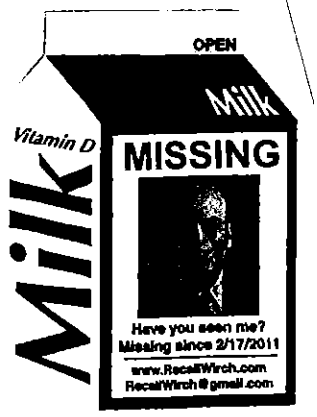
RECALL PETITION

TO: Wisconsin 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]	30235 Sumac Dr	☒ Town ☐ Village ☐ City Burlington	3-3-11
2. Mary G. Dentoto	2781 Lakeview Dr	☒ Town ☐ Village ☐ City Burlington	3-3-11
3. Jackie Boutan	1815 S. Browns Lake Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-4-11
4. Wayne Koch	12405 233rd AVE Lot 2 TREVOR, WI. 53179	☒ Town ☐ Village ☐ City Salem ~~TREVOR~~	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, Nicole Alcalay, certify:
(name of circulator)

I reside at 2523-31st Street, Kenosha, WI 53140.
(circulator's residence - include number, street, and municipality)

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

03/04/11 (date)

Nicole L Alcalay (signature of circulator)

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

D-110 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. Form is prescribed by the Government Accountability Board, P.O. Box 7984 Madison, WI 53707-7984 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. Anthony [illegible]	4640 64th AVE KENOSHA, WI	☒ Town ☐ Village ☐ City SOMERS	3-4-11
2. Rachel Wilfler	34840 45th Burlington	☐ Town ☐ Village ☐ City Burlington	3-4-11
3. Dennis Rocheny	497 S. PINE ST BURLINGTON, WI	☐ Town ☐ Village ☒ City BURLINGTON	3-4-11
4. Dee Peter	308 Highridge Burlington	☐ Town ☐ Village ☒ City Burlington	3-4-11
5. Barbara [illegible]	33900 Loop Rd Burlington WI	☒ Town ☐ Village ☐ City Burlington	3-4-11
6. Marlene Scherrer	30620 Briand #1 Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3-4-11
7. Barbara Schumacher	7740 Evergreen Terr. Burlington 53105	☒ Town ☐ Village ☐ City Burlington	3-4-11
8. Jacqueline Christensen	30119 Lake Wells Rd Burlington 53105	☒ Town ☐ Village ☐ City Burlington	3-4-11
9. Thomas C Bird	317 Edward St Burlington 53105	☐ Town ☐ Village ☒ City Burlington	3-4-11
10. Bryan D. Hurt	548 McCole Rd Twin Lakes, WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3-4-11

Certification of Circulator

I, Don Boxx (name of circulator), certify:

I reside at 4523 4th ST Kenosha WI 53144 (Somers)
(circulator's residence - include number, street, and municipality)

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

3/4/11 (date) — Don B (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 overall@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. Lelip Schneider	29803 Milton Rd.	☒ Town ☐ Village ☐ City Burlington	3/4/11
2. Barbara A. Dhole	39709 84th St	☒ Town ☐ Village ☐ City ~~Powers Lake~~ Randall	3/4/11
3. TIMOTHY H CISLER	1315 RIVER KNOLL ST	☒ Town ☐ Village ☐ City BURLINGTON	3/4/11
4. Danielle R Nakman	209 E MARKET ST APT 10E	☐ Town ☐ Village ☒ City Burlington	3/4/11
5. [illegible]	2878 Crane Ct	☐ Town ☐ Village ☐ City Burlington	3/4/11
6. [illegible]	38316 87 PLACE BURLINGTON 53105	☒ Town ~~☐ Village~~ ☐ City RANDALL	3-4-11
7. [illegible]	326 Woodland Ave Burlington 53105	☐ Town ~~☒ Village~~ ☒ City Burlington	3/4/11
8. PATSY M Meredith	941 Chantilly Ct Burlington WI 53105	☐ Town ☐ Village ~~☐ City~~ BURLINGTON	3/4/11
9. Nancy J. Newberry	Burlington WI 53105 8060 Mt Henry St	☒ Town ☐ Village ☐ City Burlington	3/4/11
10. James R. Uhlen	609 Madison St.	☐ Town ☐ Village ☒ City Burlington	3/4/11

Certification of Circulator

I, DON BOXK, certify:
(name of circulator)

I reside at 4523 4th ST Kenosha WI 53144 (Somers)
(circulator's residence - include number, street, and municipality)

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

3/4/11
(date)

Don B
(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. 6/2007) 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 emailgab@wi.gov

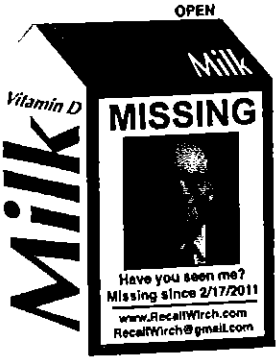
RECALL PETITION

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. Julie M Erickson	400 S. TEUT RD BURLINGTON, WI 53105	☒ Town ☐ Village ☐ City BURLINGTON	3-2-11
2. Barb Karl	2820 Spring Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City "	3-2-11
3. Karen T Rager	1514 Linden St Burlington WI	☒ Town ☐ Village ☐ City "	3-2-11
4. [illegible]	165 Monida AVE Burlington, WI 53105	☐ Town ☐ Village ☒ City "	3-2-11
5. Joseph Mayewski	2705 BIENEMAN RD BURLINGTON WI	☒ Town ☐ Village ☐ City "	3-2-11
6. J. Kmecak	3000 Knollcrest Dr. Burlington, WI 53105	☒ Town ☐ Village ☐ City "	3-2-11
7. Mike Mayewski	3042 Cedar Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City "	3/2/11
8. R. Venugopalan	9321, 42nd Ave Pleasant Prairie WI	☐ Town ☒ Village ☐ City PLEASANT PRAIRE	3/2/11
9. Elisha Anderson	6554 Brewer 53158 Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/2/11
10. Lisa Kremer	709 Huckly St Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/2/11

Certification of Circulator

I, JOSEPH MAJEWSKI, certify:
(name of circulator)

I reside at 2705 BIENEMAN RD 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.

3/2/2011 (date) — Joseph Mayewski (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. 504

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

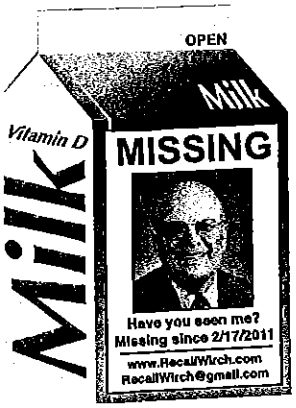
RECALL PETITION

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]	18661 Sunset Dr. Twin Lakes	☒ Town ☒ Village Twin Lakes ☐ City	3/2/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Kayla Goodwin, certify:
(name of circulator)

I reside at 18661 Sunset 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.

3/2/11 (date)

Kayla Goodwin (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. 505

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

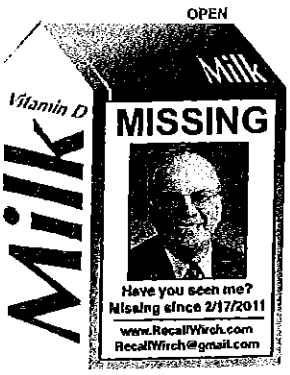
RECALL PETITION

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. Sarah H. Spitzer	473 S. Perkins Blvd	☐ Town ☐ Village ☒ City Burlington	3/4/11
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, Sarah H. Spitzer (name of circulator), certify:

I reside at 473 S. Perkins Blvd, Burlington, Wisconsin 531[illegible]
(circulator's residence - include number, street, and municipality)

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

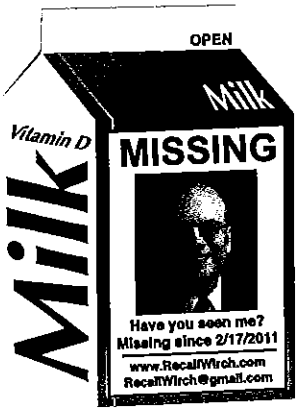
RECALL PETITION

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. Edward J. Ludwig	29823 Pinewood Dr. Burlington Wi 53105	☒ Town ☐ Village ☐ City Burlington	2/28/11
2. Dri Birkholz	9135-26th Ave Kenosha, WI 53143	☐ Town ☒ Village ☐ City Pleasant Prairie	3/1/11
3. Amy Stark	1525 Fairfield Lane Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11
4. Brenda Compher	1018 180th Ave Union Grove, WI 53182	☒ Town ☐ Village ☐ City Paris	3/2/11
5. Jolly Jorgensen	24412 78th St Paddock Lake Wi 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/3/11
6. Jenny Werth	141 Chapel Ter Burlington Wi 53105	☐ Town ☐ Village ☒ City Burlington	3/3/11
7. Heather Sorensen	24412 78th Street Paddock Lake, WI	☐ Town ☒ Village ☐ City Paddock Lake	3/3/11
8. Wendy S. Sorensen	6120-248th Ct. Paddock Lake, WI	☐ Town ☒ Village ☐ City Paddock Lake	3/3/11
9. Trevor Ludwig	2901 Spring Dr. Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3/5/11
10. Marcia Ludwig	29823 PINEWOOD DR BURLINGTON, WI	☒ Town ☐ Village ☐ City BURLINGTON	3-5-11

Certification of Circulator

I, Edward Ludwig (name of circulator), certify:

I reside at 29823 Pinewood Drive Burlington Wi. 53105 (circulator's residence - include number, street, and municipality).

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

3/5/11 (date) Edward Ludwig (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. 507

RECALL PETITION

TO: Wisconsin 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]	8920 WILMOT ROAD PLEASANT PRAIRIE, WI	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	2/27/2011
2. Sue W. Simons	7925 31 Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	2/27/201
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, MICHAEL R. STARR, certify:
(name of circulator)

I reside at 8920 WILMOT ROAD, PLEASANT PRAIRIE, WISCONSIN 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.

FEBRUARY 27, 2011 (date) [signature] (signature of circulator)

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

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

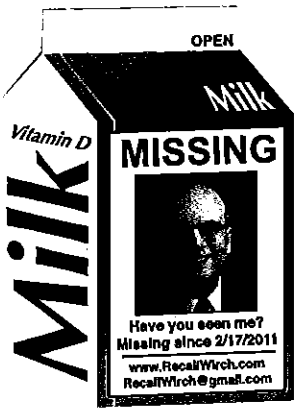
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard A Lough RICHARD A. LOUGH	6740-49th AVE	☐ Town ☐ Village ☒ City Kenosha	2/26/11
2. SHARON L LOUGH	6740-49 AVE	☐ Town ☐ Village ☒ City Kenosha	2/26/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, RICHARD A. LOUGH, certify:
(name of circulator)

I reside at 6740-49th AVE Kenosha, WIS 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.

2/26/11 (date) Richard A Lough (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

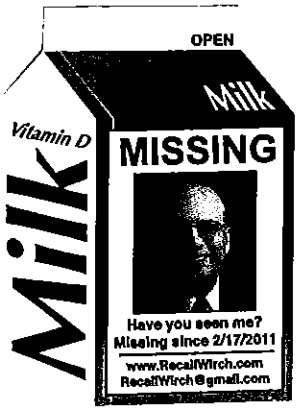
RECALL PETITION

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.	8528 CHAUCER CIR BRISTOL, WI 53104	☐ Town ☑ Village ☐ City BRISTOL	3/4/11
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, JASON TENPAS, certify:
(name of circulator)

I reside at 8528 CHAUCER CIR W, 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)

(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

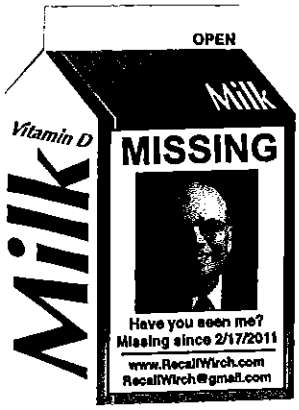
RECALL PETITION

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. Todd J. Brown	1011 Highland Dr.	☐ Town ☒ Village ☐ City TWIN LAKES WI	2/27/11
2. Jill R. Brown	4817-64th Avenue	☒ Town ☐ Village ☐ City Somers, WI	2/27/11
3. John P Bosel	6623 43rd AV	☐ Town ☐ Village ☒ City KENOSHA	3-1-11
4. Mike Valeri	1550 41st Ave 165	☒ Town ☐ Village ☐ City Somers, WI	3-3-11
5. Louis Valeri	1550 41 Ave	☒ Town ☐ Village ☐ City Somers Wi	3.3.11
6. Doris Martin	3628 24th ST	☐ Town ☐ Village ☐ City Kenosha WI	3-4-11
7. Lynnea Rutkowski	254 Church Street Burlington	☐ Town ☐ Village ☒ City Burlington	3/4/11
8. [illegible]	26450 Plank Rd Burlington	☒ Town ☐ Village ☐ City Dover	3-4-11
9. [illegible]	3318 14 Pl. Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha	3-4-11
10. [illegible]	6641 30th Ave	☐ Town ☐ Village ☒ City Kenosha	3-4-11

Certification of Circulator

I, THOMAS G BROWN (name of circulator), certify:

I reside at 4817-64 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.

3-5-11 (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

Page No. 511

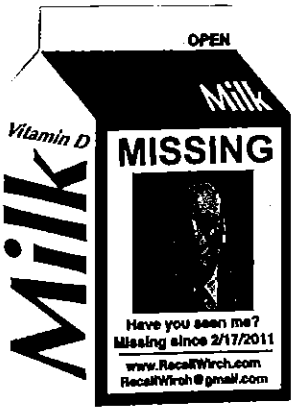
RECALL PETITION

TO: Wisconsin 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. Yann Epping	30621 52nd St. Salem WI 53168	☒ Town ☐ Village ☐ City Brighton	3-5-11
2. Caleb Witterhoff	748 larkspur Ct burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-5-11
3. Carl Ch	33940 WHITE OAK DR BURLINGTON, WI. 53105	☒ Town ☐ Village ☐ City BURLINGTON	3-5-11
4. JACK BERGREN	1225 Olivia TRAIL BURLINGTON	☐ Town ☐ Village ☒ City BURLINGTON	3-5-11
5. TOM BARR	8100 378TH BURLINGTON 58105	☒ Town ☐ Village ☐ City WHEATLAND	3-5-11
6. Diane Y Barr	8100 328TH AVE Burlington, WI 53105	☒ Town ☐ Village ☐ City WHEATLAND	03-05-2011
7. [illegible]	316 S. MAPLE AV. BURLINGTON WI 53105	☒ Town ☐ Village ☐ City Burlington	03/05/2011
8. Amy S Hughes	28309-107th PL. TREVOR WI 53179	☒ Town ☐ Village ☐ City Salem	3/5/11
9. Thomas Freeman	416 E. Washington Burlington WI	☐ Town ☐ Village ☒ City Burlington	3-5-11
10. Cindy Sewell	7912 W Lakeshore DR Burlington WI	☒ Town ☐ Village ☐ City Burlington	3/5/11

Certification of Circulator

I, GERALD BUETTNER, certify:
(name of circulator)

I reside at 16980 TANGLEWOOD DR., BROOKFIELD, WI 53005.
(circulator's residence - include number, street, and municipality)

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

Gerald Buettner
(signature of circulator)

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

(Rev.6/2005) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
Prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
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]	3801 - Van Buren Rd Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/2/11
2. [illegible]	542 Newman Rd Racine WIS	☐ Town ☒ Village ☐ City	3/2/11
3. [illegible]	4301 - 18th St Kenosha, WI	☒ Town ☐ Village ☐ City Somers	3/2/11
4. [illegible]	1640 Meadowlane Ave Racine, WI 53406	☒ Town ☐ Village ☐ City Mt. Pleasant	3/2/11
5. Jean Burke	1640 Meadowlane Ave Racine, WI 53406	☒ Town ☐ Village ☐ City Mount Pleasant	3/2/11
6. Stephen Irving	4216 - 85th St. Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3-2-11
7. Robert J Karlo	4304 WASHINGTON RD KENOSHA, WI 53144	☒ Town ☐ Village ☐ City SOMER'S	3-2-11
8. Jerry M. Etzelmuller	1458 16th AVE APT 105 Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	3-2-11
9. Phillip M Wendling	6029 - 49th ALC Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-2-11
10. Gary A Wendling	3537 - 16th Ave 53140 Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha	3-2-11

Certification of Circulator

I, Bryan DeLong, certify:
(name of circulator)

I reside at 2817 Washington Rd Kenosha, WI 53140.
(circulator's residence - include number, street, and municipality)

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

3-5-11 (date) Bryan DeLong (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. 513

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. JoeAnn Moran	32111 Euphonia Dr Burlington	☐ Town ☐ Village ☐ City Burlington	3/4/11
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, Genia Brookshank, 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.

3/4/11 (date)

Genia Brookshank (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. 514

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

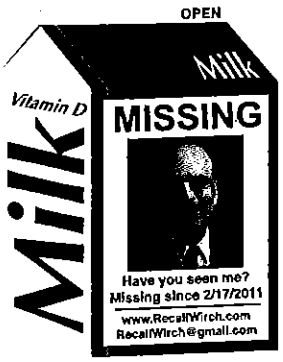
RECALL PETITION

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 O. Ulrich	1615-79th St Kenosha 53143	☐ Town ☐ Village ☑ City Kenosha	3-2-11
2. Charles Ulrich	1615-79th St Kenosha, 53143	☐ Town ☐ Village ☑ City Kenosha	3-2-11
3. Charles Ulrich	11214 11th Ave PL. PR. Wi 53158	☐ Town ☑ Village ☐ City PLEASANT PRAIRIE	3-2-11
4. Tommy Mayes	6316-92nd Ave Kenosha 53142	☐ Town ☐ Village ☑ City Kenosha	3-2-11
5. Charles F. Ulrich Jr.	11214-11TH AVE PLEASANT PRAIRIE	☐ Town ☑ Village ☐ City PLEASANT PRAIRIE	03-04-11
6. [illegible]	8705-32 Ave	☐ Town ☐ Village ☐ City KENOSHA	3-4-11
7. Vince Frederick	2810 63rd St 53143	☐ Town ☐ Village ☐ City KENOSHA	3-4-11
8. [illegible]	4227-21ST AVE	☐ Town ☐ Village ☐ City KENOSHA	03-04-11
9. [illegible]	6904 30 AVE	☐ Town ☐ Village ☐ City KENOSHA	03-04-11
10. [illegible]	6316-22 Ave	☐ Town ☐ Village ☐ City KENOSHA	3-4-11

Certification of Circulator

I, Jane O. Ulrich, certify:
(name of circulator)

I reside at 1615-79th St 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.

Mar 5, 2011 (date) — Jane O. Ulrich (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. ~~10~~ 515

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]	6602 50th Ave	☐ Town ☐ Village ☒ City Kenosha	3-7-11
2. Steve Wattron	8215 26th Avenue	☐ Town ☐ Village ☒ City Kenosha	3/7/11
3. Bernie Leonard	19216 60th St Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	3/7/2011
4. [illegible]	13324-128 St Kenosha WI 53142	☐ Town ☒ Village ☐ City Bristol	3-07-2011
5. [illegible]	1704-53rd Street Kenosha WI 53140	☐ Town ☐ Village ☒ City Kenosha	3-7-11
6. Kiara Green	3900 Washington Apt #1 Kenosha, WI 53144	☐ Town ☐ Village ☒ City KENOSHA	3-7-11
7. [illegible]	8608 32nd Ave Kenosha WI	☐ Town ☐ Village ☒ City KENOSHA	3/7/11
8. Linda A. Kinene	6675 184th Ave Bristol WI 53104	☐ Town ☒ Village ☐ City Bristol	3-7-11
9. [illegible]	5310 75th St Lot 5 Kenosha, WI 53142	☐ Town ☐ Village ☐ City Kenosha	3-7-11
10. [illegible]	Kenosha, WI, 53142	☐ Town ☐ Village ☒ City Kenosha	3-7-11

Certification of Circulator

I, SIGMUND E MAIKA, certify:
(name of circulator)

I reside at 8109 57TH 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.

3-7-11
(date)

Sigmund E Maika
(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://elections.state.wi.us, 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. Chris Mitchell	6626 36th Ave Keno, Wi 53142	☐ Town ☐ Village ☒ City Kenosha	3-7-11
2. [illegible]	3432 86th St. Kenosha, Wi 53142	☐ Town ☐ Village ☒ City Kenosha	3-7-11
3. [illegible]	2115 70th St 53143 Kenosha Wi	☒ Town ☐ Village ☒ City Kenosha	3-7-11
4. [illegible]	2113 50th St KENOSHA WI 53140	☐ Town ☐ Village ☒ City KENOSHA	3-7-11
5. [illegible]	201 N 3rd St Silver Lake 53170	☐ Town ☒ Village ☒ City Kenosha	3-7-11
6. [illegible]	4803 68th St Ken. WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-7-11
7. [illegible]	11909 - 39 ave Pleasant Prairie 531	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/11
8. [illegible]	7201 - 45th ave KENOSHA WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/7/11
9. [illegible]	5311 - 53rd Ave Kenosha Wi	☐ Town ☐ Village ☒ City Kenosha	3/7/11
10. [illegible]	6022 - 32ND AVE KENOSHA WI	☐ Town ☐ Village ☒ City KENOSHA	3/7/11

Certification of Circulator

I, Robert E. Alexander, certify:
(name of circulator)

I reside at 5728 81st 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.

Mar 7 2011
(date)

(signature of circulator)

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

GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005, http://elections.state.wi.us, 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]	8478 65th Ave Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/11
2. Terry Peterson	11011-88 St Pl. Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-7-2011
3. [illegible]	6237 94th Court Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/7/11
4. Kelly M Brewer	6237-94th Ct. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/7/2011
5. [illegible]	8319 65th PL Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	03/07/11
6. Kathryn L. Robers	2919-45th Ave Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/7/2011
7. [illegible]	9609 63RD ST Kenosha WI. 53142	☐ Town ☐ Village ☒ City Kenosha	3-7-11
8. [illegible] S Hedin	9606 74th Street Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/7-11
9. [illegible] Macara	2920 176th Ave Kenosha, WI 53144	☒ Town ☐ Village ☐ City Paris	3/7/11
10. Kevin Kepler	9309 66TH ST Kenosha WI.	☐ Town ☐ Village ☒ City Kenosha	3/7/11

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.

3/7/2011 (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. 518

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

RECALL PETITION

TO: Wisconsin 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.	4337 23rd Ave Kenosha WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/7/11
2.	10804 BURLINGTON KENOSHA, WI 53144	☒ Town ☐ Village ☐ City ~~KENOSHA~~ Somers	3/7/11
3.	2756 - 83rd St Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3-7-2011
4.	8717 83rd St. Apt. 111 Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-7-2011
5.	8463 Northview Dr. Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-7-2011
6.	3411-136th KENOSHA WI 53144	☒ Town ☐ Village ☐ City PARIS	3-7-11
7.	10811 WILMOT PP, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-7-11
8.	1715-84 Pl. Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3-7-11
9.	9009 River Road Pleasant Prairie	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/2011
10.	30002 VAN BUREN RD KENOSHA, WI	☐ Town ☐ Village ☒ City KENOSHA	3/7/2011

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.

3/7/2011 (date)

Jeff Lauer (signature of circulator)

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

Page No. 519

GAB-170 (Rev.8/2007) 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

RECALL PETITION

TO: Wisconsin 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.	10600 61st ST	☐ Town ☐ Village ☒ City Kenosha	3/5/11
2. Robin Jones	10600 61st St.	☐ Town ☐ Village ☒ City Kenosha	3/5/11
3. Judith A. Jones	10600 61st St	☐ Town ☐ Village ☒ City Kenosha	3/5/11
4. Gordon P Jones	10600 61st St	☐ Town ☐ Village ☒ City Kenosha	3/5/11
5.	109 Conkey ST Burlington WI	☐ Town ☐ Village ☒ City Burlington	3/6/11
6. Linda Wingreen	109 Conkey St Burlington, WI	☐ Town ☐ Village ☒ City Burlington	3/6/11
7. Michelle Wingreen	109 Conkey St	☐ Town ☐ Village ☒ City Burlington	3/6/11
8. Judy Roberg	26555-52ND ST Salem WI	☒ Town ☐ Village ☐ City Brighton	3/7/11
9.	28770 PLANK RD Burlington	☒ Town ☐ Village ☐ City Burlington	3/7/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Gordon Scott Jones, certify:
(name of circulator)

I reside at 12600 61st 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.

3/7/11
(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. 520

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]	5802 84th St.	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	3/7/11
2. Terrance L. Kraft	1274 VILLAGE CTR DR #3	☒ Town ☐ Village ☐ City SOMERS	3-7-11
3. [illegible]	1274 Village CTR DR #3	☒ Town ☒ Village ☐ City SOMERS	3/7/11
4. [illegible]	4377 86th STR. Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/11
5. [illegible]	3723 29th ST KENOSHA-WI-53144	☐ Town ☐ Village ☒ City KENOSHA	3/7/11
6. Carol Nelson	3723 29th St KENOSHA, Wi. 53144	☐ Town ☐ Village ☒ City KENOSHA	3-7-11
7. Romula J. Koch	8319-65th Place Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	03-07-11
8. Mark Greening	6905 84 ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	03-07-11
9. Faith Wienke	1290 Village Centre 8 Kenosha WI 53144	☒ Town ☐ Village ☐ City Somers	03-07-11
10. TRACY LLOYD	9525 RIVER RD. PLEASANT PRAIRIE, WI. 53158	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	3.7.11

Certification of Circulator

I, Geri Daugherty - Geri Daugherty, certify:
(name of circulator)

I reside at 9500-81st St - #317, Pleasant Pr. 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.

3/7/11 (date) Geri Daugherty (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. 521

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

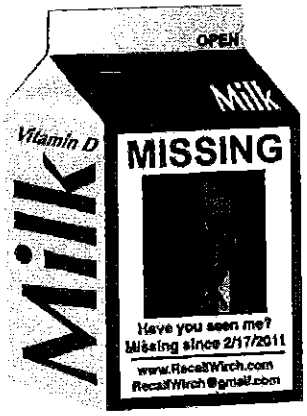
RECALL PETITION

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.	5705 2ND ST Kenosha, WI	☒ Town ☐ Village ☐ City SOMERS	3/7/2011
2.	6312 94TH Ave Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha	3/7/2011
3.	11805-47 Ave Pleasant Prairie Wi	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/2011
4.	2023 83RD ST KENOSHA WI	☐ Town ☐ Village ☒ City Kenosha	7MAR 11
5.	7212-88TH AV KENOSHA WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/11
6.	24522 118th ST Trevor WI 53179	☒ Town ☐ Village ☐ City SALEM	3/7/11
7.	7900 94 Av. Apt. 3040 Pleasant Prairie, Wi.	☐ Town ☒ Village ☐ City Pleasant Prairie	3-7-11
8.	2426-35th St Kenosha WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/7/2011
9.	6028 92nd Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/7/11
10.	1521 88TH. AVE KENOSHA Wi. 53144	☐ Town ☐ Village ☒ City KENOSHA	3/7/2011

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.

3/7/2011
(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. 522

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

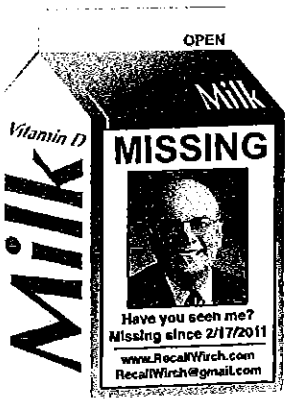
RECALL PETITION

TO: Wisconsin 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 D. LEES Robert D. Lees	208 - Pawley Avenue	☒ Town ☐ Village ☐ City TWIN LAKES	3/6/11
2. BARBARA L. Lees Barbara L. Lees	208 - Pawley Avenue	☐ Town ☒ Village ☐ City Twin lakes	3-6-11
3. Nicholas B. Lees Nicholas B. Lees	208 Pawley Avenue	☐ Town ☒ Village ☐ City TWIN LAKES	3/6/2011
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Robert D. LEES, certify:
(name of circulator)

I reside at 208 Pawley Avenue 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.

3/6/11 (date) Robert D. Lees (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

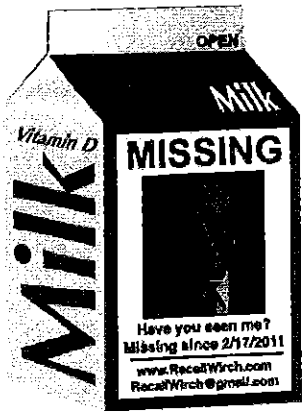
RECALL PETITION

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]	6578 90th Ct Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-6-11
2. Cynthia Snuezek	7121-92nd Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-6-11
3. Amy Kirkpatrick	7121 92 Avenue Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-6-11
4. Shawn Konicki	7010 84th Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-7-11
5. [illegible]	6510 89th Ct Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/7/11
6. [illegible]	6312 99th Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/7/2011
7. [illegible]	7801-88th Ct. Lot 230 Pleasant Pr. WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/2011
8. [illegible]	2624 25th St Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	3-7-11
9. [illegible]	10368 BAIN STATION RD PLEASANT PRAIRIE WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/2011
10. Tom McGuire	9211 62nd Street Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/7/2011

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.

3/7/2011 (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.6/2007) 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

RECALL PETITION

TO: Wisconsin 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.	6928-54th ST KENOSHA, WI	☐ Town ☐ Village ☒ City KENOSHA	3/6/2011
2.	5920 7 AVE Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha	3/6/2011
3. Dan Yoshida	8108 E. Ridge Dr. Pleasant Prairie, WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/6/2011
4.	6521-44th Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/6/2011
5.	9206-62 ST Kenosha, Wi	☐ Town ☐ Village ☒ City Kenosha	3-6-2011
6.	9206-62nd Street KENOSHA, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	03-06-11
7.	9085 70th st Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant prairie	03-6-11
8.	7221-89th Ave Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3-6-11
9. Raymond J Rupp	7901-88 AVE, LOT 206 PLEASANT PRAIRIE 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/6/2011
10.	7221 89th Ave Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3/6/11

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.

3/6/2011 (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. 525

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

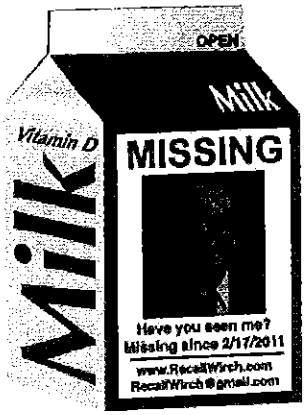
RECALL PETITION

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. Rachael Lacta	722 18th Ave Kenosha, WI 53142	☐ Town ☒ Village ☐ City Pleasant Praire	03/06/11
2. Ruth J. Dorey	5023 24th Place Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	03/06/11
3. Mary M. Dorey	5023 - 24th Place Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/6/11
4. Krystyna Sabicowska	6304 241st Ave Paddock Lake 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/6/11
5. WAYNE DEICKE	6207 - 7th AVENUE KENOSHA, WI 53143	~~☐ Town~~ ☐ Village ☒ City Kenosha	3/6/11
6. Kathleen Anstrand	4008 81st St Unit H Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/6/11
7. Bruce	1443 39th Avenue Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/6/11
8.	5416 37th Ave Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/6/11
9. Tony Holmgren	1165-88 AVE 53144 Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3/6/11
10. Sheridan Holmgren	1165-88th AV 53144 Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3/6/11

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.

3/6/2011
(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.6/2007) 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

RECALL PETITION

TO: Wisconsin 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. Tonya Olsen	5524 Washington Rd 107 Kenosha WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/5/11
2. [illegible]	630 OAK ST BURLINGTON WI 53105	☐ Town ☐ Village ☒ City Burlington	3-5-11
3. [illegible]	430 OAK ST BURLINGTON 53105	☐ Town ☐ Village ☒ City Burlington	3-5-11
4. [illegible]	3626-11th AVE KENOSHA, WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/5/11
5. [illegible]	6618 85th Ave 53142 Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/5/11
6. [illegible]	9800 28th Ave Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
7. Harold Burgess	6510-203 Ave Bristol Wi 53104	☐ Town ☒ Village ☐ City Bristol	3/5/11
8. Thomas J. Bain	8440-110th AVE PLEASANT PRAIRIE WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-5-11
9. John M Bonfiglio	10484 22ND AVE PLEASANT PRAIRIE 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
10. Paula A Hoban	8325-64th Street Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/5/11

Certification of Circulator

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

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.

3/5/2011 (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-379 (Rev. 6/2007) The information on this form is required by Sy. 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 Attach, paste or staple

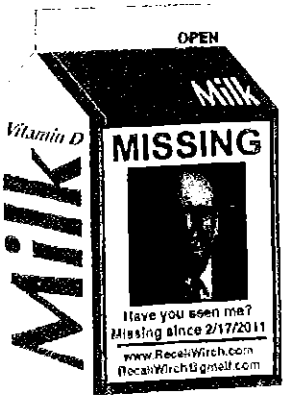
RECALL PETITION

TO: Wisconsin 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 lite no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	11702 246th Ct Trevor, WI 53179	☑ Town ~~Trevor~~ Salem ☐ Village ☐ City	3/6/11
2. [illegible]	6518-90th Court Kenosha, WI	☐ ~~Town~~ ☐ Village Kenosha ☑ City	3/5/11
3. Kristin M Wessel	3113-29th St. Kenosha, WI	☐ Town ☐ Village ☑ City Kenosha	3/5/11
4. [illegible] H Wessel	3113 29th St Kenosha WI 53144	☐ Town ☐ Village Kenosha ☑ City	3/5/11
5. Jonathan P. James	12206-60th Kenosha-WI 53144	☐ Town ☐ Village Kenosha ☑ City	3-5-11
6. Linda Jameson	12206 60th St. Kenosha WI 53144	☐ Town ☐ Village Kenosha ☑ City	3-5-11
7. [illegible] Camacho	11801-120th Ct Pleasant Prairie	☐ Town ☑ Village Pleasant Prairie ☐ City	3-5-11
8. [illegible]	719 16 place Kenosha, WI	☑ Town Somers ☐ Village ☐ City	3-5-11
9. [illegible]	719 16th Place Kenosha WI 53140	☑ Town ☐ Village Somers ☐ City	3-5-11
10. [illegible]	5524 Washington RD Kenosha WI	☐ Town ☐ Village Kenosha ☑ City	3-5-11

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.

3/5/2011 (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

Page No. 528

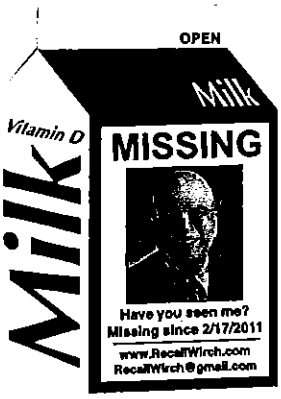
RECALL PETITION

TO: Wisconsin 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.	7114-33RD AVE KENOSHA, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	3/2/11
2. Vickie A. Robinson	7114-33rd Ave. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/3/11
3. Chad Robinson (Chad Robinson)	9061 Old Green Bay RD Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/2011
4.	25824 93RD St SALEM, WI 53168	☐ Town ☒ Village ☐ City SALEM	3/5/2011
5. Randy Tallen	25807 93rd SALEM WI 53168	☐ Town ☒ Village ☐ City SALEM	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, Bryan DeLong, certify:
(name of circulator)

I reside at 2817 Washington Rd Kenosha, WI 53140.
(circulator's residence - include number, street, and municipality)

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

3-5-11 (date) Bryan DeLong (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

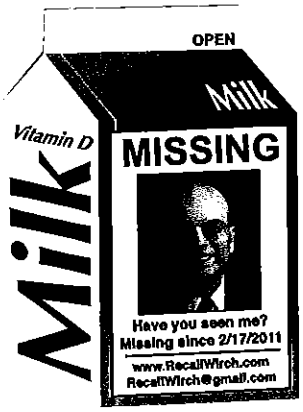
RECALL PETITION

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. Walter B. Kindall	4015 - 60th PLACE	☐ Town ☐ Village ☒ City Kenosha	2/27/11
2. Fred C. Van Hoof	15725 48th Ct.	☒ Town Somers ☐ Village ☐ City	2/27/11
3. Dolores Ellison	8402 - 26th Ave	☐ Town ☐ Village ☒ City Kenosha	2/27/11
4. David Lannoye	6119 11th Ave	☐ Town ☐ Village ☒ City Kenosha	2/27/11
5. STEVEN ACERDI	1916 - 79th KENOSHA	☐ Town ☐ Village ☒ City Kenosha	2-27-11
6. Lucrezia Carter	3018 - 86th St. Kenosha, Wi.	☐ Town ☐ Village ☒ City Kenosha	2-27-11
7. [illegible]	3018 - 86th #12 Kenosha, WI	☐ Town ☐ Village ☒ City Kenosha	2-27-11
8. JEANNINE BEAULIER	6027 - 12th. KENOSHA, WI 53143	☐ Town ☐ Village ☒ City Kenosha	2-27-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Gerin Brookshawk, 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.

2/27/11 (date)

Gerin Brookshawk (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

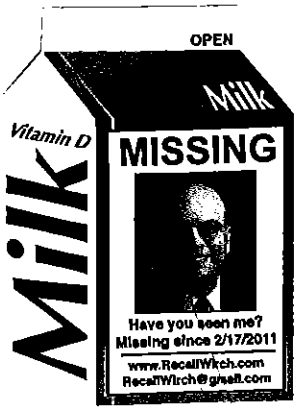
RECALL PETITION

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. Harold Pettrost	5706 39th Ave Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3-3-11
2. Neil Vraral	918 70th St. Kenosha, WI 53143	☐ Town ☐ Village ☒ City Kenosha	3-3-11
3. [illegible]	7840-32 Ave Kenosha, WI 53142	☒ Town ☐ Village ☒ City Kenosha	3/3/11
4. Dennis Del Frate	7919-60th Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-3-11
5. Jennifer Connolly	11115 79th St. Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-3-11
6. Catherine Cunnelly	11115 79th St. 53158 Pleasant Prairie WI	☐ 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, Gewin Brookshart, 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.

3/3/11 (date)

Gewin Brookshart (signature of circulator)

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

Page No. 531

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	8514-48th AVE KENOSHA, WI 53142	☐ Town ☒ Village ☐ City PL. PRAIRIE	3/07/2011
2. Frank R. Kempf	20505 31st BRISTOL, WISC. 53104	☒ Town ☐ Village ☐ City PARIS	3/07/2011
3. Deborah M. Bailey	2503-26 Ave. Kenosha, Wi. 53140	☒ Town ☐ Village ☐ City Kenosha	3/7/2011
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Genia Brookshank, 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.

3/7/11
(date)

Genia Brookshank
(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. 532

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

RECALL PETITION

TO: Wisconsin 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. Ben Heinen	273 W. Chestnut st Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-5-11
2. K & W Hanen	273 W Chestnut st Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-5-11
3. Nancy D Swanson	35212 Ridge Rd Burlington WI 53105	☒ Town Burlington ☐ Village ☐ City	3/5/11
4. Helmer L. Swanson	35212 Ridge Rd Burlington, WI 53105	☒ Town Burlington ☐ Village ☐ City	3/5/11
5. Ernie Peyron	8651 FIELDSTONE CT BURLINGTON WI 53105	☒ Town Burlington ☐ Village ☐ City	3/5/11
6. Carol A Hubbard	8330 Pine St. Burlington, WI 53105	☒ Town ☐ Village Burlington ☐ City	3/5/11
7. Tom Hubbard	8330 Pine st Burlington	☒ Town ☐ Village ☐ City Burlington	3/5/11
8. Susan Wienke	35411 Lake Shore Dr. Burlington WI	☒ Town ☐ Village ☐ City Burlington	3/5/11
9. Thomas Wienke	35411 Lakeshore Dr. Burlington WI	☐ Town ☐ Village ☐ City Burlington	3/5/11
10. Bert Oster	449 Kendall St Burlington, WI.	☐ Town ☐ Village ☒ City BURLINGTON	3/5/11

Certification of Circulator

I, GERALD BUETTNER, certify:
(name of circulator)

I reside at 16980 TANGLEWOOD DR. BROOKFIELD, WI 53005.
(circulator's residence - include number, street, and municipality)

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

G. Buettner
(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. Kim Kerkhoff	21610 Bierman Rd Burlington, WI.	☑ Town ☐ Village ☐ City Burlington	3-5-11
2. Michael Warren	7220 ~~Bay~~ McHenry Burlington	☑ Town ☐ Village ☐ City Burlington	3/5/11
3. [illegible]	432 SUMMIT AVE BURLINGTON WI.	☐ Town ☐ Village ☑ City BURLINGTON	3.5.11
4. [illegible]	432 SUMMIT AVE BURLINGTON WI.	☐ Town ☐ Village ☑ City BURLINGTON	3.5.11
5. [illegible]	24300 60th Place Salem WI 53168	☐ Town ☑ Village ☐ City Paddock Lake	3-5-11
6. Rebecca J Schaal	24300 - 60th Pl Salem WI 53168	☐ Town ☑ Village ☐ City Paddock Lake	3-5-11
7. Heidi Edmonds	38129 98 St Genoa City, WI 53128	☐ Town ☑ Village ☐ City Twin Lakes	3-5-11
8. [illegible]	19022-101st	☑ Town ☐ Village ☐ City Bristol	3-5-11
9. Cheryl Otto	19022-101st St 300 N. River Rd	☑ Town ☐ Village ☐ City Bristol	3-5-11
10. [illegible]	Burlington WI 53105	☐ Town ☐ Village ☑ City BURLINGTON	3/5/11

Certification of Circulator

I, GERALD BUETTNER, certify:
(name of circulator)

I reside at 16980 TANGLEWOOD DR, BROOKFIELD, WI 53005.
(circulator's residence - include number, street, and municipality)

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

Gerald Buettner
(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. JEAN SCHERRER	449 Kendall St Burl, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/5/11
2. CHERYL TUCKER	1636 WALBURG BURLINGTON 53105	☒ Town ☐ Village ☐ City BURLINGTON	3/5/11
3. Mike Nice	591 Oak St Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/5/11
4. Penny Johnson	413 Dunford Dr Burlington WI. 53105	☐ Town ☐ Village ☒ City Burlington	3/5/11
5. John R. Johnson	413 Dunford Dr Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	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, GERALD BUETTNER, certify:
(name of circulator)

I reside at 16980 TANGLEWOOD DR, BROOKFIELD, WI 53005.
(circulator's residence - include number, street, and municipality)

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

Gerald Buettner
(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

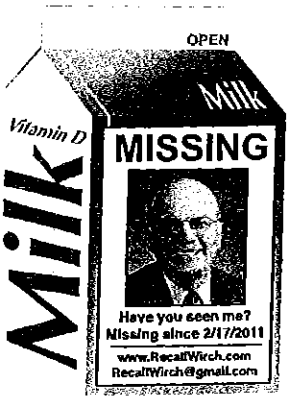
RECALL PETITION

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. Anita Elliott	125 W JEFFERSON ST Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-6-11
2. John Elliott	125 W JEFFERSON ST Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3-6-11
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, Anita Elliott ANITA ELLIOTT (name of circulator), certify:

I reside at 125 W JEFFERSON ST Burlington WI 53105
(circulator's residence - include number, street, and municipality)

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

3-6-11
(date)

Anita Elliott
(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

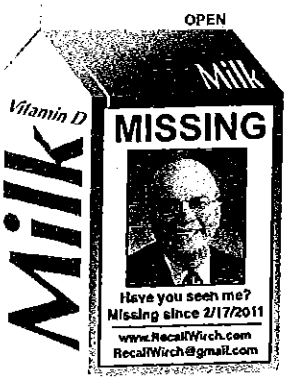
RECALL PETITION

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. Betty L. Wolbers	316 Church St Burlington, Wisc	☐ Town ☐ Village ☒ City Burlington	3/5/2011
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Betty L. Wolbers, certify:
(name of circulator)

I reside at 316 Church ST Burlington, Wisc 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)

Betty L. Wolbers
(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. [signature]	30125 Lake Hills DR Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/5/11
2. Chris M. Peterson	30125 Lake Hills DR Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/5/11
3.		☒ Town ☐ Village ☐ City Burlington	3/7/11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Susan Peterson, certify:
(name of circulator)

I reside at 30125 Lake Hills DR Burlington, WI 53105.
(circulator's residence - include number, street, and municipality)

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

3/7/11
(date)

[signature]
(signature of circulator)

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

Page No. 538

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

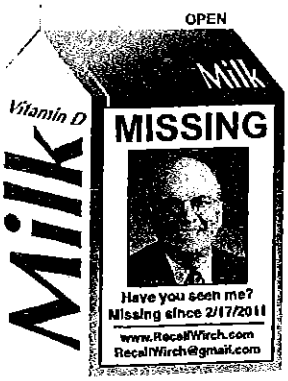
RECALL PETITION

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. Kaye B. Daun	448 Tower Lawn DR. Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	Mar 5, 2011
2. James J. Daun	448 TOWER LAWN DR. BURLINGTON, WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	03/05/11
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, Kaye B. DAUN, certify:
(name of circulator)

I reside at 448 Tower Lawn DR, Burlington, WI 53105.
(circulator's residence - include number, street, and municipality)

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

Mar 5, 2011
(date)

Kaye B. Daun
(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. Frank J. Nega	2820 MARTIN TER	☒ Town ☐ Village ☐ City Burlington WI 53105	2/28/11
2. Chris L Breuchman	542 N. Browns Lake Dr, Burlington	☐ Town ☒ Village ☐ City Rochester 53167	3/1/11
3. Tom Reif	157 REYNOLDS	☐ Town ☐ Village ☒ City 53105 BURLINGTON	3/1/11
4. Raymond J Zis	512 N. Browns Lake Drive Burlington	☐ Town ☒ Village ☐ City 53167 Rochester	3/1/11
5. Bobbie Grace	32409 S. Lakeshore Dr	☒ Town ☐ Village ☐ City 53105 Burlington	3/2/11
6. [illegible]	32705 S Lake Shore	☒ Town ☐ Village ☐ City 53105 Burlington	3/2/11
7. Robin Douglas	30121 Woodlawn Dr	☐ Town ☐ Village ☐ City 53105 Burlington	3/2/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Diane Nega, certify:
(name of circulator)

I reside at 2820 Martin Terrace (town) 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.

3-7-2011 (date) Diane Nega (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. 540

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

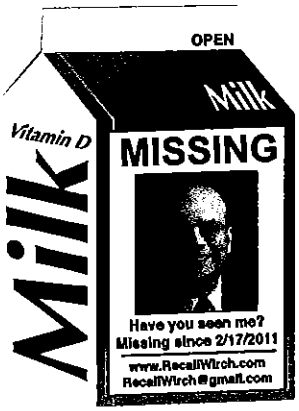
RECALL PETITION

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. Dawn E. Smick	9000 226TH Court #25A Salem, Wisconsin	☒ Town ☐ Village ☐ City Salem	3/3/11	RJS
2. Mary M McLafferty	22530 86th PL Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	3/3/11	RJS
3. [illegible]	28706-73rd Pl Salem WI 53168	☒ Town ☐ Village ☐ City Salem	3/3/11	RJS
4. [illegible]	6942-238 Ave Paddock Lake, WI	☐ Town ☒ Village ☐ City Paddock Lake	3/3/11	RJS
5. Michael Jonas	23405 127th ST Trevor, Wi, 53179	☐ Town ☐ Village ☐ City Salem	3/3/11	RJS
6. Larrie L Paddock	28706 73rd Place Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	3/3/11	RJS
7. Beverly Paddock	6942-238 Ave Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/3/11	RJS
8. Danny [illegible]	26912 97TH PL TREVOR WI	☒ Town ☐ Village ☐ City Salem	3/3/11	RJS
9. Joe Riesselmann	24909-71 St. Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3-3-11	RJS
10. Ann Riesselmann	24909 71st St. Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/3/11	RJS

Certification of Circulator

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

I reside at 9000 226th Ct. #25A Salem, Wis. 53168
(circulator's residence - include number, street, and municipality)

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

March 7 - 2011
(date)

Robert J. Smick
(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 Carter	4526-18 ST KENOSHA, WI 53144	☒ Town ☐ Village ☐ City Somers	3/4/2011
2. Dora Anderson	2303-25 AVE Kenosha WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/4/11
3. [illegible]	[illegible]	☐ Town ☐ Village ☐ City [illegible]	[illegible]
4. Janet Gallagher	3609 43rd Ave	☐ Town ☐ Village ☒ City Kenosha	3/4/11
5. Patricia Bartari	4526 18St Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/4/11
6. Jane Gramm	4012 54th Ave. Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/4/11
7. Mark Gramm	4012 54th Ave Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/4/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, DORA ANDERSON, certify:
(name of circulator)

I reside at 2303-25 AVE 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.

3-7-11
(date)

Dora Anderson
(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. Roberto L. Texidor	1816 Pheasant Ave	☐ Town ☒ Village ☐ City Twin Lakes	3/5/2011
2. Christine A. Texidor	1816 Pheasant Ave.	☐ Town ☒ Village ☐ City Twin Lakes	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, ROBERTO L. TEXIDOR, certify:
(name of circulator)

I reside at 1816 PHEASANT 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.

3/5/2011 (date)

Roberto L. Texidor (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

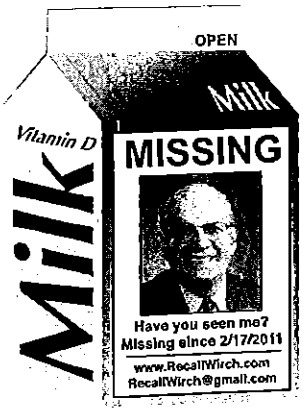
RECALL PETITION

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. Katie N. Leicht	5016-28th St.	☐ Town ☐ Village ☒ City Kenosha	2/28/11
2. Melissa H. Hartnell	4705-67th Place Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/1/11
3. Michelle L. Kirsch	6024 69th St	☐ Town ☐ Village ☒ City Kenosha	3/1/11
4. Ismael Tapia	6344 30th Ave	☐ Town ☐ Village ☒ City Kenosha	3-3-11
5. Michael Hartnell	4705 67th PL.	☐ Town ☐ Village ☒ City Kenosha	3-7-11
6. Darren C Becker	8525 56 Ave	☐ Town ☒ Village ☐ City Pleasant Prairie	3/7/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jason Kirsch, certify:
(name of circulator)

I reside at 6024 -69th Street 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.

3/7/11
(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. 544

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. Dan Buse	3014 Crossway Rd Burlington Wi 53105	☒ Town ☐ Village ☐ City Burlington	2/27/2011
2. [illegible]	124 Meadowlark DR #5 Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11
3. Rosemarie Buse	3014 Crossway Rd. Burlington, WI 53105	☐ Town ☐ Village ☐ City Burlington	2/27/11
4. [illegible]	949 Echo Dr. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/2011
5. Diane Cecelia	949 Echo Dr Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	2/27/11
6. Ruth Heck	340 Donald Dr. Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	2/28/11
7. Ralph Heck	340 Donald Dr Burlington WI 53105	☐ Town ☐ Village ☒ City BURLINGTON	2/28/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Rosemarie Buse, certify:
(name of circulator)

I reside at 3014 Crossway Road 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.

2/28/11 (date) Rosemarie Buse (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. 545

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

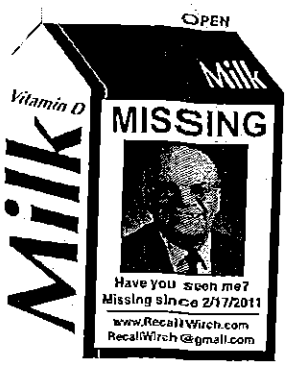
RECALL PETITION

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. Michele Hall	7947 - 18th Ave Kenosha 53142	☐ Town ☐ Village ☒ City Kenosha	3/3/11
2. Kathleen Goo	1444 39th AVE Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha WI	3/3/11
3. ~~Sara Maier~~	~~21910 Schroeder Rd~~ ~~Kansasville 53139~~	~~☐ Town ☐ Village ☐ City Dover~~	~~3/3/11~~
4. Mary Hill	2936-22nd St. Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/3/11
5. Theresa Aschenbrener	10016 55th Ave Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/3/11
6. Jesa Martell	1314-40 Avenue Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha, WI	3/03/11
7. Kristy Minatto	140 101st St Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/3/11
8. Susan Miller	604 79th St Kenosha WI 53143	☐ Town ☐ Village ☒ City Kenosha, WI	3/3/11
9. NARAYAN BALIGA	1655 34th AVE KENOSHA WI 53144	☐ Town ☐ Village ☒ City KENOSHA	3/3/11
10. Robert Hill	2936-22nd St. Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/3/11

Certification of Circulator

I, Thomas G Oberpriller
(name of circulator), certify:

I reside at 7828-35 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)

Thomas G Oberpriller
(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

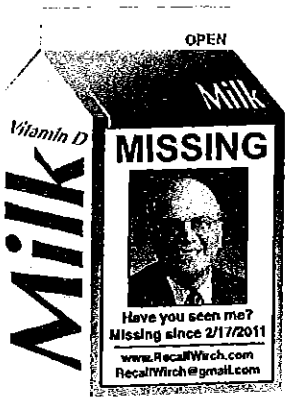
RECALL PETITION

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. [signature]	6006 242nd Ave Salem, WI 53168	☐ Town ☒ Village ☐ City Salem	3-6-11
2. [signature]	6006 242nd Ave Salem, WI 53168	☐ Town ☒ Village ☐ City Salem	3-6-11
3. [signature]	6006 242nd Ave Salem, WI 53168	☐ Town ☒ Village ☐ City Salem	3-6-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Curtis A. Golm, certify:
(name of circulator)

I reside at 6006 242nd Ave., 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.

3-8-11
(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. Kim Brosel	353 Pickett Ct. Burlington →	☐ Town ☐ Village ☒ City Burlington	3/7/11
2. James A. Frautschy	732 Shiloh Court Burlington, WI 5315	☐ Town ☐ Village ☒ City Burlington	3/7/11
3. Deanna L. Frautschy	732 Shiloh Court Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/7/11
4. Jane Brosel	353 PICKETT CRT BURLINGTON WI	☐ Town ☐ Village ☒ City Burlington	3/7/11
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, Kim Brosel, certify:
(name of circulator)

I reside at 353 Pickett Court, Burlington, WI.
(circulator's residence - include number, street, and municipality)

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

3/8/11
(date)

Kim Brosel
(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. 548

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. Lynn E Wirch	Box 287, 24510 89th St SALEM, WI 53168	☒ Town ☐ Village ☐ City Salem	3/3/11
2. Bob Uhlenhake	12010 152nd Ave. Kenosha WI 53142	☐ Town ☒ Village ☐ City Bristol	3/3/11
3. [illegible]	24565 89TH ST Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	3/3/11
4. [illegible]	9508 274th Ave. Trevor, WI. 53179	☒ Town ☐ Village ☐ City Salem	3/3/11
5. John Roberts	P214 → 216 Ave Salem, WI 53168	☒ Town ☐ Village ☐ City Salem	3/3/11
6. David McMillen	24014 89th ST SALEM, WI 53168	☒ Town ☐ Village ☐ City Salem	3/3/11
7. [illegible] McMillen	24014 89TH ST. SALEM, WI 53168	☒ Town ☐ Village ☐ City Salem	3/3/11
8. [illegible]	24625 - 89TH ST. SALEM, WIS.	☒ Town ☐ Village ☐ City Salem	3/4/11
9. [illegible]	19914 10TH ST. BRISTOL WI 53104	☐ Town ☒ Village ☐ City Bristol	3-4-11
10. [illegible]	26421 85 ST Salem WI 53168	☒ Town ☐ Village ☐ City Salem	3-5-11

Certification of Circulator

I, LEONARD E. SCANLAN, certify:
(name of circulator)

I reside at 24110 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.

3-8-11
(date)

Leonard E. Scanlan
(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. 549

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

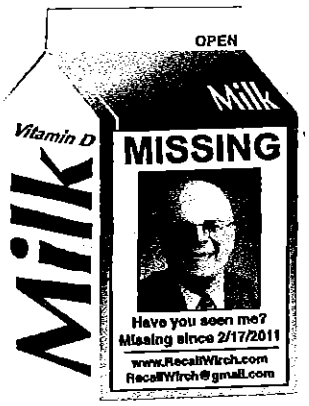
RECALL PETITION

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. Susan E Juppe	28931 Bushnell Rd	☒ Town ☐ Village ☐ City Burlington	2-28-11
2. Leo J Juppe	28931 Bushnell Rd.	☒ Town ☐ Village ☐ City Burlington	3-1-11
3. Eugene Regberg	8050-49th Ave	☐ Town ☐ Village ☒ City Kenosha	3-1-11
4. William A. Lorge	29015 BUSHNELL RD	☒ Town ☐ Village ☐ City BURLINGTON	3-1-11
5. Marcia S Large	29015 Bushnell Rd.	☒ Town ☐ Village ☐ City Burlington	3-1-11
6. John Bailey	2919 Circle Dr.	☒ Town ☐ Village ☐ City Burlington	3-1-11
7. [illegible]	7737 WHEATLAND RD	☒ Town ☐ Village ☐ City BURLINGTON	3-1-11
8. David W. Smith	30116 Lake Hills Dr	☒ Town ☐ Village ☐ City Burlington	3-1-11
9. Jacob Bailey	33622 Farm dr.	☒ Town ☐ Village ☐ City Burlington	3-1-11
10. Jeremiah Bailey	2919 Circle Dr.	☐ Town ☐ Village ☒ City Burlington	3-1-11

Certification of Circulator

I, LEO J Juppe, certify:
(name of circulator)

I reside at 28931 Bushnell 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.

3-1-11
(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. 550

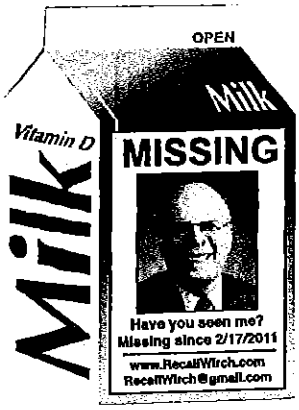
RECALL PETITION

TO: Wisconsin 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. Mike Smekens	38904 90th PL Burlington WI 53105	☒ Town ☐ Village ☐ City Randall	3/2/11
2. Danny Smekens	8717 J 380th ave. Burlington, WI 53105	☒ Town ☐ Village ☐ City Randall	3/2/11
3. Carl Baumbach	404 N. Pine ST #3	☐ Town ☐ Village ☐ City Burlington	3/4/11
4. KEN KALSCHEUR	39410 93RD ST GENEOA WISC 53128	☒ Town ☐ Village ☐ City RANDALL	3-6-11
5. Joanne Kalscheur	39410 93rd St Genoa City, WI 53128	☒ Town ☐ Village ☐ City Randall	3-6-11
6. Connie DeSmidt	400 Edward St. Burlington, WI 53105	☐ Town ☐ Village ☒ City Burlington	3/7/11
7. VONDA Miller	34351 MONONA CRT	☒ Town ☐ Village ☐ City Burlington	3/8/11
8. Tom Hawkins	8355 McHenry Street Burlington WI 53105	☐ Town ☐ Village ☐ City Burlington	3/8/11
9. Deanna Zibel	4811 308th Ave. Salem, WI 53168	☒ Town ☐ Village ☐ City Brighton	3/8/11
10. Marjorie A. Schmidt	19009-101st Bristol, WI 53104	☐ Town ☒ Village ☐ City BRISTOL	3/8/11

Certification of Circulator

I, MARK A. STARZYK, certify:
(name of circulator)

I reside at 39405 92nd PL Powers Lake WI 53159 PO Box 156 Randall.
(circulator's residence - include number, street, and municipality)

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

3-8-11
(date)

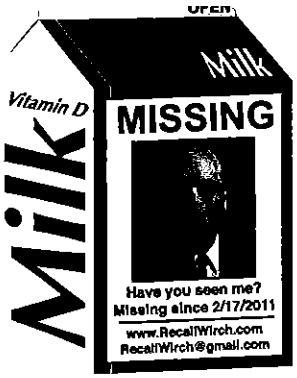
Mark Starzyk
(signature of circulator)

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~~ Wisconsin 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. Jeanne Meyer	2520 Cedar Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11
2. [illegible]	2520 Cedar Dr Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/2/11
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, Jeanne Meyer, certify:
(name of circulator)

I reside at 2520 Cedar Dr, Burlington, WI 53105 Town of Burlington, WI
(circulator's residence - include number, street, and municipality)

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

3-7-11
(date)

Jeanne Meyer
(signature of circulator)

Please mail this form to: Recall Wirch

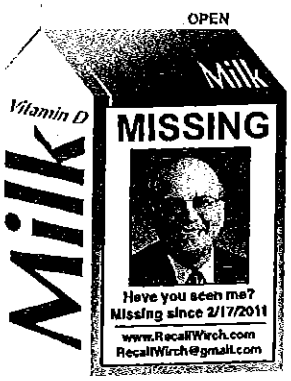
RECALL PETITION

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

We, the undersigned qualified electors of the 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. Philip F. De Greef	473 PARK AVE ~~BURLINGTON WI~~	☐ Town ☐ Village ☒ City BURLINGTON	3/7/11
2. Marilyn A. DeGreef	473 Park Ave	☐ Town ☐ Village ☒ City Burlington	3/7/11
3. Jeffry Cramer	32810 Yahnke Rd.	☐ Town ☐ Village ☐ City Burlington	3-7-11
4. Craig Cramer	508 Dunford Rd	☐ Town ☐ Village ☒ City Burlington	3-7-11
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, PHILIP F. DEGREEF, certify:
(name of circulator)

I reside at 473 PARK AV. 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.

MARCH 7, 2011 — Philip F. DeGreef
(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. Rodney J Koepke	1010-95th Street Pleasant Prairie, WI 53158	☐ Town ☑ Village ☐ City Pleasant Prairie	3-1-11
2. Amy E Koepke	1010-95th st Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-2-11
3. Myrtle Koepke	8946-3rd Ave Pleasant Prairie 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-4-11
4. Karen Koepke	8946 3rd Ave. Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-4-11
5. Thomas W Koepke	318 90th St. Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-4-11
6. [illegible]	3329 86th STREET KENOSHA, WI 53142	☐ Town ☐ Village ☒ City KENOSHA, WI	3-4-11
7. Rudee Koepke	3327 86th St Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3-4-11
8. Todd Clark	1014 95th Street Pleasant Prairie, WI	☐ Town ☒ Village ☒ City Pleasant Prairie	3-4-11
9. H R Clark	1014 95th St Pleasant Prairie WI	☐ Town ☒ Village ☐ City Pleasant Prairie	3/4/2011
10. J. [illegible]	3630 122ND STREET PLEASANT PRAIRIE, WI. 53158	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	3-5-11

Certification of Circulator

I, Rodney J Koepke (name of circulator), certify:

reside at 1010-95th st. Pleasant Prairie, WI 53158 (circulator's residence - include number, street, and municipality).

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

3-5-11 (date) Rodney J Koepke (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

RECALL PETITION

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

We, the undersigned qualified electors of the _____
(jurisdiction or district of officeholder)

petition for the recall of _____
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

_____

_____

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	11142 Lilly Ion Ave Somers Wi.	☒ Town ☒ Village ☐ City Somers	2.28.11
2. Jane [illegible]	14415 1st St Sturtevant wi	☒ Town ☐ Village ☐ City Paris	3/3/11
3. Julie Mray	14415 1st St Sturtevant wi	☒ Town ☐ Village ☐ City Paris	3/3/11
4. [illegible]	1874 22 Ave Kenosha 53140	☐ Town ☐ Village ☒ City Kenosha	3/4/11
5. Alice Humphrey	20604-9 St. Kansasville WI 53139	☒ Town ☐ Village ☐ City Paris	3/5/11
6. James Stadler	4711-172 Ave Bristol Wi. 53104	☒ Town ☐ Village ☐ City Paris	3/5/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, James Stadler (name of circulator), certify:

I reside at 4711 172 Ave Bristol Wi 53104 Paris
(circulator's residence - include number, street, and municipality)

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

3-6-11 (date) James Stadler (signature of circulator)

GAB-170 (Rev. 6-2011) The information on this form is required by §§.8.40 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, [illegible] elec.[illegible]@wi.gov

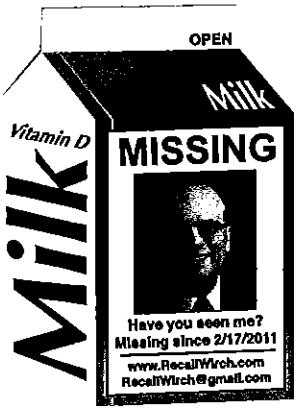
RECALL PETITION

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. Hazelle E Wilson	4617 84th Place Pl Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-4-11
2. John W Wilson	4617 84th Place Pl Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	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, Brenda J. Myers, certify:
(name of circulator)

I reside at 8957 268th Avenue 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.

3-8-2011
(date)

Brenda Myers
(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

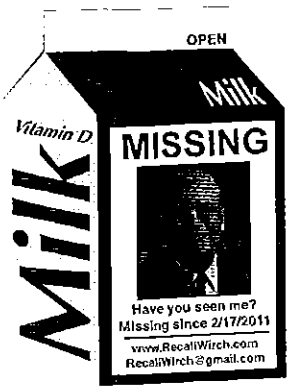
RECALL PETITION

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. John Engberg	11986 247th AVE Trevor, WI 53179	☐ Town ☐ Village ☐ City Salem	3/7/11
2. Connie Engberg	11986 247th Ave Trevor, WI 53179	☐ Town ☐ Village ☐ City Salem	3/7/11
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, Connie Engberg, certify:
(name of circulator)

I reside at 11986 247th Ave, 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.

3/7/11
(date)

Connie Engberg
(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. 557

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

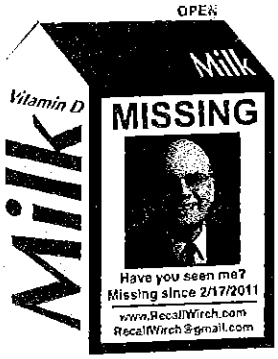
RECALL PETITION

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. Michael W. Curran	4313 88TH PL	☐ Town ☐ Village ☒ City KENOSHA	03/01/11
2. Tonya Curran	4313 88 Pl.	☐ Town ☐ Village ☒ City Kenosha	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, MICHAEL W. CURRAN, certify:
(name of circulator)

I reside at 4313 88TH PL, KENOSHA, WI 53142.
(circulator's residence - include number, street, and municipality)

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

03/01/11
(date)

Michael W. Curran
(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. 558

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

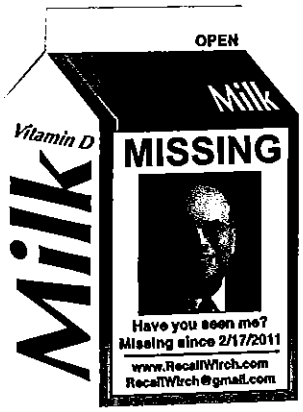
RECALL PETITION

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. Patrick White	8222 Chara dr. Burlington, WI. 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11
2. David DeMeuse	8222 Chara dr. Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11
3. Seb Phillips	8222 Chara dr Bu WI 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11
4. John Maard	32822 Bohner Rd. Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/1/11
5. Ashley Roth	256 Robert Street Burlington, WI 53105	☒ Town ☐ Village ☒ City Burlington	3/1/11
6. Tracy Brunner	32676 Trail Ln Burlington WI 53105	☒ Town ☐ Village ☒ City Burlington	3/1/11
7. [illegible]	7031 McHenry St Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3/3/11
8. Cate O. [illegible]	7665 Waveland Ave Burlington WI, 53105	☒ Town ☐ Village ☐ City Burlington	3/5/11
9. Pat Shumaker	Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/5/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Nancy White [signature], certify:
(name of circulator)

I reside at 8222 Chara Dr Burlington WI 53105.
(circulator's residence - include number, street, and municipality)

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

3-8-11 [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

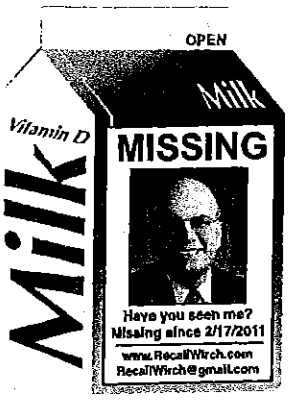
RECALL PETITION

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. Gary Topel GARY TOPEL	23600-111th ST	☒ Town TREVOR, ☐ Village ☐ City SALEM TOWNSHIP	3/7/11
2. Jolene Topel JOLENE TOPEL	23600-111th ST	☒ Town TREVOR, ☐ Village ☐ City SALEM TOWNSHIP	3/7/11
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, GARY TOPEL, certify:
(name of circulator)

I reside at 23600-111th ST, TREVOR, WI 53179.
(circulator's residence - include number, street, and municipality)

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

3/7/11
(date)

Gary Topel
(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

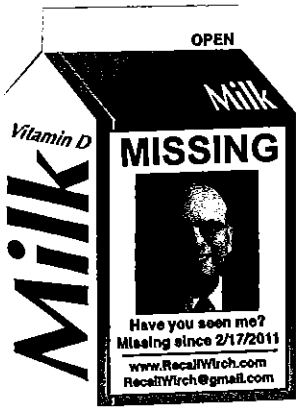
RECALL PETITION

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. RITA MYERS Rita Myers	17511 75 ST Bristol WI	☐ Town ☐ Village ☐ City Bristol	2-27-11
2. HOLLIS MYERS Hollis Myers	17511 75TH ST BRISTOL WI. 53104	☐ Town ☐ Village ☐ City BRISTOL	2-27-11
3. MICHAEL E ASENMAGEN [illegible]	2217-89TH ST. KENOSHA WI 53143	☐ Town ☒ Village ☐ City PLEASANT PRAIRIE	2/28/11
4. EUGENE E MAIER Eugene E Maier	3113-26 AVE KENOSHA WI 53140	☐ Town ☐ Village ☐ City KENOSHA	3/8/11
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, X RITA MYERS, certify:
(name of circulator)

I reside at X 17511 75 ST 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.

X 3-8-11 (date)

X Rita Myers (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

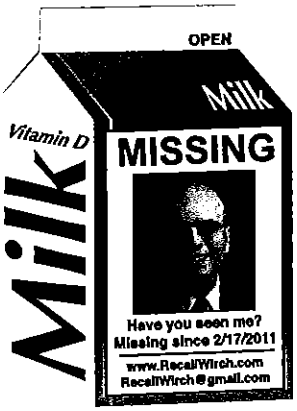
RECALL PETITION

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. K. Muraski	5014-107th Place Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	2/27/11
2. [illegible]	7733-3rd Ave Kenosha WI 53143	☐ Town ☐ Village ☒ City Kenosha	2/28/11
3. Erna Farnsworth	1735 120th Av Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2/28/11
4. Patrick Callahan	1821-80th St Kenosha 53143	☐ Town ☐ Village ☒ City Kenosha	2-28-11
5. [illegible]	401 71st Kenosha	☐ Town ☐ Village ☐ City Kenosha	2/28/11
6. [illegible]	2230-47 Ave Kenosha	☒ Town ☐ Village ☐ City Somers	3/1/11
7. [illegible]	5324-73rd Pleasant Pr.	☐ Town ☐ Village ☐ City Pleasant Pr	3/1/11
8. [illegible]	7105-23rd Ave Kenosha Wi	☐ Town ☐ Village ☒ City Kenosha	3/2/11
9. [illegible]	8039 41 Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/3/11
10. Kelsie Landree	5510-58th Ave. Apt. 10 Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3/7/11

Certification of Circulator

I, WALTON LANDREE, certify:
(name of circulator)

I reside at 1828-90th ST VILLAGE OF PLEASANT PRAIRIE KENOSHA, COUNTY 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.

03-07-2011 (date)

Walton Landree (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

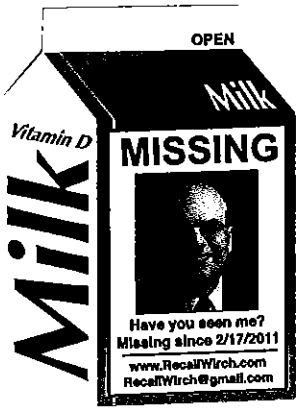
RECALL PETITION

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. Keith A Kentale	1562 47th Ave Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	3/1/2011
2. Marilyn Fritz	16165 30th Ct Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	3/1/2011
3. [illegible]	4745 105th Place Pleasant Prairie, WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3/01/2011
4. Chad M Bitter	24901 69th St Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3/1/11
5. [illegible]	3280 216th Ave Bristol, WI 53104	☐ Town ☐ Village ☐ City Bristol	3/1/11
6. Cathie Mulgrew	1918 38th Street Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/1/11
7. Donna M Adelman	22211 120th St Bristol WI 53104	☐ Town ☐ Village ☐ City Salem	3/1/11
8. Louise Schmitz	8100-63rd Ave. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/1/11
9. Robert Wanger	1816-90 St Kenosha, WI 53143	☐ Town ☒ Village ☐ City Pleasant Prairie	3/1/11
10. Charlotte Wanger	1816-90 St Kenosha, WI 53143	☐ Town ☒ Village ☐ City Pleasant Prairie	3/1/11

Certification of Circulator

I, DONNA LANDREE, certify:
(name of circulator)

I reside at 1828-90th STREET 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.

3/1/2011 (date) — Donna Landree (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

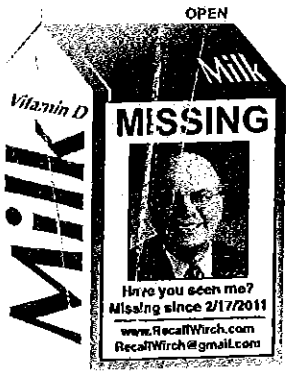
RECALL PETITION

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. GEORGE S. KNOROVSKY George S. Knorovsky	909 BAYVIEW AVE.	☐ Town ☑ Village ☐ City TWIN LAKES	3-8-11
2. NANCY L. KNOROVSKY Nancy L. Knorovsky	909 BAYVIEW AVE.	☐ Town ☑ Village ☐ City TWIN LAKES	3-8-11
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, GEORGE S. KNOROVSKY George S. Knorovsky, certify:
(name of circulator)

I reside at 909 BAYVIEW 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.

3-8-11
(date)

George S. Knorovsky
(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. [signature]	8518 235TH AVE	☒ Town ☐ Village ☐ City SALEM WI 53168	3/4/2011
2. Diane Newton	8518 235 AVE	☒ Town ☐ Village ☐ City Salem WI 53168	3/4/11
3. Nicole Newton	8518 235 AVE	☐ Town ☐ Village ☐ City Salem WI 53168	3/4/11
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, STEPHEN NEWTON (name of circulator), certify:

I reside at 8518 235TH AVE 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.

3/4/2011. (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

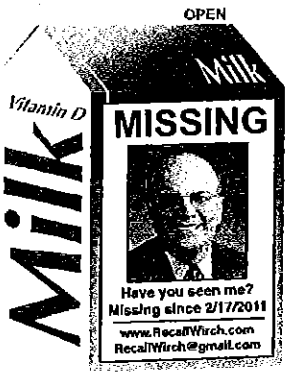
RECALL PETITION

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. William Matthews	132 S Elmwood Ave Burlington WI 53105	☐ Town ☐ Village ☒ City Burlington	3/5/11
2. Roberta Matthews	132 S Elmwood	☐ Town ☐ Village ☒ City Burlington	3/7/11
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 Matthews, certify:
(name of circulator)

I reside at 132 S Elmwood Ave Burlington WI 53105.
(circulator's residence - include number, street, and municipality)

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

3/7/11
(date)

William Matthews
(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

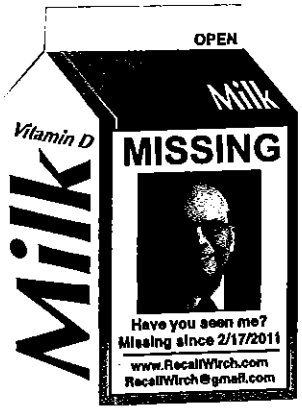
RECALL PETITION

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]	TWIN LAKES, WI. 11807 318TH AV.	☐ Town ☒ Village ☐ City Twin Lakes	2-27-11
2. Ryan Rau	21808 Salem Rd Salem WI 53168	☐ Town ☒ Village ☐ City Salem	2/27/11
3. Vanessa Milliken	19510 102nd Street Bristol, WI	☐ Town ☒ Village ☐ City Bristol	2/27/11
4. Larry Holst	12521 Bristol Rd. Bristol, WI	☐ Town ☒ Village ☐ City Bristol	2/27/11
5. DEDE OTTO	SALEM WI 8560-226TH Ave wi.	☒ Town ☐ Village ☐ City Salem	2/27/11
6. Tom OTTO	8560-226TH Ave Salem, wi 53168	☒ Town ☐ Village ☐ City Salem	2/27/11
7. Tom MoFFAT	SALEM wi 53168 23413 81ST ST	☒ Town ☐ Village ☐ City Salem	2/27/11
8. Jordan Moffat	Salem WI 53168 23413 81ST St	☒ Town ☐ Village ☐ City Salem	2/27/11
9. Ken Gatton	Salem WI 53168 23419 82ND St	☒ Town ☐ Village ☐ City Salem	2/27/11
10. Peter Otten	22819 126TH PLACE TREVOR, WI 53179	☒ Town ☐ Village ☐ City Salem	2/27/11

Certification of Circulator

I, MICHAEL PURTEE, certify:
(name of circulator)

I reside at 8205-235TH AVE 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.

2/5/11 (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

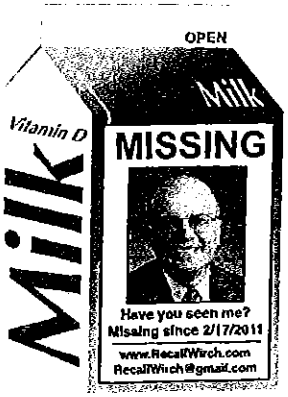
RECALL PETITION

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. Corey Schultz	1545 Fox Run Dr	☐ Town ☒ Village ☐ City Twin Lakes	3/7/2011
2. Heidi Schultz	1545 Fox Run Drive	☐ Town ☒ Village ☐ City Twin Lakes	3/7/2011
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, Corey Schultz, certify:
(name of circulator)

I reside at 1545 Fox Run 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.

3/7/2011
(date)

Corey Schultz
(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. 568

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.	5947 7th Ave Apt 3D Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	3/5/2011
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Chris Stoper (name of circulator), certify:

I reside at 5947 7th Ave, Apt 3D 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.

3/5/2011 (date) (signature of circulator)

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

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

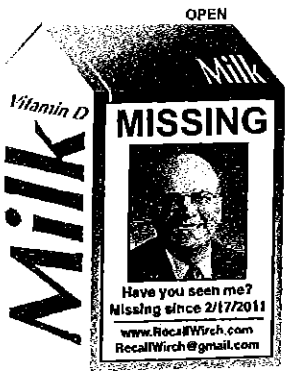
RECALL PETITION

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
Roger Jeffery 1. Roger Jeffery	8649 56th Ave	☐ Town ☐ Village ☒ City Pleasant Prairie	03/07/11
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, Roger J. Jeffery Roger J. Jeffery 8649 56th Ave, certify:
(name of circulator)

I reside at 8649 56th Ave Pleasant Prairie.
(circulator's residence - include number, street, and municipality)

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

03/07/11 (date) Roger J. Jeffery (signature of circulator)

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

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

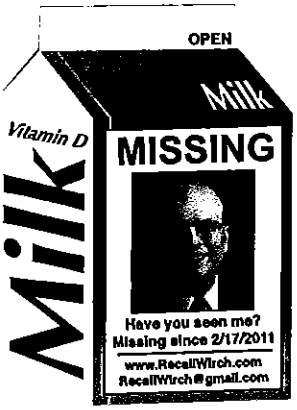
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard D Thomas	7210-41st AVE 53142	☐ Town ☐ Village ☑ City KENOSHA	2-27-11
2. Patricia M Thomas	7210-41 AVENUE 53142	☐ Town ☐ Village ☑ City Kenosha	2-27-11
3. William A. Moore	1930-18th Ave 53140	☐ Town ☐ Village ☑ City Kenosha	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, RICHARD H THOMAS, certify:
(name of circulator)

I reside at 10843-41st AVENUE, PLEASANT PRAIRIE, 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)

(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

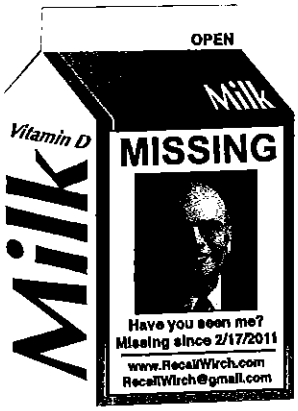
RECALL PETITION

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. Roy Valenta	3520 64th Street Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/5/11
2. Michelle Dietzer	11008 67th St. Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/5/11
3. [illegible]	7707 26th AVE KENOSHA, WI 53143	☐ Town ☐ Village ☒ City KENOSHA	3/5/11
4. [illegible]	4770 84th St Kenosha WI 53142	☐ Town ☒ Village ☐ City Pleasant Prairie	3/5/11
5. Amy Fifik Jones	8652 45th Ave KENOSHA, WI 53142	☐ Town ☐ Village ☒ City KENOSHA	3/5/11
6. Edward G. Rinke	7745 5Th Av Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/5/11
7. Sloan Jeske	9535 Sheridan Rd Pleasant Pr. WI 53158	☐ Town ☒ Village ☐ City Pleasant Pr.	3-5-11
8. Eric Jones	8652 45th Ave Kenosha, WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/5/11
9. Vera Kintz	8052 61st Ave Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3/5/11
10. M K	8052 61st AVE 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 6, 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

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

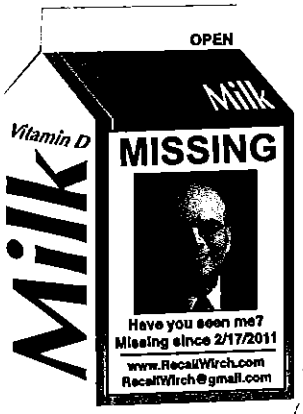
RECALL PETITION

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. [illegible]	11703 60th St lot 26	☒ Town ☐ Village ~~☐ City~~ ~~Kenosha~~ Somers	2-26-11
2. Sue Lutzen	11703 60th Lot 29 Kenosha Wis 53144	☒ Town ☐ Village ~~☐ City~~ ~~Kenosha~~ Somers	2-26-11
3. ~~[illegible]~~	~~11703 60th St #20~~	☐ Town ☐ Village ☐ City	
4. Kelly [illegible]	11703 60th ST	☒ Town ☐ Village ~~☐ City~~ ~~Kenosha~~ Somers	02/26/2011
5. [illegible]	7317 35th Ave	☐ Town ☐ Village ☒ City	Kenosha 2/27/11
6. Emily Bradman	7317 35th Ave	☐ Town ☐ Village ☒ City	Kenosha 2/27/11
7. [illegible]	6210 72ND ST. KENOSHA, WI.	☐ Town ☐ Village ☒ City	KENOSHA 2/27/11
8. [illegible]	4277 79th St Kenosha WI	☐ Town ☐ Village ☒ City	Kenosha 2/27/11
9. [illegible]	20811-82nd St Bristol	☐ Town ☐ Village ☒ City	Bristol 3/3/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Thomas Michael Parks, certify:
(name of circulator)

I reside at 11703 60th St lot #33 Kenosha, WI 53144 Somers.
(circulator's residence - include number, street, and municipality)

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

March 7, 2011
(date)

Thomas Parks
(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. 573

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

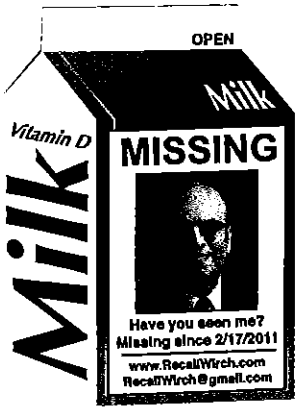
RECALL PETITION

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.	12027-47th AVE PLEASANT PRAIRIE WI 53158	☐ Town ☑ Village ☐ City PLEASANT PRAIRIE	2-26-11
2. Linda Swells	12027 47 Ave Pleasant Prairie WI 53158	☐ Town ☑ Village ☐ City Pleasant Prairie	2-26-11
3.	3402 86th Pl Kenosha WI 53144	☐ Town ☐ Village ☑ City Kenosha	2-26-11
4. Cindy Allan	6316-59 Av Kenosha, WI 53142	☐ Town ☐ Village ☑ City Kenosha	2-26-11
5.	3402 86th Place Kenosha, WI 53142	☐ Town ☐ Village ☑ City Kenosha	2-26-11
6.	28704-115th Street TREVOR, WI 53179	☐ Town ☐ Village ☐ City SALEM	02/26/2011
7.	28704-115th street Trevor WI 53179	☑ Town ☐ Village ☐ City Salem	2-26-11
8. Kathleen Westermeyer	8123 67 Ave Kenosha WI 53142	☐ Town ☐ Village ☑ City Kenosha	2-26-11
9.	8287 E Ridge Dr. Pleasant Prairie	☐ Town ☐ Village ☐ City Kenosha	2-26-11
10. Chris Westermeyer	8123-67th Ave Kenosha, WI 53142	☐ Town ☐ Village ☑ City Kenosha	2-26-11

Certification of Circulator

I, PAULA DURKEE, certify:
(name of circulator)

I reside at 8019-57th 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.

3/1/11
(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. 574

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

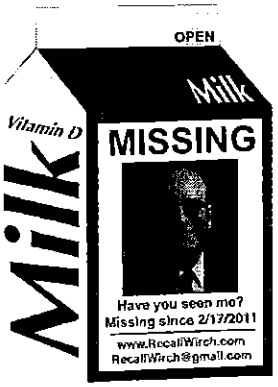
RECALL PETITION

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 L Ravnikar	6327 50th St. Kenosha WI 53144	☑ Town ☐ Village ☐ City Somers	3/3/11
2. Natalie A. Ravnikar	6327 50th St. Kenosha, WI 53144	☑ Town ☐ Village ☐ City Somers	3/3/11
3. Natasha J. Ravnikar	6327 50th Street Kenosha, WI 53144	☑ Town ☐ Village ☐ City Somers	3/3/11
4. Robert Ravnikar	6327 50th Street Kenosha WI 53144	☑ Town ☐ Village ☐ City SOMERS	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, Laura L. Ravnikar, certify:
(name of circulator)

I reside at 6327 50th St. 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.

3/3/2011 — (date)

Laura L Ravnikar — (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. Marcia Boca	19929 107th St.	☐ Town ☑ Village ☐ City BRISTOL	3/1/11
	Bristol, WI 53104		
2. Peter Bora Sr	19929 107th St.	☐ Town ☑ Village ☐ City BRISTOL	3/1/11
PETER BORA SR	Bristol WI 53104		
3. DANIEL CIENKI	4007 28th AVE	☐ Town ☐ Village ☑ City KENOSHA	3/1/11
	KENOSHA, 53140		
4. Tina Sachs	4007 28th Ave	☐ Town ☐ Village ☑ City Kenosha	3/1/11
	Kenosha WI 53140		
5. Carlton Voytech	Salem WI 53168	☑ Town ☐ Village ☐ City Salem	3/4/11
	22107 84th		
6. Kathy Voytech	Salem WI 53168	☑ Town ☐ Village ☐ City Salem	3/4/11
	22107 84th		
7. [illegible]	13525 104th Ave.	☐ Town ☑ Village ☐ City Bristol	3/4/11
	Bristol WI. 53104		
8. Tim Voytech	12400 Bristol Rd.	☐ Town ☑ Village ☐ City Bristol	3-4-11
	Bristol, WI 53104		
9. [illegible]	BRISTOL WIS 53104	☐ Town ☑ Village ☐ City BRISTOL	3-5-11
10. Jean Sharma	19010-73rd ST	☐ Town ☑ Village ☐ City BRISTOL	3-5-11
	BRISTOL WI 53104		

Certification of Circulator

I, Peter Bora, Sr, certify:
(name of circulator)

I reside at 19929 107th St 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.

3-7-11
(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. 576

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 608-266-8003, http://gab.wi.gov email: gab@wi.gov

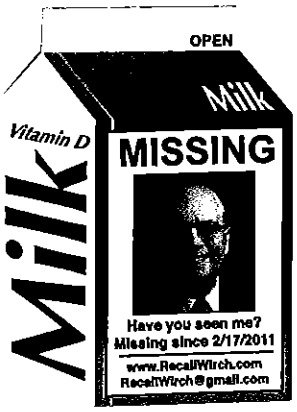
RECALL PETITION

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. [signature]	6310 - 240th Ave Paddock Lake 53168	☐ Town ☒ Village ☐ City Paddock Lake	02/28/11
2. [signature]	6304-240 Ave Paddock Lake 53168	☐ Town ☒ Village ☐ City Paddock Lake	2/28/11
3. [signature]	24006 64th Pl Paddock Lake 53168	☐ Town ☒ Village ☐ City Paddock Lake	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, Barbara Mines, certify:
(name of circulator)

I reside at 24006 64th Place, Paddock 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.

3-7-11 (date) Barbara A. Mines (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. Laura Donnell	4407 30 St. Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	3-2-11
2. [illegible]	4407 30th St Kenosha WI 53144	☐ Town ☐ Village ☒ City Kenosha	3.2.11
3. [illegible]	31030 Plank Rd Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington	3.4.11
4. Mike [illegible]	4001 328th Ave Burlington WI 53105	☐ Town ☐ Village ☐ City Wheatland	3-4-11
5. [illegible]	60001 235th Ave Salem WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3-4-11
6. Mark O'Donnell	8229 54th Ave Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3-4-11
7. Andy Holkmon	9130 62nd Street Kenosha WI 53142	☐ Town ☐ Village ☒ City Kenosha	3.4.11
8. Shirley Westland	6587-83 Plaza Pleasant Prairie WI 53158	☐ Town ☒ Village ☐ City Pleasant Prairie	3-4-11
9. Bernd Fleischer	21211 119th St Bristol, WI 53104	☒ Town ☐ Village ☐ City Kenosha	3-4-11
10. Julie Gurshak	8910-22 Ave Kenosha, WI 53143	☐ Town ☒ Village ☐ City Pleasant Prairie	3-4-11

Certification of Circulator

I, John Donnell, certify:
(name of circulator)

I reside at 4407 30th street 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.

3.4.11
(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

Page No. 578

RECALL PETITION

TO: Wisconsin 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. Patricia Kjellander	738 W Main St.	☐ Town ☒ Village ☐ City Twin Lakes	3-3-11
2. John B Kjellander	738 W Main ST	☐ Town ☒ Village ☐ City TWIN LAKES	3-3-11
3. Gail Schaal	39810 Bloomfield Rd. Box 414, Powers Lake	☒ Town ☐ Village ☐ City Wheatland	3-3-11
4. Douglas Schaal	39810 - Bloomfield Rd Box 414 Powers Lake WI 53159	☒ Town ☐ Village ☐ City Wheatland	3-3-11
5. Rebecca Mellen	38604 87th St Burlington, WI 53105	☒ Town ☐ Village ☐ City Randall	3-3-11
6. [illegible]	38604 87th St Burlington, WI 53105	☒ Town ☐ Village ☐ City Randall	3-3-11
7. Ronald Kaskin	813 Country Ln. PO Box 95 Bassett W. 53101	☐ Town ☒ Village ☐ City Twin Lakes	3-3-11
8. [illegible]	32200 45th St #27 Burlington W. 53105	☒ Town ☐ Village ☐ City Wheatland	3-4-11
9. [illegible]	7732 241st Ave. Paddock Lake WI 53165	☐ Town ☒ Village ☐ City Paddock Lake	3-4-11
10. Keith L Hinzpeter	1008 W MAIN ST Twin Lakes, WI 53181	☐ Town ☒ Village ☐ City Twin Lakes	3/4/11

Certification of Circulator

I, KENNETH A. HINZPETER, certify:
(name of circulator)

I reside at 1002 W. MAIN ST TWIN LAKES WI 53181, VILLAGE OF TWIN LAKES
(circulator's residence - include number, street, and municipality)

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

03-04-2011 (date) Kenneth A Hinzpeter (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. 579

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. Kenneth A. Hinzpeter	1002 W. MAIN ST TWIN LAKES WI	☐ Town ☒ Village ☐ City TWIN LAKES	3/2/11
2. Francine M Hinzpeter	1002 W MAIN ST. TWIN LAKES WI	☐ Town ☒ Village ☐ City TWIN LAKES	3-2-11
3. Lori L LaRose	1020 W. Main St Twin Lakes W	☐ Town ☒ Village ☐ City TWIN LAKES	3/2/11
4. Marshall [illegible]	1020 West Main St Twin Lakes Wi	☐ Town ☒ Village ☐ City Twin Lakes	3-2-11
5. Betty Hinzpeter	10-16 W. Main St. Twin Lakes, Wis	☐ Town ☒ Village ☐ City Twin Lakes	3-2-11
6. Kenneth Hinzpeter Sr.	10-16 W. MAIN ST. TWIN Lakes WI	☐ Town ☒ Village ☐ City TWIN Lakes	3-2-11
7. Richard Hinzpeter	636 Park AVE. Twin Lakes WI.	☐ Town ☒ Village ☐ City Twin Lakes	3 2-11
8. Barb Hinzpeter	1016 W MAIN ST, Twin Lakes WI.	☐ Town ☒ Village ☐ City Twin Lakes	3-2-11
9. Kelly Erickson	1040 W Main Twin Lakes WI	☐ Town ☒ Village ☐ City Twin Lakes	3-2-11
10. Joe Gutierrez	1040 W. MAIN ST. TWIN LAKES WI	☐ Town ☒ Village ☐ City TWIN LAKES	3-2-11

Certification of Circulator

I, Kenneth A. Hinzpeter KENNETH A. HINZPETER, certify:
(name of circulator)

I reside at 1002 W. MAIN ST TWIN LAKES WI 53181, VILLAGE OF TWIN LAKES
(circulator's residence - include number, street, and municipality)

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

03-03-2011 (date) Kenneth A Hinzpeter (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. 580

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

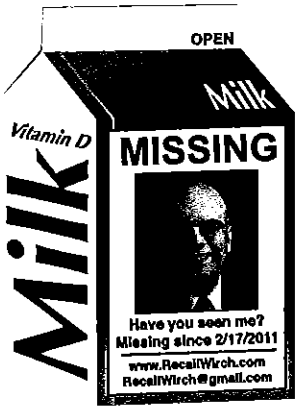
RECALL PETITION

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. Vincent J. Curry	22206 Salem Rd Salem WI 53168	☐ Town ☐ Village ☐ City Salem	3/3/11
2. Patricia J. Fish	24814 68th St Paddock Lake	☐ Town ☐ Village ☐ City Paddock Lake	3/3/11
3. Erica Roberts	4032 60th Street Kenosha, WI 53144	☐ Town ☐ Village ☐ City Kenosha	3/3/11
4. Matt [illegible]	2020 88 St Kenosha, WI 53143	☐ Town ☐ Village ☐ City Kenosha	3/7/11
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, Jodi Zahn, certify:
(name of circulator)

I reside at 2020 - 88 Street, 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.

3/7/11
(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

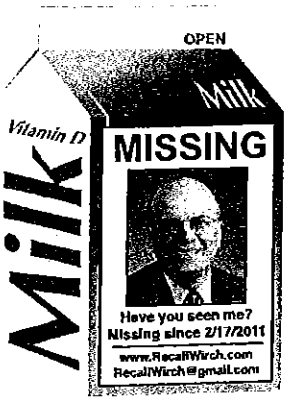
RECALL PETITION

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. Bonnie K. Hrynewich	868 BAYVIEW AVE TWIN LAKES WI 53181	☐ Town ☒ Village ☐ City TWIN LAKES	3/5/11
2. Andrew J. Hrynewich	868 BAYVIEW AVE TWIN LAKES WI 53181	☐ Town ☐ Village ☐ City TWIN LAKES	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, BONNIE K. HRYNIEWICZ, certify:
(name of circulator)

I reside at 868 BAYVIEW 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.

3/5/2011 (date) Bonnie K. Hrynewich (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

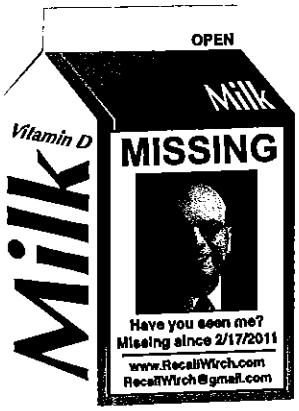
RECALL PETITION

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. Bethe Van Kent	6031 93rd St Pleasant Prairie WI	☐ Town ☒ Village ☐ City Pleasant Prairie	2-27-11
2. Virginia Thomas	2223 28th Ave Kenosha, WI 53140	☐ Town ☐ Village ☒ City Kenosha	2-28-11
3. Robert Thomas	2223 28th Ave KENOSHA, WI 53140	☐ Town ☐ Village ☒ City KENOSHA	2-28-11
4. Ron Lemke	6536 - Pershing Blvd Kenosha, WI 53142	☐ Town ☐ Village ☐ City KENOSHA	3-1-11
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, Bonnie Peterson, certify:
(name of circulator)

I reside at 8315 10th Place, 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.

3/5/11
(date)

Bonnie L Peterson
(signature of circulator)

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

Page No. 583

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

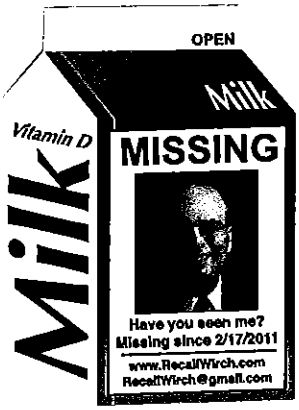
RECALL PETITION

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. Lindsay M Peterson	8315 10th Place Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2-26-11
2. Joel D. Peterson	8315 10th Place Kenosha, WI 53144	☒ Town ☐ Village ☐ City Somers	2-28-11
3. [illegible] Lee	[illegible] Somers	☐ Town ☐ Village ☐ City Som	3-2-11
4. Thos J Ordoff	8300-10th Kenosha, WI	☐ Town ☐ Village ☐ City Somers	3-2-11
5. Judith Ordoff	8300-10th Kenosha WI	☐ Town ☐ Village ☐ City Somers	3-2-11
6. Stephanie Christenson	8519 TENTH PLACE KENOSHA, WI 53144	☒ Town ☐ Village ☐ City Somers	3/2/11
7. Brad Christenson	8519 10th Place Kenosha WI 53144	☐ Town ☐ Village ☐ City Somers	3/2/11
8. Steve [illegible]	5330 10th Place Somers WI	☒ Town ☐ Village ☐ City Somers	3/2/11
9. Kenneth Miller	5536 28th Ave Kenosha WI	☐ Town ☐ Village ☒ City Kenosha	3/4/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 8315 10th Place, Kenosha, WI 53144 Somers.
(circulator's residence - include number, street, and municipality)

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

3-5-11
(date)

Bonnie L Peterson
(signature of circulator)

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

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]	24519 - 84th Str	☒ Town ☐ Village ☐ City Salem	3-3-11
2. Joe Monicke	536 ARROWHEAD	☐ Town ☒ Village ☐ City TWIN LAKES	3-3-11
3. [illegible]	36760 57th St	☒ Town ☐ Village ☐ City WHEATLAND	3/3/11
4. [illegible]	36760 57th St	☒ Town ☐ Village ☐ City WHEATLAND	3/3/11
5. [illegible]	3750 - 368th Ave	☒ Town ☐ Village ☐ City WHEATLAND	3-3-11
6. Tim Goodman	6720 Fox River Rd	☒ Town ☐ Village ☐ City Wheatland	3-5-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jason Pisani, certify:
(name of circulator)

I reside at 3750 368th Av, Burlington WI 53105 Wheatland.
(circulator's residence - include number, street, and municipality)

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

3-5-2011
(date)

(signature of circulator)

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

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

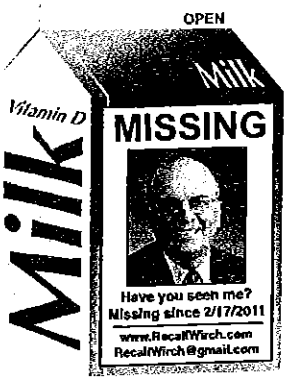
RECALL PETITION

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. Yopp, Ralph E. Ralph E Yopp	460 Walnut St.	☐ Town ☐ Village ☒ City Burlington	7 Mar 2011
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Ralph E Yopp, certify:
(name of circulator)

I reside at 460 Walnut 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.

7 Mar 2011
(date)

Ralph E Yopp
(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

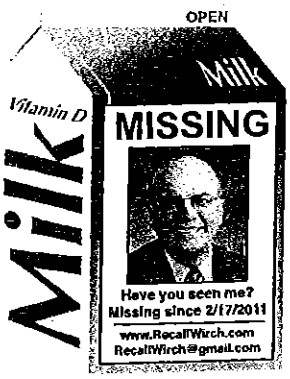
RECALL PETITION

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. Reta Bohnsack Reta Bohnsack	125 Schemmer St.	☐ Town ☐ Village ☒ City Burlington	3/5/2011
2. Irene MILLARD Irene Millard	559 Edgewood Dr #1	☐ Town ☐ Village ☒ City Burlington	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, Reta Bohnsack Reta Bohnsack, certify:
(name of circulator)

I reside at 125 Schemmer St. Burlington 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)

Reta Bohnsack
(signature of circulator)

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

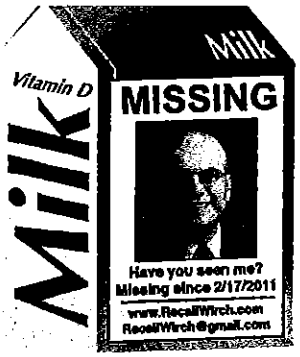
GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov email: gab@wi.gov

(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. Jeka Bosshell	33900 Crest View Dr Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-5-11
2. Will Robison	8626 Hilltop Ct. Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-5-11
3. Dave Krupp Jr.	33815 Ivy Ct.	☒ Town ☐ Village ☐ City Burl.	3/5/11
4. Theresa Krupp	33815 Ivy Ct	☒ Town ☐ Village ☐ City Burlington	3/5/11
5. Steve Henning	2620 Franklin St. Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/5/11
6. Melvin Burmeister	6320 McHenry St. Burlington	☒ Town ☐ Village ☐ City Burlington	3/5/11
7. Jody [illegible]	3272 W Roberts Ct Burlington, Wi 53105	☒ Town ☐ Village ☐ City Burlington	3/5/11
8. [illegible]	8528 Horizon Dr. Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3/5/11
9. [illegible]	8528 Horizon Dr Burlington, WI 53105	☒ Town ☐ Village ☐ City Burlington, WI	3/5/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 7411 Wheatland Rd Burlington WI 53105 Town of Burlington.
(circulator's residence - include number, street, and municipality)

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

3-5-11 (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

(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. Christine Leonard	4012-25th PLACE Kenosha, WI 53144	☐ Town ☐ Village ☒ City Kenosha	3-5-11
2. [illegible]	25124 83rd St Salem, WI	☐ Town ☐ Village ☐ City Salem	3/5/11
3. Mary C Faulk	8031 Ridgeway Dr. Burlington, WI 53105	☐ Town ☐ Village ☐ City Burlington	3/5/11
4. Mark DeBruyne	8059 Sage St P	☒ Town ☐ Village ☐ City Burlington	3/5/11
5. [illegible]	8751 Fishman Rd Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-5-11
6. [illegible]	33509 Rose St. Burlington, WI	☒ Town ☐ Village ☐ City Burlington	3-5-11
7. [illegible]	8733 Morel DR BURLINGTON WI 53105	☒ Town ☐ Village ☐ City BURLINGTON	3-5-11
8. Barbara Belmiras	8733 Morel Dr Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-5-11
9. Melissa Friesel	30825 Sun Ct Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-5-11
10. [illegible]	30825 Sun Court Burlington WI 53105	☒ Town ☐ Village ☐ City Burlington	3-5-11

Certification of Circulator

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

I reside at 7411 Wheatland Rd Burlington WI 53105 Town 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.

3-6-11 (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. Laura Lane	735 312TH Ave	☒ Town ☐ Village ☐ City BRIGHTON	3/1/11
2. Robert Lane	735 312TH AVE	☒ Town ☐ Village ☐ City BRIGHTON	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, LAURA LANE, certify:
(name of circulator)

I reside at 735 312Th Ave, Brighton, 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)

Laura L
(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. 590

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. Marilyn Dahler	108 Katie Dr. Silver Lake, WI 53170	☐ Town ☒ Village ☐ City Silver Lake	3-4-11
2. [illegible]	25850 100TH STREET SALEM, WI 53168	☒ Town ☐ Village ☐ City Salem	3-04-2011
3. Connie M. Kluguiewicz	25850 100th St. SALEM, WI 53168	☒ Town ☐ Village ☐ City Salem	3/4/11
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, Connie M. Kluguiewicz, certify:
(name of circulator)

I reside at 25850 100th 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.

3/4/11 (date) Connie M. Kluguiewicz (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

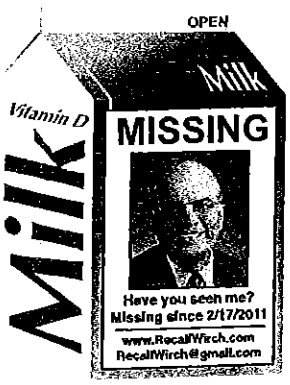
RECALL PETITION

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. Dorothy L. Ostrowski	811 - 180th Ave Union Grove Wi 53182	☒ Town ☐ Village ☐ City Paris	3-5-11
2. Casimir Ostrowski	811 180th ave Paris, WI 53182	☒ Town ☐ Village ☐ City Paris	3-7-11
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, Casimir Ostrowski, certify:
(name of circulator)

I reside at 811 180th Ave - Paris, WI 53182.
(circulator's residence - include number, street, and municipality)

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

3-7-11 (date) Casimir Ostrowski (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

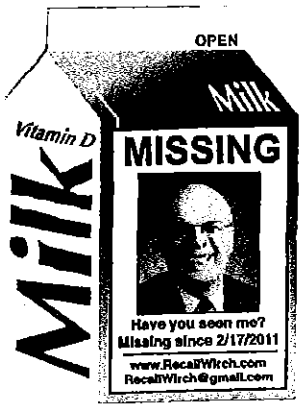
RECALL PETITION

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. Ashley Pfenninger	9231 391ST Ave Genoa City, WI 53128	☒ Town ☐ Village ☐ City Randall	3/4/11
2. Chelsey O'Reilly	9213 391st Ave. Genoa City WI 53128	☒ Town ☐ Village ☐ City Randall	3/4/11
3. Paul L. Pfenninger	9121 396TH AVE. GENOA CITY WI 53128	☒ Town ☐ Village ☐ City RANDALL	3/4/11
4. Shari Pfenninger	9121 396th Ave Genoa City WI 53128	☒ Town ☐ Village ☐ City Randall	3/4/11
5. [illegible]	9213 391st Ave Genoa City WI 53128	☒ Town ☐ Village ☐ City Randall	3/4/11
6. Leroy Pfenninger	9121 396th Ave Genoa City WI 53128	☒ Town ☐ Village ☐ City Randall	3/4/2011
7. Gerald Kasleiwe	9129 395TH AVE GENOA CITY WI 53128	☒ Town ☐ Village ☐ City RANDALL	3/5/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 39520 91ST ST. POWERS LAKE, WI 53159 P.O. Box 85
(circulator's residence - include number, street, and municipality)

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

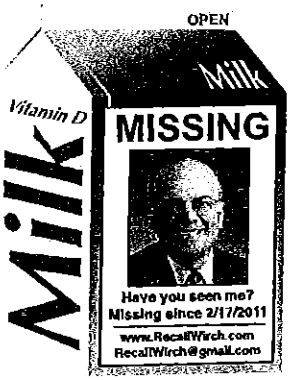
RECALL PETITION

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
Kimberly Trakas Lois Kimberly Trakas-Lois	148 Randolph St Burlington WI	☐ Town ☐ Village ☐ City Burlington	3/5/11
2. Philip B. Lois Philip B. Lois	148 Randolph st Burlington WI	☐ Town ☐ Village ☐ City Burlington	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, Kimberly Trakas-Lois, certify:
(name of circulator)

I reside at 148 Randolph St Burlington WI.
(circulator's residence - include number, street, and municipality)

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

3/5/11
(date)

Kimberly Trakas Lois
(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 E. Johnson	1838-17 AVE	☐ Town ☐ Village ☒ City KENOSHA	3/6/11
2. Dorothy J. Johnson	1838-17 AVE	☐ Town ☐ Village ☒ City KENOSHA	3/6/11
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 E. JOHNSON, certify:
(name of circulator)

I reside at 1838-17 AVE KENOSHA WIS. 53140.
(circulator's residence - include number, street, and municipality)

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

3-6-11
(date)

William E. Johnson
(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

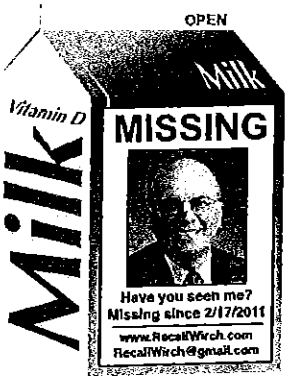
RECALL PETITION

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. Ethel M. Garrett	1237 LUCILLE AVE TWIN LAKES	☐ Town ☒ Village TWIN LAKES ☐ City	3-7-11
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, Ethel M. Garrett, certify:
(name of circulator)

I reside at 1237 Lucille Ave., 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.

3-7-11
(date)

Ethel M. Garrett
(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

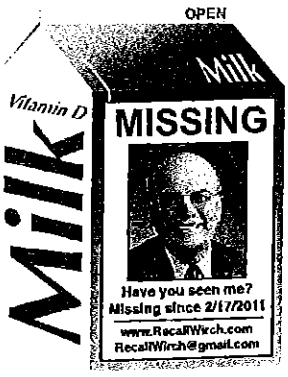
RECALL PETITION

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. James Lapp	272 Church St.	☐ Town ☐ Village ☒ City Burlington	3/5/11
2. Patricia Lapp	272 Church	☐ Town ☐ Village ☐ City "	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, JAMES LAPP (name of circulator), certify:

I reside at 272 Church 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.

3-6-11 (date) James Lapp (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.	28146 Silver Lake Rd.	☐ Town ☐ Village ☐ City SALEM	2/27/11
2.	9810 - 304TH AVE. Burlington, WI.	☐ Town ☐ Village ☐ City SALEM	3/1/11
3.	164 Davidson Dr Burlington WI	☐ Town ☐ Village ☑ City Burlington	3/1/11
4.	164 Davidson Dr Burlington, WI	☐ Town ☐ Village ☑ City Burlington	3/3/11
5. Robin Frenzel	597 Edgewood Dr Silver lake	☐ Town ☒ Village ☐ City Silver lake	3/4/11
6.	518 Maple Silverlake WI	☐ Town ☐ Village ☐ City Silverlake	3/4/11
7.	518 Maple	☐ Town ☐ Village ☐ City Silverlake	3/4/11
8.	518 Maple	☐ Town ☐ Village ☐ City Silverlake	3-4-11
9.	518 Maple	☐ Town ☐ Village ☐ City Silverlake	3/4/11
10. Bill Frenzel	597 Edgewood	☐ Town ☐ Village ☐ City Silver lake	3/4/11

Certification of Circulator

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

I reside at 28146 SILVER LAKE RD SALEM TOWNSHIP KENOSA CTY 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.6/2007) 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

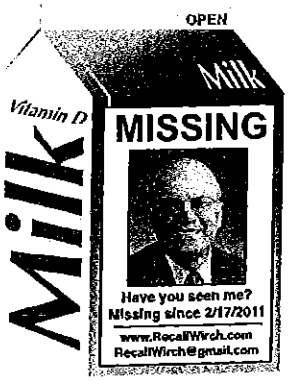
RECALL PETITION

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 Blount	24604 74th St. Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3-6-11
2. Patricia Blount	24604 74th St. Salem, WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3-7-11
3. Ann Blount	24622 74th street Salem WI 53168	☐ Town ☒ Village ☐ City Paddock Lake	3-7-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Paul Blount, certify:
(name of circulator)

I reside at 24604 74th St. Salem, WI 53168 Paddock Lake.
(circulator's residence - include number, street, and municipality)

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

3-7-11
(date)

Paul Blount
(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

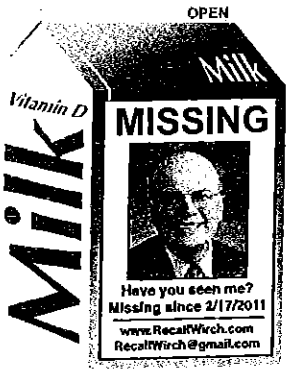
RECALL PETITION

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. Scott Soto Scott Soto	6118 235th AVE PADDOCK LAKE, WI	☐ Town ☒ Village Paddock Lake ☐ City	3/5/2011
2. Jennifer A Soto	6118 235th Ave PADDOCK LAKE, WI	☐ Town ☒ Village Paddock Lake ☐ City	3/7/2011
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, Scott Soto Scott Soto, certify:
(name of circulator)

I reside at 6118 235th AVE. PADDOCK LAKE, 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.

3/7/2011 (date) Scott Soto (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