☐ Town ☐ Village ☒ City Kenosha	2/28/11
6. Lili Augustine	4306 31st AVE	☐ Town ☐ Village ☒ City Kenosha	2/28/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Matthew Augustine, certify:
(name of circulator)

I reside at 4306 31 AVE Kenosha, WI 53144.
(circulator's residence - include number, street, and municipality)

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

2-28-11
(date)

Matthew Augustine
(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. 238

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. John C [illegible]	6600 48th Ave	☐ Town ☐ Village ☒ City Kenosha	3-2-11
2. Allison Smiley [illegible]	6600 48th Ave	☐ Town ☐ Village ☒ City Kenosha	3/2/11
3. [illegible]	5031 85th St.	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
4. [illegible]	8856 SHERIDAN RD UNIT #7	☐ Town ☐ Village ☒ City KENOSHA	3/4/11
5. Cheryl L Wilbourn	7904 104th Ave Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
6. [illegible]	7904 104th ave Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Cheryl L. Wilbourn, certify:
(name of circulator)

I reside at 7904 104th Avenue, Pleasant Prairie.
(circulator's residence - include number, street, and municipality)

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

3/4/11 (date) — Cheryl L. Wilbourn (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. Thomas Rach	1915 SUNSET DR TWIN LAKES, WI 53181	☐ Town ☒ Village ☐ City TWIN LAKES	3-2-11
2. [illegible]	6421 54th Ave. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-2-11
3. David Vastery	11319 11th AVE PLEASANT PRAIRIE, WI 53158	☐ Town ☒ Village ☐ City PLEASANT Prairie	3-2-11
4. Randy L Hillman	231 EVERGREEN LN. TWIN LAKES, WI 53181	☐ Town ☒ Village ☐ City TWIN LAKES	3-2-11
5. Richard Sexden	7818 27th Ave KENOSHA, WI 53143	☐ Town ☐ Village ☒ City KENOSHA	3-2-11
6. [illegible]	10800 39th Ave Unit 3 Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/3/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Cheryl L. Wilbourn (name of circulator), certify:

I reside at 7904 104th Avenue, Pleasant Prairie
(circulator's residence - include number, street, and municipality)

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

3/3/11 (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. 2007) The information on this form is required by §§ 8.16 and 9.10, Wis. Stats. This form is provided by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 (608) 266-8005 (fax) (608) 267-0500 (TTY) elections@gab.wi.gov

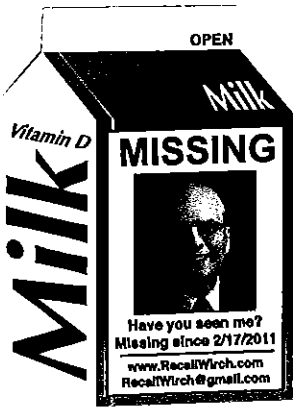
RECALL PETITION

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]	7406 14th Ave	☐ Town ☐ Village ☐ City Kenosha	2-26-11
2. Lori Zuch	7406 14th Ave.	☐ Town ☐ Village ☐ City Kenosha	2/26/11
3. Rhonda Bianco	1786 12th Ave.	☐ Town ☐ Village ☐ City Kenosha	2/26/11
4. Michelle Carcio	2530 LINCOLN RD	☐ Town ☐ Village ☐ City KENOSHA	2/26/11
5. Timothy P. Carcio	2530 Lincoln Rd	☐ Town ☐ Village ☐ City Kenosha	2/26/11
6. Bradley Eggert	8121 64th Ave.	☐ Town ☐ Village ☐ City Kenosha	3/5/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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

3-5-11 (date)

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

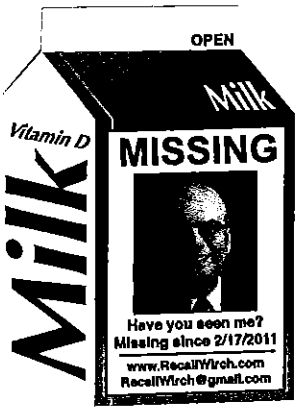
RECALL PETITION

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. Dennis Tully	32131 EUPHORIA DR	☒ Town ☐ Village ☐ City BURLINGTON	2-26-11
2. Betty Tully	32131 EUPHORIA DR	☒ Town ☐ Village ☐ City Burlington	2-26-11
3. Robert Kuha	757 Shiloh ct Burlington, WI	☐ Town ☐ Village ☒ City Burlington	2-26-11
4. JIM PAWLAK	28315 BUSHWALLK	☒ Town ☐ Village ☐ City BURLINGTON	2-27-11
5. [illegible]	4655 SAGEWOOD CIRCLE PLEASANT PRAIRIE WI 53158	☒ Town ☐ Village ☐ City PLEASANT PRAIRIE	3-1-11
6. Tom Russo	5010 Pershing	☐ Town ☐ Village ☒ City Kenosha	3-1-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Roger Koldeway, certify:
(name of circulator)

I reside at 372 Conkey Street Burlington WI 53105 City 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.

3-5-11
(date)

Roger Koldeway
(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

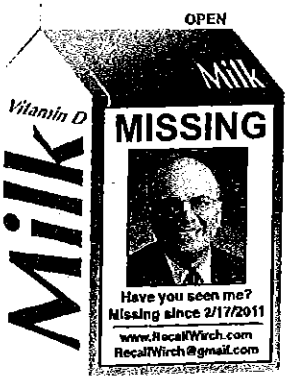
RECALL PETITION

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]	1440 30 Ave Kenosha WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/5/11
2. Ramona Matthews	10835 - 35th Ave. Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Kenosha	3/5/11
3. [illegible]	10921 Old Green Bay Rd Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
4. Neil Kastner	22530 83rd St SALEM WI	☒ Town ☐ Village ☐ City SALEM	3/5/11
5. [illegible]	6104 242nd Ave	☒ Town ☐ Village ☐ City Bristol	3/5/11
6. Francis Rossetti	11440-45th ave Somers WI. 53144	☒ Town ☐ Village ☐ City Somers	3-5-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Angie Burke (name of circulator), certify:

I reside at 27540 89th St Salem WI 53168
(circulator's residence - include number, street, and municipality)

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

3-5-11
(date)

[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

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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Stephen Surber Stephen J Surber	6426 87TH AVE	☐ Town ☐ Village ☒ City Kenosha	2/25/11
2. Joseph M Kollman Joseph M Kollman	2708 116th Street	☐ Town ☒ Village ☐ City Pleasant Prairie	2-25-11
3. JOAN K. KOLLMAN Joan K. Kollman	2700 116th St.	☐ Town ☒ Village ☐ City Pleasant Prairie	2/26/11
4. William D. Kollman William D. Kollman	2700 - 116 st	☐ Town ☒ Village ☐ City Pleasant Prairie	2/26/11
5. Cindi L. Kollman Cindi L Kollman	2708 116th St	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
6. Roberta L. Novick Roberta L Novick	1800 89th st #206	☐ Town ☐ Village ☒ City Kenosha	3/1/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Joseph M Kollman (name of circulator), certify:

I reside at 2708 116th Street 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.

3-5-11 (date) Joseph M Kollman (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. David A Kirchner	814 88th Ave Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	3/2/11
2. Judy Kirchner	814-88 Ave Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	3/2/11
3. Lloyd H. Reck	6007 - 7th Street Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	3/3/11
4. Krista J Reck	6007 7th St Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	3/3/11
5. Daniel D. Kirchner	814-88th Ave. Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	3/5/11
6. Sally Hipper	9629 Wilmot Rd. Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
7. Glen Hipper	9629 WILMOT RD. PLEASANT PRAIRIE WI 53158	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	3/5/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Krista J Reck, certify:
(name of circulator)

I reside at 6007 7th St Kenosha WI 53144 Somers Township.
(circulator's residence - include number, street, and municipality)

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

3/5/2011 (date) Krista J Reck (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. 245

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

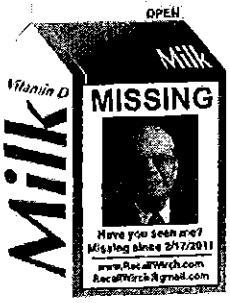
RECALL PETITION

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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Cindy Wang	9306 63rd St. 53142	☐ Town ☐ Village ☒ City Kenosha	2/27/11
2. Zhang Lin	9306 63rd St. 53142	☐ Town ☐ Village ☒ City Kenosha	2/27/11
3. MARK CHIU	6720 49th Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	2/27/11
4. [illegible]	4412 TAFT Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	2/27/11
5. Danielle Chambers	4412 Taft Rd. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	2/27/11
6. [illegible]	10833 32nd Av Pleasant Prairie WI 53158	☐ Town ☐ Village ☒ City Pleasant Prairie	3/1/11
7. [illegible]	7323 25th Ave Kenosha WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-1-11
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 (circulator's residence - include number, street, and municipality).

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

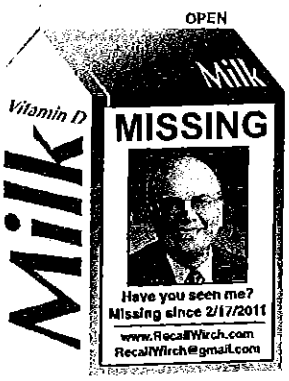
RECALL PETITION

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. Paulin Puntenney	1070 288th Ave Burlington W	☒ Town ☐ Village ☐ City Brighton	3-5-11
2. Alene Beuchem	29908 Bluegrass Dr Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-5-11
3. Jim Terry	25410 31st SALEM WI 53168	☒ Town ☐ Village ☐ City BRIGHTON	3-5-11
4. Janet Beffa	4130 Maple Rd EAST TROY, WI 53120	☒ Town ☐ Village ☐ City WATERFORD	3-5-11
5. Gerald B Beffa	4130 MAPLE RD EAST TROY WI 53120	☒ Town ☐ Village ☐ City WATERFORD	3-5-11
6. Scott Hoag	29335 Eagle Rd Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-5-11
7. Robert Pirk	580 ADAMS BURLINGTON, WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	3-5-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 8201 66th St Kenosha WI 53142.
(circulator's residence - include number, street, and municipality)

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

3/5/11 (date) Gerin Brooks (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

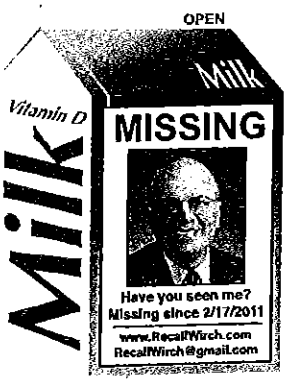
RECALL PETITION

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. Daniel Jarusso	117 W Depot St Silver Lake WI	☐ Town ☒ Village ☐ City Silver Lake	3/5/11
2. Paul Warner	1610 30th Court Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3/5/11
3. [illegible]	21410 15th St. Union Grove, WI	☐ Town ☐ Village ☐ City Paris	3/5/11
4. Byron Mathews	16835 35th Ave Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
5. [illegible]		☐ Town ☐ Village ☐ City	
6. [illegible]	7303 57th Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/5/11
7. ~~[illegible]~~		☐ Town ☐ Village ☐ City	
8. [illegible]	520 79TH ST KENOSHA, WI 53143	☐ Town ☐ Village ☒ City KENOSHA	3/5/11
9. [illegible]	21410 15th Street Union Grove WI 53182	☒ Town ☐ Village ☐ City Paris	3/5/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Angie Burbo, certify:
(name of circulator)

I reside at 275 10 8th A. Salem, WI 53168
(circulator's residence - include number, street, and municipality)

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

3-5-11
(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

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

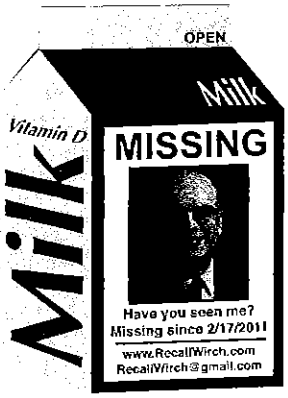
RECALL PETITION

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. Jane E. See	7440 - 22nd Ave. Kenosha	☐ Town ☐ Village ☒ City Kenosha	2/27/11
2. Floyd Nelson	9055-134 ave Kenosha Wis 53142	☐ Town ☒ Village ☐ City Bristol	2-27-11
3. David C Smith	4531 52 Ave Kenosha, WI 53144	☐ Town ☒ Village ☐ City Kenosha	2-28-11
4. Michelle Long	5005-61st St Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/2/11
5. Charity Owen	8611 272nd Ave. Salem WI 53168	☐ Town ☒ Village ☐ City Salem	3-2-11
6. Mary Beth Pflueger	PO Box 917 Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	3-2-11
7. [illegible]	PO Box 63 Powers Lake WI 53159	☒ Town ☐ Village ☐ City Randall	3-2-11
8. W. R. Struve	6521-256th ave Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3-3-2011
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Kim Landolt (1-8), certify:
(name of circulator)

I reside at 13500-90th St. Kenosha, WI 53142 (Bristol).
(circulator's residence - include number, street, and municipality)

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

3/5/2011 (date) Kim Landolt (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

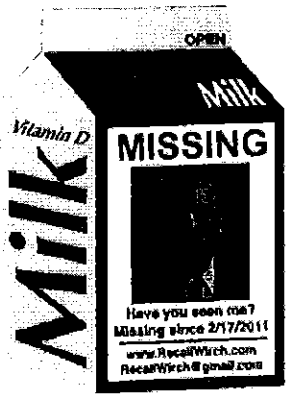
RECALL PETITION

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]	1401 11th Ave 60 Union Grove, Wisc	☐ Town ☒ Village ☐ City Union Grove	3-1-11
2. Gerald Rasmussen	12304 75th St Kenosha Wi.	☐ Town ☐ Village ☒ City Kenosha	3-1-11
3. Ken Schuch	26008 31st St Salem, Wi	☒ Town ☐ Village ☐ City Brighton	3/1/11
4. [illegible]	4309 HARRISON RD KENOSHA, WI	☐ Town ☐ Village ☒ City KENOSHA	3/1/11
5. Don Foehley	4506-47 AVE Kenosha, WI 53144	☐ Town ☐ Village ☐ City Kenosha	3-1-11
6. Wayne Wiemerslage	1036-171 Ave Union Grove	☐ Town ☐ Village ☐ City Paris	3/1/11
7. Robert [illegible]	11703 60TH ST 20 28 KENOSHA WI 53144	☐ Town ☐ Village ☐ City KENOSHA	3-1-11
8. [illegible]	1852 12A Kenosha Wi 53140	☐ Town ☐ Village ☒ City Kenosha	3/1/11
9. [illegible]	2109 80th Pl Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3/1/11
10. William Shea	460 Mill Ave Union Grove, WI	☐ Town ☒ Village ☐ City Union Grove	3-2-11

Certification of Circulator

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

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.

3-2-11
(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

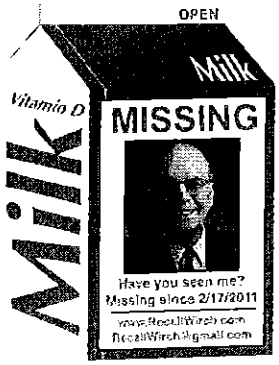
RECALL PETITION

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. Monica W Phillips	10115 48th Ave Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
2. [illegible]	5301-87th Pl Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
3. Karen [illegible]	10053 55th Ave Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
4. [illegible]	10217 195th Bristol, WI 53104	☐ Town ☒ Village ☐ City Bristol	2/28/11
5. Carolyn Owens	21103 85th St. Bristol, Wisconsin 53104	☐ Town ☒ Village ☐ City Bristol	2/28/11
6. Wendy [illegible]	8904 369th Avenue Twin Lakes, WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	2/28/11
7. [illegible]	10115 48th Ave Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
8. Kathleen M Shaw	4854 101st Place Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/2/2011
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Monica W Phillips, certify:
(name of circulator)

I reside at 10115 48th 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.

3/3/11
(date)

Monica W Phillips
(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.6/2002) 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. Barbara E. Schoner	1616 S. Browns Lake Dr. Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/1/11
2. [illegible]	30232 Forest Dr. Burlington, WI, 53105	☐ Town ☐ Village ☐ City Burlington	3/1/11
3. ~~[illegible]~~	~~32200 [illegible] St 105~~ ~~Burlington, WI 53105~~	☒ Town ☐ Village ☐ City ~~NOT IN DISTRICT 22~~	~~3/1/11~~
4. Paul Dujardin	569 W. Chestnut St Burlington WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	3-1-11
5. Penni Lois	189 Bay Ridge Lane Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-2-11
6. Hayle M Bauman	500 Tower St. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-2-11
7. Andrew J. Tully	708 Shiloh Ct. Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3-2-11
8. Patrick R. Tully	380 Highridge Rd BURLINGTON, WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	3-2-11
9. Patrick A. Kukleff	348 Randolph Burlington WI, 53105	☐ Town ☐ Village ☒ City Burlington	3-2-11
10. William H Sandy	117 Johnson Street Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3-2-11

Certification of Circulator

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

I reside at 101 S. KANE BURLINGTON, WI 53105 BURLINGTON CITY.
(circulator's residence - include number, street, and municipality)

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

3/4/2011 (date) 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

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. 252

RECALL PETITION

TO: Wisconsin 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
[illegible]	6837 Foxtail Lane Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11
2. Jordan [illegible]	212 West State St. Burlington WI	☐ Town ☐ Village ☒ City Burlington	3/1/11
3. Marilee Moron	316 McHenry St Burlington, WI 53105	☒ Town ☐ Village ☒ City Burlington	3/1/11
4. [illegible]	316 McHenry St. Burlington WI. 53105	☐ Town ☐ Village ☒ City Burlington	3/1/11
5. [illegible]	8125 McHENRY ST. BURLINGTON, WI. 53105	☒ Town ☐ Village ☐ City BURLINGTON	3/1/11
6. Marsha A. Stoner	8125 McHenry St. Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11
7. [illegible]	8125 McHenry St. Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3/1/11
8. Maureen A. Kly	1671 FRANKLIN ST BURLINGTON WI 53105	☒ Town ☐ Village ☐ City BURLINGTON	3/1/11
9. [illegible]	1671 FRANKLIN ST BURLINGTON WI 53105	☒ Town ☐ Village ☐ City BURLINGTON	3/1/11
10. Jodi Jammenga	7675 Big Pine Ln Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11

Certification of Circulator

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

I reside at 101 S. KANE ST. 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.

3/4/2011 (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

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

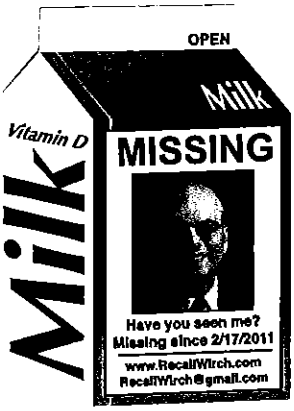
RECALL PETITION

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]	9732 14th St Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	2/27/11
2. Cheryl Hibbard	9732 14th St Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2/27/11
3. [illegible]	9750 - 14th St Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2/27/11
4. [illegible]	9907 - 14th Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2/27/11
5. [illegible] Barnett	9907 14 St Kenosha 53144	☒ Town ☐ Village ☐ City Somers	2/27/11
6. James A. Henke	9745 14th St. Kenosha, WI	☒ Town ☐ Village ☐ City Somers	2/27/11
7. [illegible]	9806 14th Place Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2/27/11
8. [illegible]	9830 14th Pl Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2/27/11
9. [illegible]	9815 14th Place Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2/27/11
10. Brian D. [illegible]	1455 - 98th Ave Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2/27/11

Certification of Circulator

I, RALPH AGNER, certify:
(name of circulator)

I reside at 9810 15th St. KENOSHA WI Somers.
(circulator's residence - include number, street, and municipality)

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

2/27/11 (date) Ralph L. Agner (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

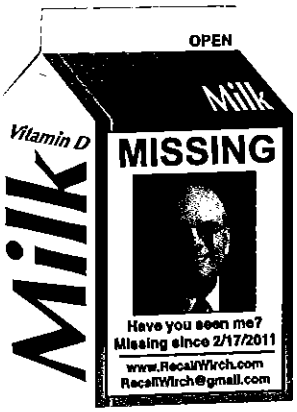
RECALL PETITION

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.	5515 - 43rd Ave KENOSHA WI	☐ Town ☐ Village ☒ City Kenosha	2/27/11
2.	9912 WASH. RD. KENOSHA WI.	☒ Town ☐ Village ☐ City SOMERS	2/27/11
3.	2920 50th Ave Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	2/27/11
4.	2520-18th Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	2/27/11
5.	9815-15th	☐ Town ☐ Village ~~☐ City~~ ~~Kenosha~~ Somers	2/27/11
6.	9705-15th Street Kenosha WI	☒ Town ☐ Village ☐ City SOMERS	2/27/11
7.	9701-15th St Kenosha WI	☒ Town ☐ Village ☐ City Somers	2/27/11
8.	9701-15TH ST KENOSHA WI	☒ Town ☐ Village ☐ City Somers	2/27/11
9.	1438 97th Kenosha	☒ Town ☐ Village ☐ City Somers	2/27/11
10.	9724 14th St Kenosha	☐ Town ☐ Village ☐ City Somers	2/27/11

Certification of Circulator

I, RALPH AGNER, certify:
(name of circulator)

I reside at 9810 15TH ST. KENOSHA, WI Somers.
(circulator's residence - include number, street, and municipality)

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

2/27/11
(date)

Ralph L. Agner
(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. 255

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]	5533 6th Ave #2	☐ Town ☐ Village ☒ City Kenosha	3/1/11
2. [illegible]	7935 15th Avenue	☐ Town ☐ Village ☒ City Kenosha	3/1/11
3. [illegible]	6027 31st Avenue	☐ Town ☐ Village ☒ City Kenosha	3/1/11
4. Molly M Gardner	5533 16th Ave #2	☐ Town ☐ Village ☒ City Kenosha	3/1/11
5. [illegible]	5533 16th Ave #2	☐ Town ☐ Village ☒ City Kenosha	3·1·11
6. [illegible]	7633 - 47th Ave	☐ Town ☐ Village ☒ City Kenosha	3/2/11
7. [illegible]	4714 - 5th Ave.	☐ Town ☐ Village ☒ City Kenosha	3/2/11
8. [illegible]	7633 - 47 Ave	☐ Town ☐ Village ☒ City Kenosha	3/2/11
9. Sarah Freeborn	7633 - 47th Ave	☐ Town ☐ Village ☒ City Kenosha	3·2·11
10. [illegible]	7950 - 47th Ave	☐ Town ☐ Village ☒ City Kenosha 53142-2020	3/2/11

Certification of Circulator

I, Alyssen Hunt, certify:
(name of circulator)

I reside at 5533 6th Ave #2 Kenosha, City of.
(circulator's residence - include number, street, and municipality)

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

3/2/11 (date) — [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

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

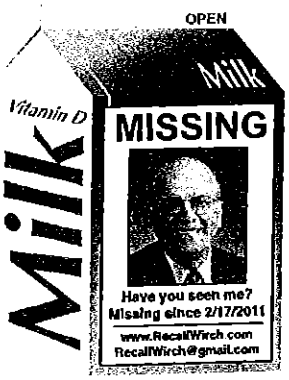
RECALL PETITION

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. Paul Gross	517 Storle Ave Burlington, Wi.	☐ Town ☐ Village ☒ City Burlington	3/5/11
2. Susan Gross	517 Storle Ave Burlington	☐ Town ☐ Village ☒ City "	3/5/11
3. Nelson R. Sohna	2505 Red Oak Dr. Burlington, WI 53105	☐ Town ☐ Village ☐ City "	3/5/11
4. Mar C. Hm	549 BRIOD 4 ST BURLINGTON WI 53105	☐ Town ☐ Village ☒ City "	3-5-11
5. [illegible]	334 W. River RD BURLINGTON 53105	☐ Town ☐ Village ☐ City "	3/5/11
6. [illegible]	156 Kings CT Burlington, WI 53105	☐ Town ☐ Village ☒ City "	3/5/11
7. [illegible]	3780 213 Avenue Bristol, WI 53104	☐ Town ☒ Village ☐ City Paris	3/5/11
8. William Smith	825 Brady St Burlington	☐ Town ☐ Village ☒ City Burlington	3/5/11
9. [illegible]	941 Joseph Ct Burlington, 53105	☐ Town ☐ Village ☒ City "	3/5/11
10. Sandra Remer	30020 Mound Dr Burlington	☐ Town ☐ Village ☐ City "	3/5/11

Certification of Circulator

I, Gen ia Brooksbank, certify:
(name of circulator)

I reside at 8201 66th St Kenosha Wi
(circulator's residence - include number, street, and municipality)

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

3/5/11
(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

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. RKK Vernezze	3503 86 Street	☐ Town ☐ Village ☒ City Kenosha	2-25-11
2. Jerry Brewer	193 W. Maple St	☐ Town ☒ Village ☐ City Silver Lake	3-1-11
3. David Beiser	11719 28th Ave	☐ Town ☒ Village ☐ City Pleasant Prairie	3-1-11
4. Michael A. Thiele	12233 36th Ave	☐ Town ☒ Village ☐ City Pleasant Prairie	3-1-11
5. Bob Minga	5724-56th Ave	☐ Town ☐ Village ☒ City Kenosha	3/1/11
6. Cory Miller	4278-113th St.	☐ Town ☒ Village ☐ City Pleasant prairie	3-1-11
7. Richard Hollman	7712 243rd Ave	☒ Town ☐ Village ☐ City Salem	3-1-11
8. Rachel Beiser	6130 85th Street	☐ Town ☒ Village ☐ City Pleasant Prairie	3-1-11
9. Roberta Durand	7021 33rd Ave.	☐ Town ☐ Village ☒ City Kenosha	3-2-11
10. Brad Persons	7609-31st Ave.	☐ Town ☐ Village ☒ City Kenosha	3/2/11

Certification of Circulator

I, Joseph M Kollman, certify:
(name of circulator)

I reside at 2708 116th Street 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.

03/05/11 (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

(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. Marlene Merkel	233 Lewis St.	☐ Town ☐ Village ☒ City Burlington	3-2-11
2. Ken Remer	30614 Durand Ave	☒ Town ☐ Village ☐ City Burlington	3-2-11
3. Chet Twinsing	8912 Pheasant Run Burlington	☒ Town ☐ Village ☐ City Burlington	3-2-11
4. Amanda Krueger	165 Bay Ridge Ln	☐ Town ☐ Village ☒ City Burlington	3-2-11
5. Steve Licht	440 Jennifer Ave Burlington	☐ Town ☐ Village ☒ City Burlington	3-2-11
6. Harlan Sime	301 Kendall Burlington	☐ Town ☐ Village ☒ City Burlington	3-2-11
7. Philip Mehlhoff	7227 Wheatland Rd Burlington	☒ Town ☐ Village ☐ City Burlington	3-3-11
8. Kyle Timm	7201-Wheatland Rd Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3-3-11
9. Joseph A. Wilber	167 S. Pine St Burlington WI. 53105	☐ Town ☐ Village ☒ City Burlington	3/3-11
10. Brad Elverman	6544 Wheatland Rd Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-3-11

Certification of Circulator

I, Chad Chadwick, certify:
(name of circulator)

I reside at 7411 Wheatland 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.

3-3-11
(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 lot no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. [illegible]	1839 Elliot Dr. Union Grove, WI 53182	☐ Town ☑ Village ☐ City Union Grove	3-2-11
2. Catherine [illegible]	1839 Elliot Dr. Union Grove, WI 53182	☐ Town ☑ Village ☐ City Union Grove	3-2-11
3. [illegible]	3413 15th Street Lt Kenosha, WI 53140	☐ Town ☐ Village ☑ City Kenosha	3/2/11
4. Phung Vong	3805 29th Ave Kenosha WI 53140	☐ Town ☐ Village ☑ City Kenosha	3/2/11
5. Carol Wagner	1666 - 240th Ave Kansasville WI 53139	☑ Town ☐ Village ☐ City Brighton	3/3/11
6. R.J. Burns	24800 82nd St	☐ Town ☐ Village ☐ City Salem	3/4/11
7. Deanna Teson	Salem 26821 91st #1	☐ Town ☐ Village ☐ City Salem	3/4/11
8. [illegible]	24800 82 ST SALEM WI	☐ Town ☐ Village ☐ City SALEM	3/4/11
9. Lisa Haley	1005 BERWICK AVE SILVER LK, WI 53170	☐ Town ☑ Village ☐ City SILVER LAKE	3/4/11
10. [illegible]	19612 - 107 ST Bristol, WI	☐ Town ☑ Village ☐ City BRISTOL	3-4-11

Certification of Circulator

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

I reside at 11398 - Wilmot Rd PLPR. 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 contents on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-4-11 Lisa M. Sorensen
(date) (signature of circulator)

Please mail this form to: Recall Wirch
P.O. Box 28 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

Page No. 260

(1)

RECALL PETITION

TO: Wisconsin 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. Kamela Gleason	7602-27th Ave Kenosha, WI 53143	☐ Town ☐ Village ☑ City Kenosha	2/25/11
2. Sarah Gleason	7602 27th Ave Kenosha, WI 53143	☐ Town ☐ Village ☑ City Kenosha	2/25/11
3. Monica Gleason	7602 27th Ave Kenosha WI 53143	☐ Town ☐ Village ☑ City Kenosha	2/25/11
4. [illegible]	7602 27th Ave Kenosha WI 53143	☐ Town ☐ Village ☑ City Kenosha	2/25/11
5. Arlene Gleason	3807-8th Ave. Kenosha, WI 53140	☐ Town ☐ Village ☑ City Kenosha	2/25/11
6. Patricia Leonhardt	821 Sheridan Rd. Somers, WI 53140	☑ Town ☐ Village ☐ City Somers	2/25/11
7. Rebecca Gleason	7602 27th Ave Kenosha, WI 53143	☐ Town ☐ Village ☑ City Kenosha	2/25/11
8. ~~[illegible]~~	~~[illegible]~~	☐ Town ☐ Village ☑ City	~~[illegible]~~
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Kamela Gleason, certify:
(name of circulator)

I reside at 7602-27th Ave Kenosha, WI 53143.
(circulator's residence - include number, street, and municipality)

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

2/26/11
(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

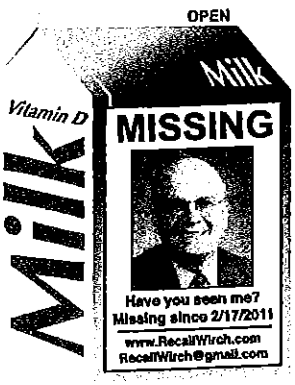
RECALL PETITION

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. Josh Winkler	34000 Lagoon Dr.	☑ Town ☐ Village ☐ City Burlington	2/27/11
2. Deb Jansen	2405 Perkins Blvd	☑ Town ☐ Village ☐ City Burlington	2/27/11
3. Jeff Kopp	333 Edward ST	☐ Town ☐ Village ☒ City BURLINGTON	2/28/11
4. NANCY WHITE	8922 Chara	☑ Town ☐ Village ☐ City Burlington	2/28/11
5. Joan Wirch	33832 S. Lakeshore	☑ Town ☐ Village ☐ City Burlington	3/1/11
6. Darrell Epes	8217 Mallard	☑ Town ☐ Village ☐ City Burlington	3-1-11
7.	240 S. PERKINS BLVD BURLINGTON WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	3/1/11
8. Willhelmina S. JANSEN		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Vicki Bernhardt (name of circulator), certify:

I reside at 8421 WREN 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.

3-5-11 (date) Vicki S. Bernhardt (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. 262

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. Michelle Griffith	23405 64th st. Salem, wi. 53168	☐ Town ☒ Village ☐ City Paddock Lake	2/25/11
2. [illegible]	6400 235TH SALEM WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	2/25/11
3. Kim N[illegible]	6400 235th Ave Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	2/25/11
4. Sandra M. Griffith	7010 BRISTOL RD BRISTOL, WI 53104	☐ Town ☒ Village ☐ City BRISTOL	2/28/11
5. Jay J Griffith	7010 Bristol rd Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	2/28/11
6. [illegible]	8698 226th Ave Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	2/28/11
7. Mike Pa[illegible]ola (MP)	23510 111 St Trevor, WI 53179	☒ Town ☐ Village ☐ City Salem	2/28/11
8. [illegible]	23510 111 St Trevor, WI 53179	☒ Town ☐ Village ☐ City SALEM	2/28/11
9. Michelle Shramek	6514-235 Ave Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	2/28/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 6313 42nd AVE KENOSHA 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.

3/5/11 (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. Thomas Hinze	24639 82ND Street	☑ Town ☐ Village ☐ City SALEM	2/28/11
2. Lisa Hinze	24639 82ND St.	☑ Town ☐ Village ☐ City Salem	2/28/11
3. Tori Schaaf	24645 82ND St	☑ Town ☐ Village ☐ City Salem	3-2-11
4. [illegible]	24645 - 82nd St	☑ Town ☐ Village ☐ City SALEM	3/3/11
5. [illegible]	24618 81 Place	☑ Town ☐ Village ☐ City SALEM	3/5/11
6. [illegible]	24618 81st Pl	☑ Town ☐ Village ☐ City SALEM	3/5/11
7. [illegible]	22800 Wilmot Rd.	☑ Town ☐ Village ☐ City Salem	3/5/11
8. Kathleen M. Pizzala	24653 82nd Street	☑ Town ☐ Village ☐ City Salem	3/5/11
9. [illegible]	24653 82nd STREET	☑ Town ☐ Village ☐ City Salem	3/5/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, THOMAS A. HINZE, certify:
(name of circulator)

I reside at 24639 82ND ST. SALEM, WI. 53168.
(circulator's residence - include number, street, and municipality)

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

3-5-11 (date) Thomas A Hinze (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. 264

GAB-470 (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. PAMELA POWROZNIK Pamela A. Powroznik	340 HOMESTEAD DRIVE Twin Lakes, WI 53181	☐ Town ☒ Village ☐ City TWIN LAKES	3-1-2011
2. EDWARD POWROZNIK Edward Powroznik	340 HOMESTEAD DR. TWIN LAKES, WI. 53181	☐ Town ☒ Village ☐ City TWIN LAKES	3-1-2011
3. SUSAN GORLINSKI Susan Gorlinski	20512-75th ST BRISTOL, WI 53104	☒ Town ☐ Village ☐ City BRISTOL WI.	3-1-11
4. CRAIG HECKEL Craig Heckel	620 N. RIVERSIDE DR. Silver Lake, WI 53170	☐ Town ☒ Village ☐ City Silver Lake	3-1-11
5. Kevin Pomczyk Kevin Pomczyk	849 Ridgemont Drive Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3-2-2011
6. JOHN HACKER John Hacker	5119 26TH ST KENOSHA WI 53144	☐ Town ☐ Village ☒ City KENOSHA	3-2-2011
7. Bonnie J Harris Bonnie J Harris	8806 Sheridan Rd, Unit 8 Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-02-2011
8. Jacob Zimmerman Jacob Zimmerman	11131 4th Ave Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/2/2011
9. David B. Patterson D B Patterson	7942 Williamsburg Ct #202 Bristol, WI 53104	☒ Town ☐ Village ☐ City Bristol	3/2/2011
10. LAURA DeMeyer Laura DeMeyer	150 11th Ave Union Grove WI 53182	☐ Town ☒ Village ☐ City UNION GROVE	3/2/11

Certification of Circulator

I, PAMELA A. POWROZNIK, certify:
(name of circulator)

I reside at 340 HOMESTEAD DRIVE; TWIN LAKES, WI 53104
(circulator's residence - include number, street, and municipality)

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

3-2-2011
(date)

Pamela A. Powroznik
(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. 265

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. [illegible]	24850 Runway West Trevor, WI 53179	☒ Town ☐ Village ☐ City SALEM	2/27/11
2. [illegible]	24920 Runway way TREVOR WI 53179	☒ Town ☐ Village ☐ City Salem	2/27/11
3. [illegible]	~~24970 [illegible]~~ ~~Trevor WI~~	☒ Town ☐ Village ☐ City ~~Salem~~	~~2/27/11~~
4. [illegible]	25020 Runyard Way S. Trevor	☒ Town ☐ Village ☐ City Salem	2/27/11
5. [illegible]	25030 Runyard Way Trevor WI 53179	☒ Town ☐ Village ☐ City Salem	2-27-11
6. Judith Sommer	12665 254th Ct TREVOR, WI 53179	☒ Town ☐ Village ☐ City SALEM	2-27-11
7. [illegible]	" " " " " "	☒ Town ☐ Village ☐ City "	2-27-11
8. [illegible]	25578 127th St. TREVOR, WI 53179	☒ Town ☐ Village ☐ City SALEM	2-27-11
9. [illegible]	25835 127th St. Trevor WI 53179	☒ Town ☐ Village ☐ City Salem	2-27-11
10. [illegible]	" "	☒ Town ☐ Village ☐ City "	2-27-11

Certification of Circulator

I, Caroline A. Katzer, certify:
(name of circulator)

I reside at 12716 257th Ave., Trevor, WI 53179 town of Salem.
(circulator's residence - include number, street, and municipality)

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

2-28-11
(date)

[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. 266

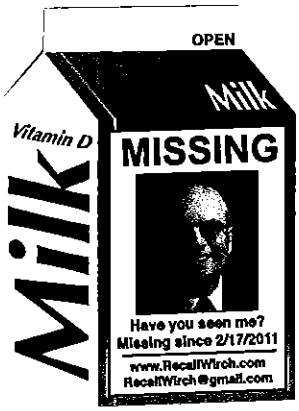
RECALL PETITION

TO: Wisconsin 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. Lindsey Waller	5672 Springbrook Rd Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2-26-11
2. Donna Waller	5672 Springbrook Rd Pleasant Prairie WI, 53158	☐ Town ☒ Village ☐ City "	2-26-11
3. Kyler Kirk	8669 Fieldstone Ct. Burlington WI	☒ Town ☐ Village ☐ City Burlington	2-26-11
4. Dennis Rinta	8963 17TH AVE KENOSHA WI	☐ Town ☐ Village ☐ City Kenosha	2-27-11
5. [illegible]	12119 43rd AVE PLEASANT Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2-27-11
6. Margaret [illegible]	12119-43rd Ave. Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City "	2-27-11
7. Patrick Shea	10507 55 AV. Pleasnt Prairie	☐ Town ☒ Village ☐ City "	2-27-11
8. [illegible]	12723 39th AVE Plensnt Prairie	☐ Town ☒ Village ☐ City "	2-27-11
9. Dora Waller	5672 Springbrook Rd Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City "	2-27-2011
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Charles R. Waller, certify:
(name of circulator)

I reside at 5672 - Springbrook Rd 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.

March 5, 2011 (date) — Charles R. Waller (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. 267

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

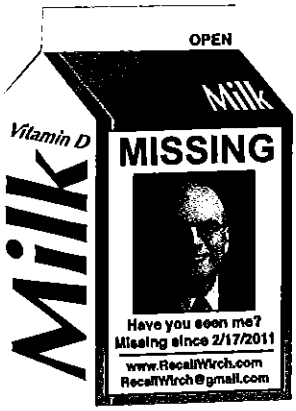
RECALL PETITION

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. Brett Bohn	11414 Wilmot Rd Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City P.P. Pleasant Prairie	2-26-11
2. Sandra Sorenson	3617 15th #2B Kenosha, WI, 53144	☐ Town ☐ Village ☒ City Kenosha	2-27-11
3. Dustin Bohn	11414 Wilmot Rd Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City P.P. Pleasant Prairie	3-1-11
4. Cindy Wagner	16666-240th Kansasville WI 53139	☒ Town ☐ Village ☐ City Brighton	3-1-11
5. Joy Wagner	8119 336th Ave Burlington, WIS 53105	☐ Town ☒ Village ☐ City Lily Lake	3-1-11
6. Justin Johnson	7001 53rd Pl #113 Kenosha, WI 53142	☐ Town ☐ Village ☐ City Kenosha	3-1-11
7. Camille Bonnot	400 South Edward Blvd Lake Geneva 53147	☐ Town ☐ Village ☐ City Kenosha	3-1-11
8. Kim Valaden	2100 74th St Kenosha WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-1-11
9. Nick Wolfe	8111 214th Ave Salem WI 53168	☒ Town ☐ Village ☐ City Salem	3-1-11
10. [illegible]	8686 122nd St Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-1-11

Certification of Circulator

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

I reside at 11398 - Wilmot Rd 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.

3-1-11
(date)

Lisa Sorenson
(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. 268

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declarations of candidacy for the office are 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 addresses must also include box or file no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Marie Flesch	7744-240th ave Kansasville WI 53139	☒ Town ☐ Village ☐ City Brighton	3-3-11
2. Marie Lemmer	6001 236th Ave Salem WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3-3-11
3. Michael Lemmer	6001 236th Ave Salem WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/3/11
4. Renni Poeppering	4401 308th Ave Burlington Wi 53105	☒ Town ☐ Village ☐ City Brighton	3/3/11
5. [illegible]	13925 45 St Bristol WI 53104	☒ Town ☐ Village ☐ City Bristol	3/3/11
6. [illegible]	25806 60th St. SALEM, WI 53168	☒ Town ☐ Village ☐ City SALEM	3/3/11
7. Donald Boyd	30699 41st Street Salem, WI 53168	☒ Town ☐ Village ☐ City BRIGHTON	3/3/11
8. [illegible]	8122 62nd Ave KENOSHA, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	3-3-11
9. Scott Gillen	6025 248th Ct Salem Wi 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/3/11
10. Martin Wagner	6309 328th Ave SALEM Wis	☐ Town ☐ Village ☐ City Wheatland	3/3/11

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.

3-4-11 (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-9.10 (Rev. 8/2007) The information on this form is required by §§ 9.10 and 9.20, Wis. Stats. This form is provided by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005, http://gab.wi.gov, and 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]	6540 McHenry St	☒ Town ☐ Village ☐ City Burlington	3/5/11
2. Robert Tyapp	29412 Silver Lake Rd, Silver Lake	☐ Town ☒ Village ☐ City Silver Lake	3/5/11
3. [illegible]	2615 33rd St Kenosha	☐ Town ☐ Village ☒ City Kenosha	3/5/11
4. Ann M Por	4215 114th St Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
5. Wilbur Means	3461 109th str Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3-5-11
6. Richard Raver	7817 37th Ave Kenosha	☐ Town ☐ Village ☒ City Kenosha	3-5-11
7. Camille Britton	6532 257th Ave Paddock Lake	☒ Town ☐ Village ☐ City Paddock Lake	3-5-11
8. Terry S Richter	8676 226th ave Salem	☒ Town ☐ Village ☐ City Salem	3-5-11
9. Suzanne Simonovich	12322 87 Ave Pl Prairie WI	☐ Town ☒ Village ☐ City Pl. Prairie	3-5-11
10. ~~[illegible]~~		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, NEIL ROSENBAUM, certify:
(name of circulator)

I reside at 1617 LAKEWOOD AVE MT PLEASANT, WI 53403.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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] (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. Phil T. Hein	109 S. Kane St. Burlington, WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	2/27/11
2. Robert Hartwick	101 S Kane ST Burlington, WI 53105	☐ Town ☐ Village ☒ City "	2/27/11
3. Mary A Hart	400 Congress St. Burlington, WI 53105	☐ Town ☐ Village ☒ City "	2/27/11
4. Phyllis Hartwick	101 S. Kane St Burlington, WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	2/28/11
5. Susan S. Hein	109 S. Kane St. Burlington WI 53105	☐ Town ☐ Village ☒ City "	2/28/11
6. Lenne Swoboda	317 Highridge Rd Burlington, WI 53105	☐ Town ☐ Village ☒ City "	2/28/11
7. [illegible]	2705 Bieneman Burlington WI 53105	☐ Town ☐ Village ☐ City BURLINGTON	2/28/11
8. [illegible]	2705 Bieneman Burlington, WI 53105	☐ Town ☐ Village ☐ City DUPLICATE	2/28/11
9. Robert J Swoboda	317 Highridge Burlington, WI 53105	☐ Town ☐ Village ☒ City "	2/28/11
10. [illegible]	30515 Cedar Dr Burlington, WI	☐ Town ☐ Village ☐ City BURLINGTON	3/1/11

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.

3/4/2011 (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. 271

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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mark R Kohout	1224 Peregrine CT ~~1224 Peregrine CT~~	☐ Town ☐ Village ☒ City Burlington	3/1/11
2. Heidi K. Kohout	1224 Peregrine Ct Burlington	☐ Town ☐ Village ☒ City Burlington	3/2/11
3. John Hendrickson	1217 PEREGRINE CT	☐ Town ☐ Village ☐ City Burlington	3/2/11
4. Michael McCalle	3501 - 4th Street Kenosha	☒ Town ☐ Village ☐ City Somers ~~Kenosha~~	3/3/11
5. Robert Kohout	30825 Kettenhagen	☒ Town ☐ Village ☐ City Burlington	3/3/11
6. Carol Kohout POA. Robert Kohout	30825 Kettenhagen	☒ Town ☐ Village ☐ City Burlington	3/3/11
7. Thelma Maloney	30530 Kettenhagen	☒ Town ☐ Village ☐ City Burlington	3/3/11
8. Marcell Gless	119 Oak St ~~Burlington WI~~	☒ Town ☐ Village ☐ City Burlington	3/5/11
~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
10. Michael L. Maddox	4125 - 56th AVE Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/4/11

Certification of Circulator

I. Mark R Kohout (name of circulator), certify:

I reside at 1224 Peregrine 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.

3/6/11 (date) Mark R Kohout (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 §§ 9.10 and 9.01, 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. 272

RECALL PETITION

TO: Wisconsin 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. Lawrence E. Kornman	8426 116th St Pleasant Prairie	☐ Town ☐ Village ☐ City Pleasant Prairie	3/1/11
2. Rick Bose	2707 84ST	☐ Town ☐ Village ☐ City Kenosha	3/1/11
3. Ed [illegible]	455 Edgewood Dr.	☐ Town ☐ Village ☐ City Silver Lake	3-1-11
4. Mark Gaudinier	1685 - 41 AVE	☐ Town ☐ Village ☐ City KENOSHA	3-1-11
5. Ken [illegible]	5722 83rd ST	☐ Town ☐ Village ☐ City Kenosha	3-1-11
6. E Scott Welch	119 S COGSWELL DR	☐ Town ☐ Village ☐ City SILVER LAKE	3/2/11
7. Phyllis M. Welch	119 S Cogswell Dr	☐ Town ☐ Village ☐ City Silver Lake	3/2/11
8. Ronda L Mitchell	202 E Main St P.O. Box 595	☐ Town ☐ Village ☐ City TWIN LAKES	3/3/11
9. Dan [illegible]	8417 190th Ave /	☐ Town ☐ Village ☐ City Bristol	3/3/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, ALAN LEE CHICKERNEO, certify:
(name of circulator)

I reside at 1043 N. PRAIRIE DR., SILVER LAKE, WI 53170.
(circulator's residence - include number, street, and municipality)

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

3/3/2011
(date)

[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

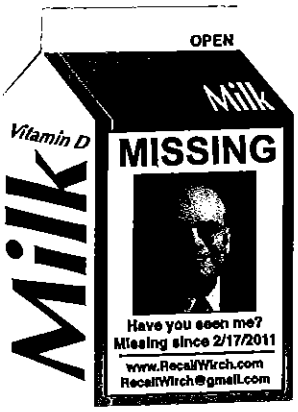
RECALL PETITION

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. Steven P. Veh	4302 - 83rd St. Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	03/02/11
2. [illegible]	5954 30th Ave Kenosha WI 53140	☐ Town ☐ Village ☑ City Kenosha	3/3/11
3. [illegible]	4020 56th St Kenosha, WI 53140	☐ Town ☐ Village ☑ City KENOSHA	3/3/11
4. Rang Mille	4324 - 17th Ave Kenosha WI 53140	☐ Town ☐ Village ☑ City Kenosha	3/3/11
5. R. Morris	4103 - 79th St Kenosha, WI 53142	☐ Town ☐ Village ☑ City Kenosha	3/3/11
6. [illegible]	4020 - 56 ST KENOSHA WI 53140	☐ Town ☐ Village ☑ City KENOSHA	3/3/11
7. Kathleen E England	7948 - 24th Ave Kenosha WI 53143	☐ Town ☐ Village ☑ City "	March 4, 2011
8. [illegible]	2317 - 79 Dr Kenosha WI 53143	☐ Town ☐ Village ☑ City "	March 7, 11
9. M Baumann	Kenosha WI 53143 7942 - 7th Place	☐ Town ☐ Village ☑ City "	3-4-11
10. [illegible]	4112 Kenosha WI 24th St	☐ Town ☐ Village ☑ City "	3-4-11

Certification of Circulator

I, Dolores Lee, certify:
(name of circulator)

I reside at 2103 - 79th St, Kenosha, WI.
(circulator's residence - include number, street, and municipality)

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

3-5-11
(date)

Dolores Lee
(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

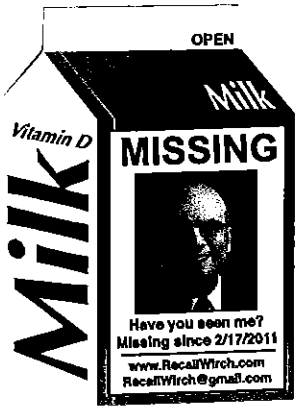
RECALL PETITION

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]	4410 88th PL Kenosha WI 53142	☐ Town ☐ Village ☒ City KENOSHA	2-26-11
2. Paul Kruse	4802 34th Ave Kenosha WI 53144	☐ Town ☐ Village ☒ City KENOSHA	2-26-11
3. Alan Barton	5303 28th Kenosha Wi 53144	☐ Town ☐ Village ☒ City KENOSHA	2-26-11
4. Lori Cavanaugh	3813 60th Ave Kenosha WI 53140	☐ Town ☐ Village ☒ City KENOSHA	2-26-11
5. Kelly Hemfast	7415 38th AVE Kenosha Wi 53142	☐ Town ☐ Village ☒ City KENOSHA	2/26/11
6. [illegible]	7615-38th Ave. Kenosha Wi 53142	☐ Town ☐ Village ☒ City KENOSHA	2/26/11
7. Mark Hemmi	3401-98th PL PLEASANT PRAIRIE, WI	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	2-26-11
8. Amy Hemmi	3401 98th Place Pleasant Prairie, WI	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	2-26-11
9. Pam Hainault	8040 48th Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	2/27/11
10. Joe Braun	7938 20th Ave. Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha	2-28-11

Certification of Circulator

I, EUGENE HAINAULT, certify:
(name of circulator)

I reside at 8040 48th 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.

3/5/11 (date) Eugene Hainault (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. 275

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

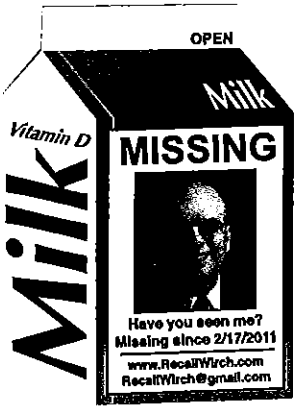
RECALL PETITION

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.	509 Edgewood Silver Lake WI 53170	☐ Town ☑ Village ☐ City Silver Lake	2-26-11
2. Mildred Burba	509 Edgewood Ave. Silver Lake, WI	☐ Town ☑ Village ☐ City Silver Lake	2-26-11
3.	509 Edgewood Drive Silver Lake, WI 53170	☐ Town ☑ Village ☐ City Silver Lake	2/26/11
4.	8833 278 AV SALEM WI 53168	☐ Town ☑ Village ☐ City SALEM	3-1-11
5.	101 McHenry St Burlington WI 53105	☐ Town ☐ Village ☑ City Burlington	3-1-11
6.	1200 Raptor Ct. #15 Burlington	☐ Town ☐ Village ☑ City Burlington	3-3-11
7.	Trevor W 26929 97 th place 53179	☑ Town ☐ Village ☐ City Salem	3-3-11
8.	26831 105th St Trevor WI 53179	☑ Town ☐ Village ☐ City Salem	3-04-11
9.	8833 278th Ave Salem, WI 53168	☑ Town ☐ Village ☐ City Salem	3-04-11
10.	26627 75th St. SALEM WI 53168	☑ Town ☐ Village ☐ City SALEM	3-05-11

Certification of Circulator

I, Angela Burba (name of circulator), certify:

I reside at 27540 89th PL, Salem, WI 53168.
(circulator's residence - include number, street, and municipality)

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

3-5-11
(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

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. LINDA NELSON	7801-88 AVE LOT 138	☐ Town ☒ Village ☐ City PLEASANT PR.	3/4/11
2. David Miracle	6111 37th AVE	☒ Town ☐ Village ☐ City Kenosha	3/4/11
3. Amanda Paul	1412 84th st	☐ Town ☐ Village ☒ City Kenosha	3/4/11
4. Roger LaMarche	11703 60ST 17	☐ Town ☐ Village ☐ City Kenosha	3/4/11
5. Jeff Mokus	1466 94 AVE	☐ Town ☒ Village ☐ City SOMERS	3/4/11
6. Hildruth Coley	7230 91 AVE	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
7. Pat Beck	5815 83rd St.	☐ Town ☐ Village ☒ City Kenosha	3/4/11
8. Grain Ponte	7815 113TH AVE PL.	☐ Town ☐ Village ☐ City PLEASANT PRAIRIE	3/4/11
9. William R Adams	10647 48TH AVE	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	3/4/11
10. Amy L Adams	10647 48TH AVE	☐ Town ☐ Village ☐ City PLEASANT PRAIRIE	3/4/11

Certification of Circulator

I, Terry Sommer, certify:
(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes WI.
(circulator's residence - include number, street, and municipality)

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

3/4/11 (date) — Terry Sommer (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. Daniel Popek	7707 - 33 AVE	☐ Town ☐ Village ☒ City KENOSHA	3-1-11
2. [illegible]	1709-27th St	☐ Town ☐ Village ☒ City Kenosha	3-1-11
3. [illegible]	8207-44th Ave	☐ Town ☐ Village ☒ City Kenosha	3-1-11
4. Rachel [illegible]	8207 44th Ave	☐ Town ☐ Village ☒ City Kenosha	3-1-11
5. [illegible]	7917-33RD Ave	☐ Town ☐ Village ☒ City Kenosha	3-1-11
6. Kenneth W. [illegible]	7917. 33rd Ave	☐ Town ☐ Village ☒ City Kenosha	3-1-11
7. [illegible]	8038 15th Ave	☐ Town ☐ Village ☒ City Kenosha	3-2-11
8. [illegible]	9024 15TH Ave	☐ Town ☐ Village ☒ City KENOSHA	3-2-11
9. Elizabeth P. Thayer	9024 Sheridan Rd #105	☐ Town ☐ Village ☒ City Kenosha	3.2.11
10. [illegible]	915 85th St apt 215	☐ Town ☐ Village ☒ City KENOSHA	3-2-11

Certification of Circulator

I, Matthew Augustine, certify:
(name of circulator)

I reside at 4306 31 AVE. Kenosha, Wi. 53144.
(circulator's residence - include number, street, and municipality)

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

3-2-11 (date) Matthew Augustine (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. 278

RECALL PETITION

TO: **Wisconsin 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. Mark Sommer	611 gatewood DR Twin lakes wi	☐ Town ☒ Village ☐ City Twinlakes	3/2/11
2. [illegible]	8139e Ridge Dr Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Pr	3/4/11
3. Kilkhal Locsin	6420 94th AVE Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3/4/11
4. [illegible]	5705 - 2nd street Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	3/4/11
5. [illegible]	12315 250th AVE TREVOR WIS	☒ Town ☐ Village ☐ City SALEM ~~TREVOR~~	3/4/2011
6. Dan Diaz	8403 65th Pl Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3/4/2011
7. Carlos Barbato	6302 83RD Avenue Kenosha WI	☒ Town ☐ Village ☐ City KENOSHA	3/4/2011
8. [illegible]	7963 109TH AVE PLEASANT PRAIRIE	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	3-4-2011
9. Dennis Hauser	7936 112 AVE Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/2011
10. Linda Hauser	7936 112th Ave Pleasant Pr. WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/2011

Certification of Circulator

I, Terry Sommer (name of circulator), certify:

I reside at 611 Gatewood Dr Twin Lakes, WI 53181 (circulator's residence - include number, street, and municipality).

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

3/4/11 (date) Terry Sommer (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-120 (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 fax: 608-267-0500 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
Michaeleen Hernandez	9500-81st Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/2011
2. Karen R. Young	8511-64th St. Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha	3/4/11
3. Ted E Wood	6131 111th St Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
4. [illegible]	6510 89th CT Kenosha WI	☐ Town ☐ Village ☒ City Kenosh	3/4/11
5. Phil Wells	7801 88th Ave Lot 89 Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
6. Sherri Barbaro	6302 83rd Ave Kenosha WI 53142	☒ Town ☐ Village ☐ City Kenosha	3.4.11
7. Rich Retzlaff	5717 1st Pl Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers.	3-4-11
8. Virginia Calayey	9607 66th Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11
9. Eduardo S. Calayey	9607 66th St. Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11
10. Kim Hamburg	7801-88th Ave Lot 132 Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11

Certification of Circulator

I, Jeff Lauer, certify:
(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158.
(circulator's residence - include number, street, and municipality)

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

3/4/2011
(date)

Jeff Lauer
(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. 280

GAB-170 (Rev. 6/2004) 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, fax: (608) 267-0500, 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. Susan Johnson	10010 14th St #G Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11
2. Jay Beck	5815 83RD St Kenosha Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha	3-4-11
3. Pam Veldman	116105 82nd St. Bristol WI. 53104	☒ Town ☐ Village ☐ City Bristol	3-4-11
4. Noreen Brown	9107-62nd Pl. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11
5. [illegible]	8320 82nd St #208 Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-4-11
6. Dean W. Holloway	809-200th Ave Town of Paris Union Grove	☒ Town ☐ Village ☐ City Paris	3-4-11
7. [illegible]	8616 64th St Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3.4.11
8. [illegible]	9112-62 St Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11
9. [illegible]	6124-106th Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/4/11
10. [illegible]	6124-106th AVE KENOSHA, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	3/4/11

Certification of Circulator

I, Jeff Lauer, certify:
(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

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

3/4/2011 (date) — Jeff Lauer (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. 281

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

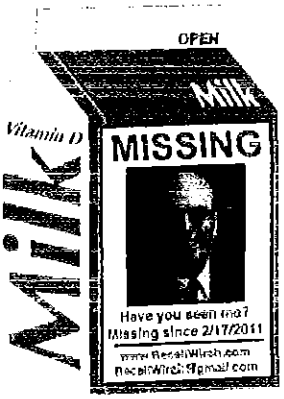
RECALL PETITION

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. Dennis H. Grim	2013 22nd Ave Kenosha WI	☐ ~~Town~~ ☐ Village ☒ City Kenosha	3/3/11
2. Chris Pellizzi	8539 110 Ave Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
3. Lyla Spota	7801 88th Ave Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
4. DeAnne DeAnne Mitchell	2316 82nd St Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3/4/11
5. [illegible]	7116 88th Ave Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
6. Joe Hughes	28309-107 Place Trevor, WI	☒ ~~Town~~ ☒ ~~Village~~ ☐ City ~~Trevor~~ SALEM	3/4/11
7. [illegible]	8520 106th Ave Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
8. Gloria Baldwin	6403 94TH COURT KENOSHA, WI 53142	☐ Town ☒ ~~Village~~ ☒ City KENOSHA	3-4-11
9. Rita Becker	8827 30 Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11
10. Rachel Dig	8403-65th place Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11

Certification of Circulator

I, Jeff Lauer, certify:
(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

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

3/4/2011
(date)

Jeff Lauer
(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 6/2005) 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://elections.state.wi.us, elections@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 Constitutiomand §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 A. Nowsky	9060 McHenry ST Burlington	☒ Town ☐ Village ☐ City Burlington	3/3/11
2. Kathy Muller	1008 EASTBROOK Dr Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3/3/11
3. Kyle Van Hoogen	209 E. Market St Burlington	☐ Town ☐ Village ☒ City Burlington	3/3/11
4. [illegible]	850 East Brook Dr. Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3-3-11
5. Gene Woodmansee	1225 Eastbrook DR Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-3-11
6. LeMarie Kah	1715 60th ST Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3/3/11
7. Jeff Albrecht	112 W. MAPLE ST. SILVER LAKE, WI	☐ Town ☒ Village ☐ City SILVER LAKE	3/3/11
8. Mary Albrecht	113 W. Maple St Silver Lake, WI	☐ Town ☒ Village ☐ City Silver Lake	3/3/11
9. Maurice W. [illegible]	1316-33rd COURT KENOSHA, WI. 53144	☐ Town ☐ Village ☒ City KENOSHA	3/3/11
10. Mayone Anthonsen	1316-33rd COURT KENOSHA, WI 53144	☐ Town ☐ Village ☒ City KENOSHA	3-3-11

Certification of Circulator

I, Jeff Lauer, certify:
(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

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

3/3/2011 (date) — Jeff Lauer (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. 283

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.	8510 108th Ave	☐ Town ☒ Village ☐ City Pleasant Prairie	02-27-11
2.	8510 108th Ave	☐ Town ☒ Village ☐ City Pleasant Prairie	02-27-11
3.	1606 87TH ST	☐ Town ☐ Village ☒ City KENOSHA	02-28-11
4.	2508 81st St	☐ Town ☐ Village ☒ City Kenosha	2-26-11
5.	750 Greenbay Rd 53144	☐ Town ☐ Village ☒ City Kenosha County	2/28/11
6.	7832 - 17th Ave	☐ Town ☐ Village ☒ City Kenosha County	2/28/11
7.	26908 97th St	☐ Town ☐ Village ☐ City ~~Town~~ SALEM WI	3/1/11
8.	9611 82nd Place	☐ Town ☒ Village ☐ City Pleasant Prairie WI	3/1/11
9.	9611 82nd Pl	☐ Town ☒ Village ☐ City Pl. Prairie, WI	3/1/11
10.	5526-81 St. Pl. Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/2/11

Certification of Circulator

I, Andrew Dopuch, certify:
(name of circulator)

I reside at 8508 110th 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.

3/2/11
(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. 284

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

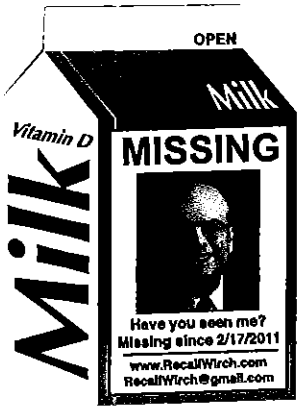
RECALL PETITION

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]	13500 90th St. Kenosha WI 53142	☐ Town ☒ Village ☐ City Bristol	2/26/2011
2. [illegible]	9247-259th Ave Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	2/27/11
3. [illegible]	1808 34th St Kenosha, WI	☐ Town ☐ Village ☐ City Kenosha	2/27/11
4. Elizabeth A. Pedley	5903 83rd PL Kenosha, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	2/27/11
5. Angela Elliott	1808 34th St. Kenosha WI.	☐ Town ☐ Village ☒ City KENOSHA	2/27/11
6. [illegible]	1808 34TH ST. Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	27 Feb 11
7. [illegible] Kennedy	7129 91st Ave Kenosha	☐ Town ☐ Village ☒ City Kenosha	27 Feb 11
8. Kyler [illegible]	9247 259th ave Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	2/27/11
9. Nicole Bassell	13500 90th St Kenosha WI 53142	☐ Town ☒ Village ☐ City Bristol	2/28/11
10. Margaret Smith	4531 52AVE Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	2/28/11

Certification of Circulator

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

I reside at 13500-90th St, Kenosha, WI 53142 (Bristol).
(circulator's residence - include number, street, and municipality)

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

3/5/2011 (date) [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

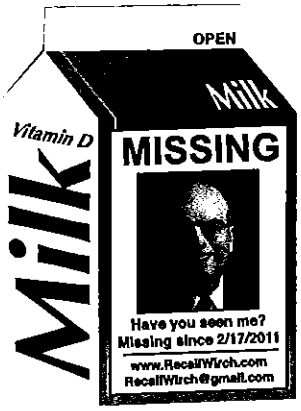
RECALL PETITION

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.	6303 63RD ST. KENOSHA, WI 53142	☒ Town ☐ Village ☐ City SOMERS	2-28-11
2.	6303 63rd St Kenosha WI 53142	☒ Town ☐ Village ☐ City Somers	2-28-11
3.	6410-88 AVE KENOSHA, WIS. 53142	☒ Town ☐ Village ☐ City SOMERS	3-2-11
4.	6410 - 88th Ave Kenosha WI 53142	☒ Town ☐ Village ☐ City Somers	3-2-11
5.	8308 47 TH AVE Kenosha WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3-2-11
6.	8308 47th Ave Kenosha WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3-2-11
7.	4804-84 St Kenosha WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3-2-11
8.	7848 10th Ave Kenosha, WI 53143	☐ Town ☐ Village ☒ City City Kenosha	3-5-11
9.	10720 TYLER RD.	☐ Town ☒ Village ☐ City PL. PRAIRIE	3-5-11
10.	1718-83 ST KENOSHA WI	☐ Town ☐ Village ☒ City KENOSHA	3-5-11

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 5, 2011 (date) Deborah A. Prijic (signature of circulator)

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

Page No. 286

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.	7405 25th Ave. Apt 7 Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-5-11
2.	7210 Pershing Blvd Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-5-11
3.	2508 73rd ST Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-5-11
4.	6725 36th Ave. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-5-11
5.	7317 39th Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-5-11
6.	6925 70th Ct, #102 Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-5-11
7.	3520 122nd street Pleasant prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant prairie	3-5-11
8.	3628 86 ST Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-5-11
9.	7301 3RD AVE KENOSHA 53143	☐ Town ☐ Village ☒ City KENOSHA	3-5-11
10.	3520 64th ST Kenosha WI 53142	☐ Town ☐ Village ☒ City KENOSHA	3-5-11

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 5, 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

Page No. 287

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

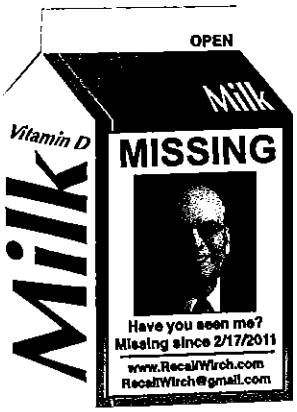
RECALL PETITION

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. Pat Graham	11324 9th Ave Pleasant Prairie WI	☐ Town ☒ Village ☐ City Pleasant Praire	2/27/11
2. Judith Patterson	2223 Springbrook Pleasant Prairie WI	☐ Town ☒ Village ☐ City Pleasant Praire	2-27-11
3. Ron Keil	516 96th Street Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Praire	2-27-11
4. Darlene Hansen	26015-93rd St. Salem, WI. 53168	☒ Town ☐ Village ☐ City Salem	2-27-11
5. Laurie Bauman	2409 48th Av. Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	2-27-11
6. Leland Mantz	4326-18th Ave, Kenosha Wis, 53140	☐ Town ☐ Village ☒ City Kenosha	2-27-11
7. Beverly Hackbarth	4311-104th St Pleasant Prairie 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2-27-11
8. Don Hackbarth	" " " 	☐ Town ☒ Village ☐ City " "	2-27-11
9. Kirt Houghton	12715 257th Ave Trevor WI 53711	☒ Town ☐ Village ☐ City Salem	2-27-11
10. Elaine Houghton	" " " " " "	☒ Town ☐ Village ☐ City Salem	2-27-11

Certification of Circulator

I, Caroline A. Katzer, certify:
(name of circulator)

I reside at 12716 257th Ave., Trevor, WI 53179 town of Salem.
(circulator's residence - include number, street, and municipality)

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

2-28-11
(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. 288

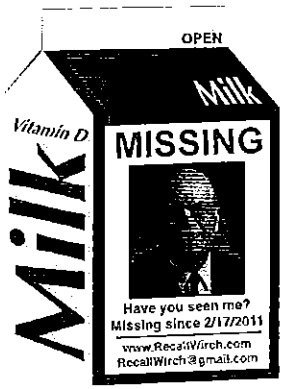
RECALL PETITION

TO: Wisconsin 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.	12527 257th Ave Trevor, WI 53179	☑ Town ☐ Village Salem ☐ City	2-27-11
2.	" " " "	☒ Town ☐ Village Salem ☐ City	2-27-11
3.	12709 257th Ave Trevor WI 53179	☒ Town ☐ Village Salem ☐ City	2-27-11
4.	12709 257th Ave Trevor, WI 53179	☒ Town ☐ Village ☐ City Salem	2-27-11
5.	12641-257 Trevor, WI 53179	☑ Town ☐ Village Salem ☐ City	2-27-11
6.	25703 124th Street Trevor, WI 53179	☒ Town ☐ Village Salem ☐ City	2/27/11
7.	25703-124th Street Trevor WI 53179	☒ Town ☐ Village Salem ☐ City	2/27/11
8.	25135 Runyard Way E Trevor WI 53179	☑ Town ☐ Village ☐ City Salem	2/27/11
9.	25705 Runyard Way E Trevor, WI 53179	☑ Town ☐ Village Salem ☐ City	2/27/11
10. Kyli Blattner	25105 Runyard Way E Trevor WI 53179	☒ Town ☐ Village " ☐ City	2/27/11

Certification of Circulator

I, Caroline A. Katzer, certify:
(name of circulator)

I reside at 12716 257th Ave., Trevor, WI 53179 town of Salem.
(circulator's residence - include number, street, and municipality)

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

2-28-11
(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

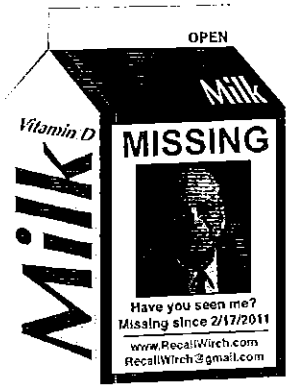
RECALL PETITION

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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Louis Kuryla	12762 249th Ave Trevor WI. 53179	☑ Town ☐ Village ☐ City Salem	2/27/11
2. Bobby Kleinfelder	12785 249th Ave Trevor, WI 53179	☑ Town ☐ Village ☐ City Salem	2/27/11
3. Mary Lasciewski	12633 249th Ave Trevor, WI 53179	☑ Town ☐ Village ☐ City Salem	2/27/11
4. Randal Melind	24815 E. Runyard Trevor, WI 53179	☑ Town ☐ Village ☐ City Salem ~~Trevor~~	2/27/11
5. Russ Mitchell	9928 191st Ave Bristol, WI	☐ Town ☑ Village ☐ City Bristol	2/27/11
6. Karen Mitchell	9928 191st Ave Bristol, WI	☐ Town ☑ Village ☐ City Bristol	2/27/11
7. Judy Melind	24815 Runyard Way E Trevor WI 53179	☑ Town ☐ Village ☐ City Salem	2/24/11
8. Mark Dulaney	24820 Runyard Way E Trevor WI 53179	☑ Town ☐ Village ☐ City ~~Trevor~~, Salem	2-27-11
9. Elizabeth A Dulaney	24820 Runyard Way Trevor, WI 53179	☑ Town ☐ Village ☐ City Salem	2-27-11
10. Kirk D. Henderson	24850 Runyard Way E Trevor, WI 53179	☑ Town ☐ Village ☐ City Salem	2/27/11

Certification of Circulator

I, Caroline A. Katzer, certify:
(name of circulator)

I reside at 12716 257th Ave., Trevor, WI 53179 town of Salem.
(circulator's residence - include number, street, and municipality)

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

2-28-11
(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. 290

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

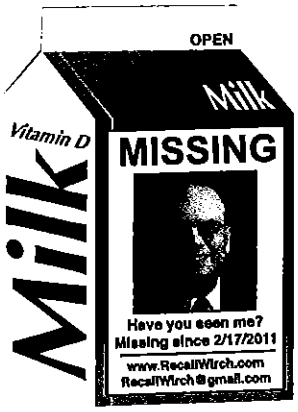
RECALL PETITION

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]	10323 82ND ST Pleasant Prairie WI	☐ Town ☒ Village ☐ City Pleasant Prairie	2-28-11
2. [illegible]	5411 - 82ND ST Kenosha WI	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
3. [illegible]	6350 116TH ST Pleasant Pr WI	☐ Town ☒ Village ☐ City Pleasant Pr	2/28/11
4. [illegible]	7518 - 3rd Avenue Kenosha WI 53143	☐ Town ☐ Village ☒ City Kenosha WI	2/28/2011
5. [illegible]	7020 - 40 Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha WI	2/28/2011
6. [illegible]	4203 TAFT ROAD Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	2/28/11
7. [illegible]	8432 E Ridge Dr Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
8. [illegible]	6801 93rd Court Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	2/28/11
9. [illegible]	6739 MEADOWLANDS CR PLEASANT PRAIRIE, WI	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	3/1/11
10. [illegible]	7710 Shorewood Rd Salem WI 53168	☒ Town ☐ Village ☐ City Salem	3-4-11

Certification of Circulator

I, [illegible], certify:
(name of circulator)

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

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

March 5, 2011 [illegible]
(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. 291

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. Kelly Wedell	4366 86th St Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	2-28-11
2. Marcia Wenger	10917 88th St Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	2-28-11
3. Catherine C. Beach	8698 Chaucer Cir Bristol WI 53104	☒ Town ☒ Village ☐ City Bristol WI	2/28/11
4. Ann Hemken	10091 80th St. Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
5. Darin Chanisky	5426 70th Court Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	2-28-11
6. David Kelly	5909 84th St. Kenosha WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	02/28/11
7. Gary Roberts	1606 87th ST KENOSHA	☐ Town ☐ Village ☒ City KENOSHA	2/28/11
8. Bonnie Vagneri	5411 82nd Street Kenosha Wisc 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	2/28/11
9. Chuck Bogen	9145-176 AVE BRISTOL WI	☐ Town ☒ Village ☐ City Bristol	2/28/01
10. Anthony Peck	4918-52nd St Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	2/28/11

Certification of Circulator

I, [illegible], certify:
(name of circulator)

I reside at 4203 Taft Road, Kenosha, WI 53142.
(circulator's residence - include number, street, and municipality)

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

March 5, 2011 [illegible]
(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. MARGARET McGRATH	6706 236TH AVE SALEM WI 53168	☐ Town ☒ Village ☐ City PADDOCK LAKE	3-3-11
2. Melvin Schwartz	19900-128th St. Lot 50 Bristol, WI 52480	☐ Town ☒ Village ☐ City Bristol	3-3-11
3. [illegible]	8531 221st Ave Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	3-3-11
4. [illegible]	2821 240th Union Grove	☒ Town ☐ Village ☐ City Brighton	3-3-11
5. [illegible]	9220 [illegible] Rd Salem	☒ Town ☐ Village ☐ City Salem	3-3-11
6. Brent Nelson	8782-136th Ave. Kenosha, Wi. 53142	☐ Town ☒ Village ☐ City Bristol	3-3-11
7. Gary Nilson	8810 - 136th ave Kenosha, wi 53142	☐ Town ☒ Village ☐ City Bristol	3-3-11
8. Ted Kelly	7946 - 200th Ave Bristol	☐ Town ☒ Village ☐ City Bristol	3-3-11
9. [illegible]	26008 31st St Salem, WI 53168	☒ Town ☐ Village ☐ City Brighton	3-3-11
10. [illegible]	1444 240th Ave Kansasville WI 53139	☒ Town ☐ Village ☐ City Brighton	3-3-11

Certification of Circulator

I, Jay Sorenson (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 8.12.13(3)(a), Wis. Stats.

3-4-11 (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-178 (Rev 6/2010) 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 file no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tina Weis	1008 - 200th Ave Union Grove	☑ Town ☐ Village ☐ City Paris	3-3-11
2. Ernst Zunin	1581 246 Ave Kansasville, Wi	☑ Town ☐ Village ☐ City Brighton	3-3-11
3. David Marsch	6200 234th Ave Salem, Wi 53168	☐ Town ☒ Village ☐ City PADDOCK LAKE	3-3-11
4. Monise Rivera	27610 94th St Salem, WI 53168	☑ Town ☐ Village ☐ City Salem	3-3-11
5. Bob Schmitt	Salem 6515 53168	☑ Town ☐ Village ☐ City Salem	3-3-11
6. [illegible]	SALEM 53168	☑ Town ☐ Village ☐ City SALEM	3-3-11
7. Vernon W [illegible]	P.O. Box 92 Bristol 53104	☐ Town ☑ Village ☐ City BRISTOL	3-4-11
8. [illegible] Andresen	Burlington WI 53105 35710 5 and St.	☑ Town ☐ Village ☐ City Burlington	3-4-11
9. [illegible]	Burlington WI 53105 233 S Pine St	☐ Town ☐ Village ☑ City Burlington	3/4/11
10. Robert Schaff	2825 280 AVE Salem Wi 53168	☐ Town ☐ Village ☐ City SALEM	3/4-11

Certification of Circulator

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

I reside at 11394 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 contents on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-4-11 (date) [signature] (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the 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]	18225 75th St Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	3/4/11
2. LEO BISL	7606 256 AV 53148	☒ Town ☐ Village ☐ City SALEM	3/4/11
3. [illegible]	20616 - 75th Bristol 53104	☐ Town ☒ Village ☐ City BRISTOL	3/4/11
4. Scott [illegible]	13820 Horton Rd Kenosha County	☐ Town ☒ Village ☐ City Bristol	3-4-11
5. Sam [illegible]	20300-45 St Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	3-4-11
6. Kitty Murie	5618 380th Bristol WI	☐ Town ☐ Village ☐ City	3-4-11
7. [illegible]	10230 256th Salem	☒ Town ☐ Village ☐ City Salem	3-4-11
8. Fred Pope	3325 213th Ave Bristol	☐ Town ☐ Village ☐ City Paris	3/4/11
9. Maureen [illegible]	20360 45th St Bristol, WI 53104	☐ Town ☒ Village ☐ City Bristol	3-4-11
10. [illegible]	11532 333rd Ave	☐ Town ☐ Village ☐ City TWN LKS	3/4/11

Certification of Circulator

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

I reside at 11398 - Wilmot Rd PL PR 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.

3-4-11 (date)

Lisa M. Sorensen (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-190 (Rev. 6/2007) The information on this form is required by §§ 9.40 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 lot no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1.	4041 18th St Kenosha WI	☒ Town ☐ Village ☐ City Kenosha	3-4-11
2.	719 Vine Racine	☐ Town ☐ Village ☐ City Racine	3-4-11
3.	7805 113TH AVE PLEASANT PRAIRIE	☐ Town ☒ Village ☐ City PLEASANT PR	3/4/11
4.	1807 60TH Street Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11
5.	6807 93rd Court Kenosha, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	3/4/11
6.	21818 9th St Kansasville, WI 53139	☒ Town ☐ Village ☐ City Kansasville Keno. Brighton	3/4/11
7.	8329 17th Place Kenosha	☐ Town ☐ Village ☒ City Kenosha	3/4/11
8.	3102 15th ST Kenosha	☐ Town ☐ Village ☒ City Kenosha	3/4/11
9.	5015 - 39th Ave Kenosha WI	☐ Town ☐ Village ☒ City KENOSHA	3/4/11
10. Steven E. Brom	5630 69TH ST. KENOSHA, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	3/5/11

Certification of Circulator

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

I reside at 11398 - Wilmot Rd PL PR 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 5.12.13(3)(a), Wis. Stats.

3-5-11
(date)

Lisa M Sorensen
(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. 296

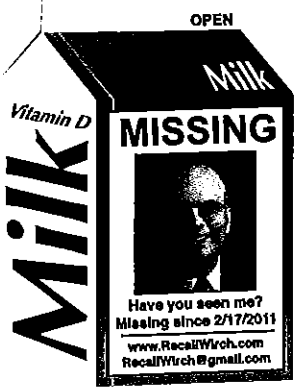
RECALL PETITION

TO: Wisconsin 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. Pauline R. Drissel	12508-38th St Kenosha WI 53144	☒ Town ☐ Village ☐ City Paris	03/05/11
2. Loren Drissel	12508 38 ST. Kenosha, WIS. 53144	☒ Town ☐ Village ☐ City Paris	3/05/11
3. Susan Zimmerle	6238 250th Ave Salem WI	☒ Town ☒ Village ☐ City Paddock Lake	3/5/11
4. GLENN Kessler	6604 98th AVE KENOSHA	☐ Town ☐ Village ☒ City Kenosha	3/5/11
5. [illegible]	12415-210th Ave Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	3/5/2011
6. [illegible]	12215 210th AVE Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	3/5/2011
7. Charles Coughlin	7535 17th AVE Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-5-2011
8. Kelly A. Jesse	7928 112th Avenue Pleas. Prairie WI 53158	☐ Town ☒ Village ☐ City Pleas. Prairie	3/5/11
9. Denise Lenox	7827-23rd ave Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3/5/11
10. Janice Boroughsky	7837-23rd Ave Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3/5/11

Certification of Circulator

I, NEIL ROSENBAUM, certify:
(name of circulator)

I reside at 1617 LAKEWOOD AVE PLEASANT PRAIRIE, WI 53403.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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) — Neil Rosenbaum (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. 297

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

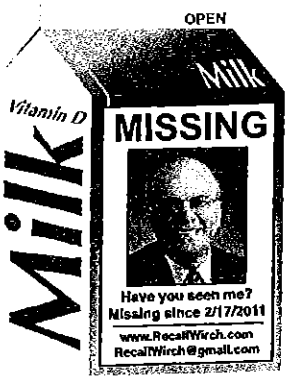
RECALL PETITION

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]	4355 94th Street Pl. Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3-5-11
2. [illegible]	6932 250 Ave Salem WI	☐ Town ☒ Village ☐ City Salem	3 5 11
3. [illegible]	11717 212th Ave Bristol WI 53104	☐ ~~Town~~ ☒ Village ☐ City Bristol	3-5-11
4. Cathy Meins	2566 Lincoln Road Kenosha	☐ Town ☐ Village ☒ City Kenosha	3-5-11
5. [illegible]	6569 94th Ave ~~Ken Pleasant Prairie~~	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
6. [illegible]	20302-81st Street Bristol, WI 53104	☐ Town ☒ Village ☐ City Bristol	3/5/11
7. Janet E. Simon	20302-81st street Bristol, WI 53104	☐ Town ☒ Village ☐ City Bristol	3/5/11
8. [illegible]	2615-33rd St. Kenosha 53140	☐ Town ☐ Village ☒ City Kenosha	3/5/11
9. [illegible]	7501 88th Ave #136 Pleasant Prairie 53158	☐ Town ☒ Village ☐ City Pl. Prairie	3/5/11
10. [illegible]	7815 113th Avenue Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11

Certification of Circulator

I, Angela Bundy, certify:
(name of circulator)

I reside at 27540 59th Pl Salem WI 53168.
(circulator's residence - include number, street, and municipality)

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

3-5-11
(date)

[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

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

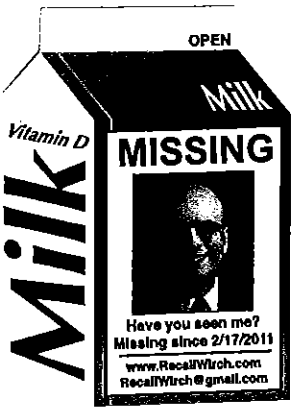
RECALL PETITION

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. Thomas J Parmentier	8452 - Northview Dr.	☐ Town ☒ Village ☐ City Pleasant Prairie WI 53158	3-1-2011
2. Nancy Parmentier	8452 Northview DR Pleasant Prairie WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3-3-2011
3. Diane Sniatynski	4189 ~~[illegible]~~	☐ Town ☐ Village ☒ City Kenosha WI	3-3-2011
4. Bob Orre	11540 313TH AVE	☐ Town ☒ Village ☐ City TWIN LAKES	3/3/2011
5. Ann Orre	11540 - 313TH Ave	☐ Town ☒ Village ☐ City Twin Lakes	3/3/2011
6. Scott Marita	12323 85th Avenue	☐ Town ☒ Village ☐ City Pleasant Prairie	3/3/2011
7. Mark [illegible]	11364 Lakeshore Dr.	☐ Town ☒ Village ☐ City Pleasant Prairie	3/3/11
8. David [illegible]	8107 E Ridge	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/11
9. Brett Bernell	8482 Northview Dr	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
10. [illegible] Mobleuso	8312 22nd Avenue Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha, WI	3-5-11

Certification of Circulator

I, Thomas J Parmentier, certify:
(name of circulator)

I reside at 8452 - Northview Drive Pleasant Prairie WI 53158.
(circulator's residence - include number, street, and municipality)

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

3/5/11
(date)

Thomas J Parmentier
(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. Victor C. Cascio	7006 41st Ave	☐ Town ☐ Village ☒ City Kenosha	2-24-11
2. Patricia H. Cascio	7006- 41st Ave	☐ Town ☐ Village ☒ City Kenosha	2-24-11
3. [illegible]	7006 41st Ave	☐ Town ☐ Village ☒ City Kenosha	2-24-11
4. [illegible]	7740 29th Ave Kenosha	☐ Town ☐ Village ☒ City Kenosha	2-25-11
5. Susan M. Dwyer	3602-18th Ave Kenosha	☐ Town ☐ Village ☒ City Kenosha	2/25/11
6. [illegible]	7740 29TH AVE KENOSHA AVE	☐ Town ☐ Village ☒ City KENOSHA	2/25/11
7. Frank Alia	5106- 86 ST PLEASANT PRAIRIE	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	2/26/11
8. [illegible]	407 54TH ST. KENOSHA, WI	☐ Town ☐ Village ☒ City KENOSHA	2/26/11
9. [illegible]	6805 23 Ave Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	2/27/11
10. James L. Adamson	427 54TH ST KENOSHA, WI	☐ Town ☐ Village ☒ City KENOSHA	2-27-11

Certification of Circulator

I, Patricia H. Cascio, certify:
(name of circulator)

I reside at 7006-41st avenue, Kenosha, Wisconsin.
(circulator's residence - include number, street, and municipality)

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

2/28/2011 (date) Patricia H. Cascio (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. 300

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