

RECALL PETITION

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

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

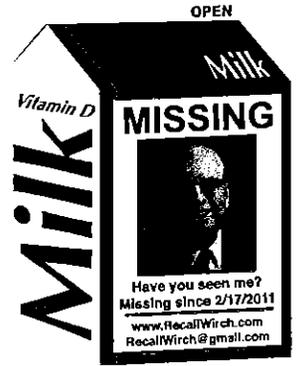
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Frank Iovine</u>	<u>2306-11 ST</u> <u>KENOSHA WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>04 MARCH 11</u>
2. <u>Christie Iovine</u>	<u>2306-11st</u> <u>KENOSHA, WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>04 MARCH 11</u>
3. <u>John Iovine Jr</u>	<u>2205-23 AVE</u> <u>KENOSHA WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>03-7-11</u>
4. <u>Santina Iovine</u>	<u>2205-23 AVE</u> <u>KENOSHA WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>03-7-11</u>
5. <u>John M Iovine</u>	<u>2205-23 AVE</u> <u>KENOSHA, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-8-11</u>
6. <u>Jina M. Richer</u>	<u>3554 17th Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

I reside at 2306-11st KENOSHA, WI 53140 ; 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.

10 MARCH 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. 801
7 of 7

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

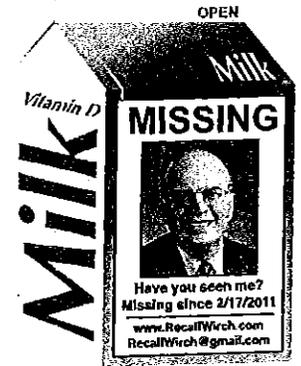
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>LARRY M. Casperson</u> <u>Larry M. Casperson</u>	<u>11220 11 AVE</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>03-09-11</u>
2. <u>James Casperson</u>	<u>11220 - 11th AVE</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>"</u>	<u>3-9-11</u>
3. <u>Robin Price</u>	<u>2612 Kenosha Rd</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>
4. <u>John K. Bay</u>	<u>2309 81ST</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>"</u>	<u>3-9-11</u>
5. <u>Bay In</u>	<u>1103 4th Ave</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-9-11</u>
6. <u>Michael Bernier</u>	<u>2309 81st Street UPRR</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>
7. <u>Sandra J. Kern</u>	<u>11103 4th Ave</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-9-11</u>
8. <u>Stevie Carter</u>	<u>5229 35th Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/9/11</u>
9. <u>Stevie Carter</u>	<u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>
10. <u>Don Z. Kautsch</u>	<u>6048 41st Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>

Certification of Circulator

I, LARRY CASPERSON, certify:

I reside at 11220 11 AVE, Pleasant Prairie WI 53158
(circulator's residence - include number, street, and municipality)

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

03-09-11
(date)

Larry M. Casperson
(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

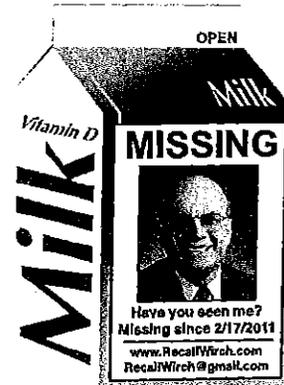
(name of officeholder to be recalled and office)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	9840 272 nd Ave	<input checked="" type="checkbox"/> Town SALEM <input type="checkbox"/> Village IREVOR <input type="checkbox"/> City	3/10/11
2.	9840 272 nd Ave	<input checked="" type="checkbox"/> Town SALEM <input type="checkbox"/> Village IREVOR <input type="checkbox"/> City	3/10/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, GARY FOGACHAR (name of circulator) _____, certify:

I reside at 9840 272nd Ave, Irevor, WI 53179 SALEM (circulator's residence - include number, street, and municipality)

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

3/10/11
(date)

(signature of circulator)

Please mail this form to:

RecallWirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

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

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

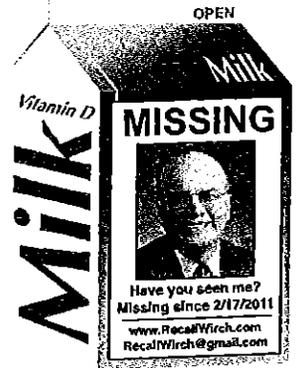
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>E. Mentz</u>	<u>6847 45th Ave Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-6-11</u>
2. <u>James Rosselli</u>	<u>1440-45th Ave. Somers, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-6-11</u>
3. <u>Matthew Adams</u>	<u>900 Wood Rd. University Dr 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-6-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, FRANK ROSSELLI **Certification of Circulator**, certify:
(name of circulator)

I reside at 1440-45th Ave, Somers, 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.

March 11, 2011
(date)

Frank Rosselli
(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. 804

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Richard J. Gentile</i>	<u>7833-35 AV</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/1/2011</u>
2. <i>Mary P. Gentile</i>	<u>7833-35 AV</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/1/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, X RICHARD J GENTILE, certify:
(name of circulator)

I reside at X 7833-35 AV KENOSHA W.I. 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.

X 3/1/11
(date)

X Richard J. Gentile
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	35035 67 th St Burlington, WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wheatland	3/8/2011
2. <u>Helena A. Andrekus</u>	27100 - 60 th St Salem, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brighton	3/9/2011
3. <u>Frank J. Andrekus</u>	27100 60 th Street Salem, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brighton	3/9/2011
4.	35035 67 th St. Burlington WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wheatland	3-10-11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Mark T. Andrekus, certify:
(name of circulator)

I reside at 35035 67th St, Burlington, WI in the township of 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.

3/10/11
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

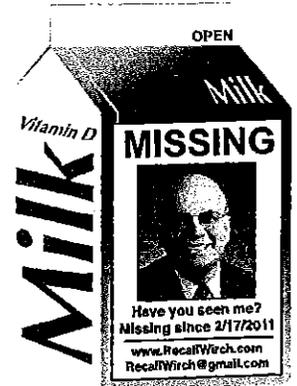
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ramona Forman</u>	<u>27116 99th St Trevor WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-8-11</u>
2. <u>Authy [Signature]</u>	<u>27116 99th St Trevor Wis</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/8/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Ramona Forman, **Certification of Circulator**, certify:
(name of circulator)
 I reside at 27116 99th St Trevor WI Town of Salem WI
(circulator's residence - include number, street, and municipality)

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

3-8-11 Ramona Forman
(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. 807

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. LUKE HANSON	7610 16 th AVE KENOSHA WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA.</u>	3-1-11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jeanette HANSON, certify:
(name of circulator)

I reside at 7610 16th Ave Kenosha WI 53143
(circulator's residence - include number, street, and municipality)

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

3-4-11
(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

RECALL PETITION

TO: **Wisconsin Government Accountability Board**

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

We, the undersigned qualified electors of the **22nd Wisconsin State Senate District**

(jurisdiction or district of officeholder)

petition for the recall of **Robert Wirch** **22nd District State Senate of Wisconsin**

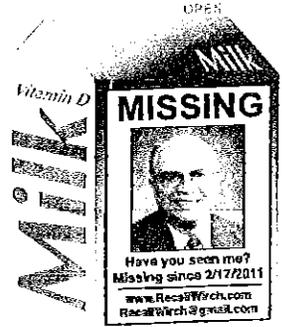
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Cindy Siles</i>	7726 38 th Ave Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	2/28/11
2. <i>Dan Svoboda</i>	7726 38 th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	2/28/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Dan Svoboda **Certification of Circulator**, certify:

I reside at 7726 38th Ave Kenosha WI 53142
(circulator's residence - include number, street, and municipality)

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

2/28/11 (date) *Dan Svoboda* (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. 9809

BAR-170 (Rev. 8/2011) The information on this form is required by §§.9.904-9.910, Wis. Stats. This form is provided by the Government Accountability Board, P.O. Box 7054, Madison, WI 53707-0754. P.S. You don't need a postmark or postage on this form.

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Gay Tom</i>	<i>9296 Creekside Circle Pleasant Prairie 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>3/7/2011</i>
2. <i>Karen Thomas</i>	<i>9290 Creekside Circle Pleasant Prairie, 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>3/7/2011</i>
3. <i>Soni Yedjan</i>	<i>1717 21st Ave Kenosha, WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Pleasant Prairie</i>	<i>3/7/2011</i>
4. <i>Blynn</i>	<i>7951 30th AVE KENOSHA, WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/2011</i>
5. <i>Katherine</i>	<i>10514 63rd Street Kenosha, WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Kenosha</i>	<i>3/7/2011</i>
6. <i>[Signature]</i>	<i>7911 60th Ave # 203 Kenosha, WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/11</i>
7. <i>George Capraun</i>	<i>4209 Branbury Rd Twin Lakes</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Somers</i>	<i>3/7/11</i>
8. <i>Bob Wagner</i>	<i>234 CHRISTIE LN TWIN LAKES</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Twin Lakes</i>	<i>3/7/11</i>
9. <i>Chris Dystman</i>	<i>2417 Superior St Racine WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>3/7/11</i>
10. <i>Jeff Hickey</i>	<i>6330 57th AV KENOSHA WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/11</i>

Certification of Circulator

I, Linda Carpenter, certify:

(name of circulator)

I reside at 11450 23rd Ave Pleasant Prairie, WI 53158

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

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

3/7/2011
(date)

[Signature]
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

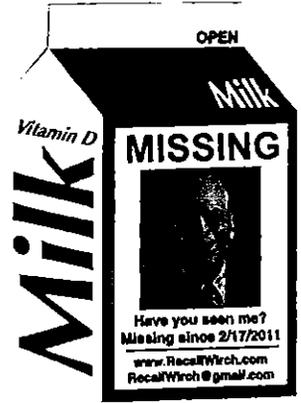
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	<i>9338 - 235th Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Salem</i>	<i>3/6/11</i>
2. <i>[Signature]</i>	<i>2704 83 St Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/6/11</i>
3. <i>[Signature]</i>	<i>6721 31st Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/6/11</i>
4. <i>[Signature]</i>	<i>5100 26th Kenosha WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/11</i>
5. <i>[Signature]</i>	<i>6744 S.E. 22nd Kenosha WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/11</i>
6. <i>[Signature]</i>	<i>6620 - 50th Ave Keno. WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/11</i>
7. <i>[Signature]</i>	<i>7817 28th Ave Kenosha WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/11</i>
8. <i>[Signature]</i>	<i>7817 29th Ave Kenosha, WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/11</i>
9. <i>[Signature]</i>	<i>5706 - 37 Ave. Kenosha, WI. 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/7/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Linda Carpenter, certify:
(name of circulator)
 I reside at 11450 23rd Ave Pleasant Prairie, WI 53158
(circulator's residence include number, street, and municipality)

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

3-7-11
(date)

[Signature]
(signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kimberly S. Cameron</u>	<u>24301-674th St. Salem, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Redback Lake</u> <input type="checkbox"/> City	<u>3-1-11</u>
2. <u>Cheryl McGrim</u>	<u>2013 22nd Ave Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3-1-11</u>
3. <u>Denise McKrae</u>	<u>5915-69th Street Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3-1-11</u>
4. <u>Paula Addison</u>	<u>218 Edward St Burlington 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Burlington</u> <input checked="" type="checkbox"/> City	<u>3-1-11</u>
5. <u>Liffany Michi</u>	<u>3628-22nd St Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3-1-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

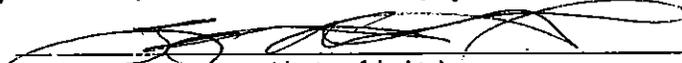
Certification of Circulator

I, Scott Carpenter, certify:

I reside at 11439 - 23rd Ave Pleasant Prairie WI 53158
(circulator's residence - include number, street, and municipality)

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

3-7-2011
(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 2984, Madison, WI 53707-2984 608-266-8000, http://gab.wisconsin.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. <u>Blaine Kuller</u>	<u>6443 54th St Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-7-2011</u>
2. <u>Kathleen Leach</u>	<u>6305-44th Street, #133 Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/07/11</u>
3. <u>Pauline M. Nichols</u>	<u>3506-86th Pl Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/7/11</u>
4. <u>Joan M. Richer</u>	<u>3506 86th PLACE KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/7/11</u>
5. <u>[Signature]</u>	<u>4966 Riverside Rd Waterford WI 53185</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u>	<u>3-7-11</u>
6. <u>[Signature]</u>	<u>9767 Sheridan Rd Pleasant Prairie WI 53158</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-7-11</u>
7. <u>[Signature]</u>	<u>5025 70 St Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-7-11</u>
8. <u>STEVE KENSIE</u>	<u>6675 184th AVE BRISTOL, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BRISTOL</u>	<u>3-7-11</u>
9. <u>DAVID CURRY</u>	<u>8041-48th AVE KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-7-11</u>
10. <u>Timothy Becker</u>	<u>8828-32nd Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-7-11</u>

Certification of Circulator

I, ANGELA BARTZEN, certify:

(name of circulator)

I reside at 7420 LATIGO CR FRANKSVILLE, CALEDONIA

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

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

Angela Bartzen
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	2704 83rd St Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/7/11
2.	2806 75th St. Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-7-11
3.	11734 28th Ave Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3-7-11
4.	4711 83rd St Kenosha, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3-7-11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. ANGELA BARTZEN Certification of Circulator

(name of circulator)

certify:

I reside at 7420 LATBOUR FRANKSVILLE CALEDONIA

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective 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. 814

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>John Banaszak</i>	9010 - 70 th St Kenosha, WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	2/28/11
2. <i>Judy Hains</i>	7612 31st Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	2/28/11
3. <i>Walter Mabe</i>	8405 204th Circle Bristol WI 53104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Bristol <input type="checkbox"/> City	2-28-11
4. <i>Sandra Banaszak</i>	9010 70 th St Kenosha WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	2-28-11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, John BANASZAK **Certification of Circulator**, certify:

I reside at 9010 - 70th 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.

2/28/11
(date)

John Banaszak
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

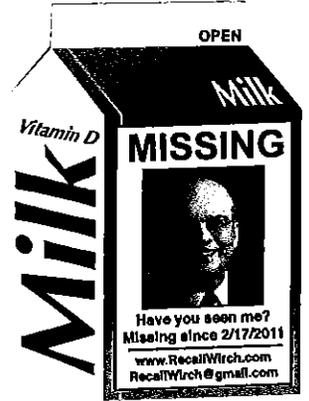
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	22424 Salem Rd Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	2/27/2011
2. Edward P. Roszka Jr.	15116 12 th Street Kenosha WI 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PARIS	3-2-11
3. Cynthia Mahan	3021 240 th Ave Union Grove WI 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brighton	3-3-11
4. J. Walker	22105 31 st St. Bristol, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brighton	3-3-11
5. Diane Kumpf	3300 - 264 th AV Salem, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brighton	3/7/11
6. Carolyn Kreye	3300 - 264 th AVE Salem, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brighton	3/7/11
7. Karin Glas	21208 - 15 th St Union Grove WI 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paris	3/7/11
8. Debbie Meyers	3701 25 ^{2nd} Ave Salem, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brighton	3-7-11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Elisa J. Pieroni, certify:

(name of circulator)

I reside at 22002 Burlington Rd Union Grove, WI 53182 Brighton.

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

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

Elisa J. Pieroni
(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. 816

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>G. Lee</u>	<u>411 13th Ave Racine WI 53403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-11-11</u>
2. <u>Shayne Wehausen</u>	<u>6618 Sheridan Road Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/2011</u>
3. <u>Rodger Hansen</u>	<u>11509 35th Ave Pleasant Prairie 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/11/2011</u>
4. <u>Chris K</u>	<u>5913 38th Ave Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/2011</u>
5. <u>Paul P</u>	<u>3221 14th St Kenosha WI 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11-2011</u>
6. <u>Shayla Victoria</u>	<u>4284 114th St. Pleasant Pr. WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-11-2011</u>
7. <u>Mark Lee</u>	<u>4284 114th St Pleasant Pr WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-11-2011</u>
8. <u>Deanna</u>	<u>11303 47th Ave Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/11/2011</u>
9. <u>Math Huggen</u>	<u>6057 240th Ave. Paddock Lake, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-11-2011</u>
10. <u>Eric Huggen</u>	<u>6057 240th Ave Salem, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-11-2011</u>

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.

3/11/2011
(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. 817

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

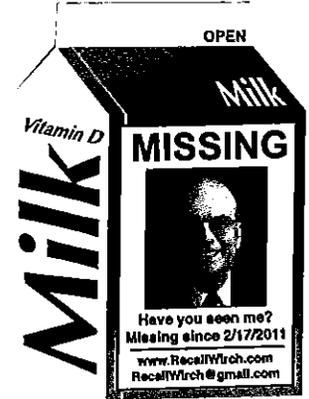
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>John DeLo</i>	12849 44TH AVE PLEASANT PRAIRIE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PLEASANT PRAIRIE	8/MAR 2011
2. <i>M. St.</i>	5701 52ND AVE KENOSHA WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	5/1/09/11
3. <i>Daniel KO</i>	5910-84th St Kenosha, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/8/11
4. <i>Barbara Homen</i>	7801 88th Ave #210 Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/8/11
5. <i>Julie Braakman</i>	24917 125th St TREVOR, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City SALEM TREVOR	3/11/11
6. <i>Rebecca Purn</i>	8004 1031st AVE Pleasant Prairie	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/11/11
7. <i>John K...</i>	11126 - 337th AVE TREVOR, WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-11-11
8. <i>Thomas</i>	4814-32nd Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-11-11
9. <i>Donna Kofroth</i>	318 57th St unit 210 Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3/11/11
10. <i>Kay Hartzel</i>	9000 278th AVE SALEM, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/11/11

Certification of Circulator

I, Michael Kofroth, certify:

(name of circulator)

I reside at 318 57th St #210 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.

3/11/11
(date)

Michael Kofroth
(signature of circulator)

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

P.O. Box 26 • Silver Lake, WI 53170

Page No. 818

ec

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

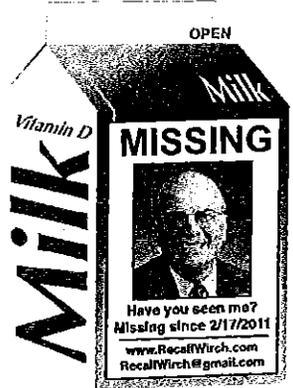
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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. Be S	3331 - 109 th St Pk. Prairie, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3/8/11
2. Bay C	9222 74th Street Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/8/11
3. Dana N	9159 Cooper Rd. Pleasant Prairie WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3/8/11
4. Connie Hansche	14301 - 104 th St Kenosha, WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Bristol <input type="checkbox"/> City	3-8-11
5. Michael Roachman	3641 124 th St Pleasant Prairie, WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3-8-11
6. Adam C	7312 35 th Ave KENOSHA 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village KENOSHA <input checked="" type="checkbox"/> City	3-8-11
7. J. A.	24537 84 th St Salem WI	<input type="checkbox"/> Town <input type="checkbox"/> Village Salem <input type="checkbox"/> City	3-9-11
8. Daniel S	3412 176 th Ave Kenosha WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Paris <input type="checkbox"/> City	3-9-11
9. Kim Schumacher	10522 79 th Pleasant P. 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pl Prairie <input type="checkbox"/> City	3-9-11
10. Estelyn R	18104 - 93 rd Street Bristol, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Bristol <input type="checkbox"/> City	3-9-11

Certification of Circulator

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

I reside at 40816 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.

3/11/2011
(date)

Deborah A. Prigic
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

10071 The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. provided by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
tbl.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)

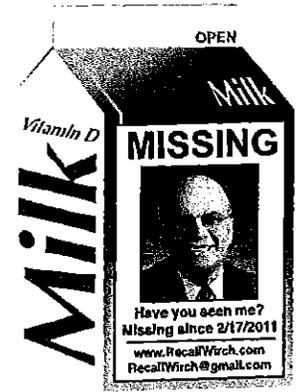
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Judy Simic</u>	<u>9000 226th Ct 10B Salem WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
2. <u>Elaine Mac Ardoy</u>	<u>9000 226th Ct #14A Salem WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
3. <u>Annelle Milligan</u>	<u>9000 226th Ct 15A Salem WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Orville Seymer, certify:
(name of circulator)

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

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

3-12-2011
(date)

Orville Seymer
(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. 820

RECALL PETITION

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

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

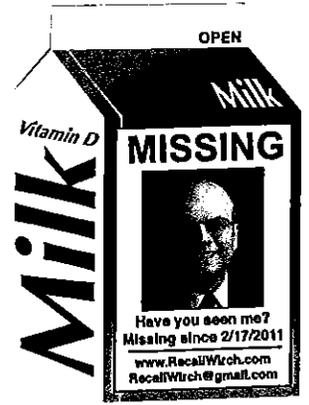
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	6310-218 th Ave Bristol, WI 53104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/18/11
2. <i>[Signature]</i>	6310-218 th Ave Bristol, WI 53104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/20/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Stephen M. Cress, certify:
(name of circulator)
 I reside at 4120 95th Street, Pleasant Prairie, 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.

(date) 4/12/11 (signature of circulator) [Signature]

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Janette Brown</u>	<u>6301-44 St #118 Kenosha WI</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
2. <u>Scott Blanchard</u>	<u>8536 Washington Rd Kenosha WI 53144 105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3/6/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JOHN ODAY certify:

(name of circulator)

I reside at 8715 360TH AVE KENOSHA WI 53142-2544

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

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

4/6/11
(date)

John Oday
(signature of circulator)

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

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

GNB-100 (Rev. 2/2007) The information on this form is required by §§ 8.06 and 9.10, Wis. Stat. This form is provided by the Wisconsin Government Accountability Board, P.O. Box 7284, Madison, WI 53707-7284 608-261-5900, <http://www.wgab.org>, email info@wga.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

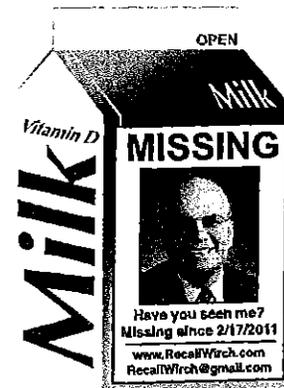
(name of officeholder to be recalled and office)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	115 N COGSWELL DR. SILVER LAKE, WI 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Silver Lake	3/12/2011
2. <i>Emil Nosió</i>	115 ^N COGSWELL DR. 1203 SILVER LAKE, WI 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/2011
3. <i>Maxine Drogan</i>	401 N. COGSWELL DR. SILVER LAKE, WI 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/11
4. <i>[Signature]</i>	413 COGSWELL DR. SILVER LAKE, WI 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/11
5. <i>[Signature]</i>	503 N COGSWELL DR. SILVER LAKE, WI 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/11
6. <i>Ralph Labe</i>	702 East Dells Rd Silver Lake 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/11
7. <i>Floyd Lamberson</i>	425 E. Dells Silver Lake 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/11
8. <i>Hans Lamberson</i>	425 E. Dells Silver Lake 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/11
9. <i>Cynthia Knuveler</i>	101 Dells Rd Silver Lake 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/11
10. <i>John Schubel</i>	101 E Dells Rd Silver Lake 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	3/12/11

Certification of Circulator

I, RONALD J. ERSKINE, certify:

(name of circulator)

I reside at 11624 N. ST. JAMES LANE, MEQUON, WI 53092

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

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

3/12/2011
(date)

Ronald J. Erskine
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

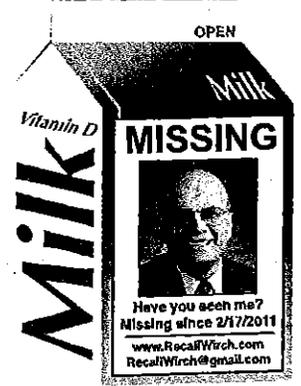
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Dean Lombardi</i>	<i>100 Dells Rd Silver Lake WI 53170</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3/12/11</i>
2. <i>Paul Basely</i>	<i>100 Dells rd Silver Lake WI 53170</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3/12/11</i>
3. <i>Steve Wilson</i>	<i>102 W. Dells Rd Silver Lake WI 53170</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3/12/11</i>
4. <i>Margaret</i>	<i>202 W Dells SILVER LAKE WI 53170</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>SILVER LAKE</i>	<i>3/12/11</i>
5. <i>Theresa Reits</i>	<i>502 W Dells Silver Lake, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3/12/11</i>
6. <i>Ralph Johnson</i>	<i>1742 Berwick Silver Lake</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3/12/11</i>
7. <i>Debra Johnson</i>	<i>1042 Berwick Silver Lk</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3/12/11</i>
8. <i>Bob</i>	<i>1136 BERWICK AVE SILVER LAKE, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>SILVER LAKE</i>	<i>03/12/11</i>
9. <i>Tom Reuz</i>	<i>3905 16th Kenosha WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3/12/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Richard H Bauzenberger, certify:
(name of circulator)

I reside at 11747 N. Lake Shore Drive, Mequon WI 53052
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)

Richard H Bauzenberger
(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 608-264-8005. <http://gab.wis.gov> email: gab@wis.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

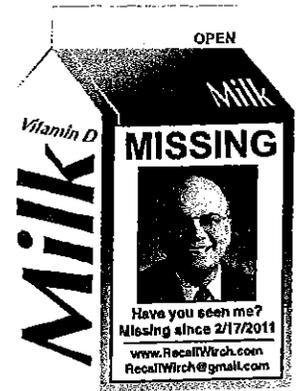
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Stan Masarik</u>	<u>7004 296TH AVE</u> <u>SALEM, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-12-11</u>
2. <u>Deana M. Masarik</u>	<u>7004 286th Ave</u> <u>Salem WI 53165</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
3. <u>Laure Twinam</u>	<u>7120 286th Ave</u> <u>Salem, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
4. <u>Deborah Dreyer</u>	<u>1028 N Prairie DR</u> <u>SILVER LAKE WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3-12-11</u>
5. <u>James Gardner</u>	<u>1028 N. Prairie DR</u> <u>Silver Lake, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3-12-11</u>
6. <u>Nicholas W Dreyer</u>	<u>1028 N Prairie DR</u> <u>Silver Lake WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3-12-11</u>
7. <u>Lisa Faber</u>	<u>1118 N Prairie Drive</u> <u>Silver Lake WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3-12-11</u>
8. <u>TOM GAWLIK</u>	<u>915 ELIZABETH LN.</u> <u>SILVER LAKE,</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER LAKE</u>	<u>3-12-11</u>
9. <u>DOLORE NIEDERHAUSER</u>	<u>408 ANITA CT</u> <u>SILVER LAKE WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER LAKE</u>	<u>3/12/11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, DOMENICA ERSKINE, certify:

(name of circulator)

I reside at 11624 N. ST. JAMES LN MEQUON, WI 53092

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

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

3/12/2011
(date)

Domenica Erskine
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

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

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

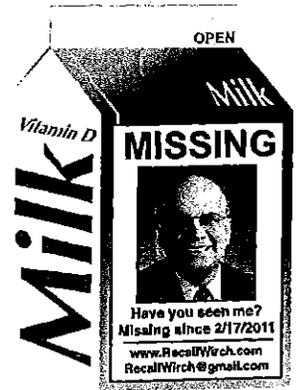
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Larry Becker</u>	<u>1019 Marti Ct Silver Lk 53170</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3/12/2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, RONALD J. ERSKINE, certify:
(name of circulator)

I reside at 11624 N. ST. JAMES LANE, MEQUON, WI 53092
(circulator's residence - include number, street, and municipality)

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

3/12/2011
(date)

Ronald J. Erskine
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

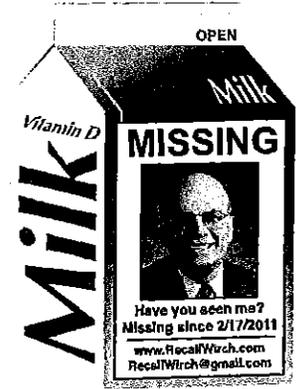
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Richard H. Barenberger</i>	<i>2215 Rte 1121</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Silver Lake</i>	<i>3/12/11</i>
2. <i>John M. Harada</i>	<i>216 E. North St.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3-12-11</i>
3. <i>Nicole Weissmuller</i>	<i>808 Manor Dr</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3-12-11</i>
4. <i>Alynn Herlach</i>	<i>7219 284th Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Salem</i>	<i>3-12-11</i>
5. <i>[Signature]</i>	<i>7009 284th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SALEM</i>	<i>3-12-11</i>
6. <i>[Signature]</i>	<i>7216 286th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SALEM</i>	<i>3-12-11</i>
7. <i>Dave Spruit</i>	<i>302 Wells Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3-12-11</i>
8. <i>Jon Johnson</i>	<i>1188 N. School St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SILVER LAKE</i>	<i>3/12-11</i>
9. <i>Sandra Kiviet</i>	<i>1081 Eastwood</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SILVER LAKE</i>	<i>3-12-11</i>
10. <i>Karla Rosewitz</i>	<i>1053 Eastwood</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>3-12-11</i>

Certification of Circulator

I, Richard H Barenberger, certify:
(name of circulator)

I reside at 11747 N. Lake Shore Drive, Mequon WI 53092
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)

Richard H Barenberger
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

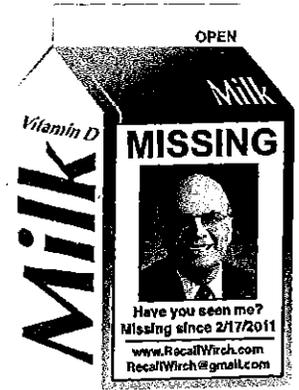
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Peter Voigt</u>	<u>8740 245 Ave.</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
2. <u>Don Smith</u>	<u>24528 88TH ST.</u> <u>SALEM, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-12-11</u>
3. <u>Robert Smith</u>	<u>24528 88th St.</u> <u>Salem WI 53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
4. <u>Will K...</u>	<u>24600 88th St</u> <u>Salem WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
5. <u>Ann M. Bruno</u>	<u>24602 88th Str</u> <u>Salem WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
6. <u>Bob Sings</u>	<u>9000-226th Ct</u> <u>Salem, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
7. <u>Theresa Sussan</u>	<u>9000 226th Ct</u> <u>Salem WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
8. <u>Liam Plank</u>	<u>9000 226th QB</u> <u>Salem, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
9. <u>Richard Gullickson</u>	<u>9000 226th Ct. 10A</u> <u>Salem, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/14/11</u>
10. <u>Audrey Gullickson</u>	<u>9000-226th Ct. 10A</u> <u>Salem, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/12/11</u>

Certification of Circulator

I, Orville Seymer, certify:
(name of circulator)

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

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

3-12-2011
(date)

Orville Seymer
(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. 828

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

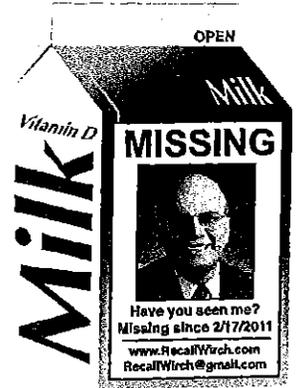
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	9009 259th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Salem	3/12/11
2.	8902 257TH AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SALEM	3/12/11
3.	25707 93 ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
4.	25707 93 RD ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3-12-11
5.	25731-93RD ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/12/11
6.	25731 93 RD ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3-12-11
7.	8845 242ND AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/12/11
8.	8845 242ND AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Salem	3/12/11
9.	8825 242 A	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
10.	8734-245TH AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/12/11

Certification of Circulator

I, Orville Seymer, certify:

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

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

3-12-2011
(date)

(signature of circulator)

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

Page No. 829

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jeremy Reiser</u>	<u>4737 63 Ave Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town Somers <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-12-11</u>
2. <u>Jeffrey A. Follath</u>	<u>9119 - 62nd St Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	<u>3-12-11</u>
3. <u>John Johnson</u>	<u>6728 84th Ave Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	<u>3-12-11</u>
4. <u>Maurino Infuseno</u>	<u>4403 84th Ave #62 Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City somers	<u>3/12/11</u>
5. <u>Steve Fat</u>	<u>3306 55th Court #133 Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	<u>3/12/11</u>
6. <u>Charles Frey</u>	<u>10512 - 50th Ave PLEASANT PRAIRIE WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village PLEASANT <input type="checkbox"/> City PRAIRIE	<u>3/12/2011</u>
7. <u>Michelle</u>	<u>4208 Washington Rd Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	<u>3/12/11</u>
8. <u>Dal Dadi</u>	<u>27011 W 9th St. TREVOR WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	<u>3/12/11</u>
9. <u>Mitchell Lopez</u>	<u>9203 62nd Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	<u>3/12/11</u>
10. <u>Simone M. Cook</u>	<u>9702 24th Pl PLEASANT PRAIRIE WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant <input type="checkbox"/> City Prairie	<u>3/12/11</u>

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.

3/12/2011
(date)

Jeff Lauer
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Denny G. Luch</i>	10321 32 nd Ave Pleasant Prairie, WI	<input checked="" type="checkbox"/> Town Pleasant <input checked="" type="checkbox"/> Village PRAIRIE <input type="checkbox"/> City	3/12/11
2. <i>Dana D. Newberry</i>	4109 8 th St Kenosha, WI	<input type="checkbox"/> Town Pleasant <input checked="" type="checkbox"/> Village PRAIRIE <input type="checkbox"/> City	3/12/11
3. <i>Christina West</i>	3304 55 th Ct. #103 Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
4. <i>Jeff Turner</i>	6421 94 th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
5. <i>Charles Miner</i>	5801 First St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City JOMERS	3-12-11
6. <i>Trinity Dwyer</i>	6028 24 th Ave Salem WI 53188	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village SALEM <input type="checkbox"/> City	3/12/11
7. <i>Renard Kaminich</i>	6245 95 th Ave KENOSHA WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
8. <i>Suzanne Kaminich</i>	6245-95 th Ave Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
9. <i>Cherrie</i>	9254 176 th Ave BRISTOL WI 53104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Bristol <input type="checkbox"/> City	3-12-11
10. <i>Bruce Wilk</i>	9254 176 th Ave BRISTOL WI 53104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Bristol <input type="checkbox"/> City	3-12-11

Certification of Circulator

I, Jeremiah M. Barnard, certify:

I reside at 1126 11th Ave Ave Pleasant Prairie WI 53188
(circulator's residence - include number, street, and municipality)

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

3-12-11
(date)

Jeremiah M. Barnard
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>17109 60th St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol, WI</u>	<u>2/26/11</u>
2. <u>[Signature]</u>	<u>7932 45th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha, WI</u>	<u>3/12/11</u>
3. <u>[Signature]</u>	<u>10086 Cooper Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie WI</u>	<u>3/12/11</u>
4. <u>[Signature]</u>	<u>8709 2nd AVE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3/12/11</u>
5. <u>[Signature]</u>	<u>9607-60th St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>3/12/11</u>
6. <u>[Signature]</u>	<u>11839 25th ct.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
7. <u>[Signature]</u>	<u>1465-98th Ave.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/12/11</u>
8. <u>[Signature]</u>	<u>6011-68th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>3/12/11</u>
9. <u>[Signature]</u>	<u>9759-84th Place</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
10. <u>[Signature]</u>	<u>1781-19TH AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA, WI</u>	<u>3/12/11</u>

Certification of Circulator

I, Jeremiah M. Barnard, certify:

I reside at 11126 11th Avenue Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

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

3-12-2011
(date)

Jeremiah M. Barnard
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 832

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

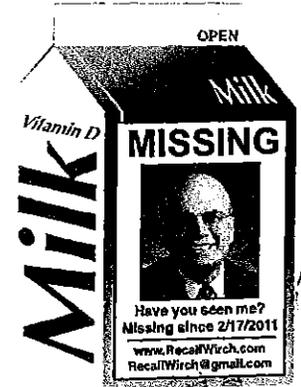
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	23720 73rd St Salem, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Salem	3/12/11
2. <i>[Signature]</i>	21335 88th St Salem, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
3. <i>Bob Himmick</i>	24407 88th St Salem, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
4. <i>Gerald Sullivan</i>	24421 88th St Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
5. <i>Matt Kahl</i>	2450	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6. <i>Onyle McNeill</i>	24525 88th St Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
7. <i>Nicole Vandeville</i>	24407 88th St Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
8. <i>Ralph + Doris Vaytz</i>	9000 226 St 13A Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
9. <i>Ralph A Vaytz S.</i>	9000 226 St. 13A SALEM, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
10. <i>Sandra Clayton</i>	9000-226th Ct 24A SALEM, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11

Certification of Circulator

I, CHRIS KORINEK, certify:

(name of circulator)

I reside at 1227 DAHLIA LA GRAFTON, WI 53024

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

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

3/12/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

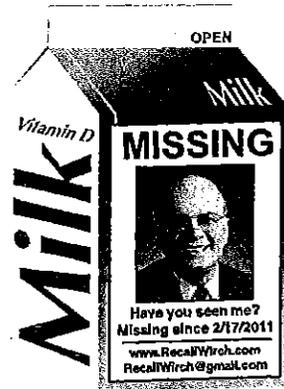
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Alan [Signature]</i>	25601 91 st St. Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
2. <i>Tina [Signature]</i>	3705 257 th Ct Salem WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
3. <i>Mary [Signature]</i>	Salem WI 8900 257 th Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
4. <i>Janni Unger</i>	25824 95 th St Salem WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Salem	5/12/11
5. <i>[Signature]</i>	Salem, WI 33168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
6. <i>[Signature]</i>	8719 245 th St NW	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/12/11
7. <i>Deirdre [Signature]</i>	8714 245 th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/12/11
8. <i>Denise [Signature]</i>	8714 245 th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City salem	3/12/11
9. <i>Brechen [Signature]</i>	8714 245 th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
10. <i>[Signature]</i>	517 Ollivard St Bu	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3/12/11

Certification of Circulator

I, VINCE SCHMURK, certify:
(name of circulator)

I reside at 1412 E. Olive St Shorewood WI 53211
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

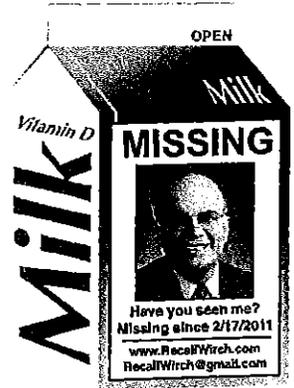
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Charles Johnson</i>	8717 206th East Salem WI 53168	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
2. <i>Ernie L Hunt</i>	9026 224 1A Salem, Wis 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3-12-11
3. <i>Egil e Markor</i>	19907 116 ST BRISTOL WI 53104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRISTOL	3-12-11
4. <i>Ryan Smith</i>	20318 49th Bristol, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Bristol	3-12-11
5. <i>Stefan Kojan</i>	7016 40th Ave Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
6. <i>Aman Ali</i>	22817 Deer Meadow Kansasville, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	3/12/11
7. <i>Kylein King</i>	8312-251st Ave Salem, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
8. <i>George Voss</i>	Salem WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/12/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, VINCE SCHUMKI, certify:

(name of circulator)

I reside at 1412 E. OLIVE ST SHARWOOD, WI 53211

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

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

3/12/11
(date)

Vince Schumki
(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. 835

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 608-246-8005. http://gab.wis.gov email: gab@wis.gov

*WINEBETTER BURN CLUB
POWER LANE*

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	9000 226 th ST 23A SALEM, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
2. <i>[Signature]</i>	9000 226 th ST #231A SALEM, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11
3. <i>[Signature]</i>	12530 259 th AVE TREVOR WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
4. <i>[Signature]</i>	12530 259 th AVE KEVOC WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
5. <i>[Signature]</i>	6709 235 th AVE SALEM WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
6. <i>[Signature]</i>	10409 266 th AVE TREVOR, WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
7. <i>[Signature]</i>	10409 266 th AVE TREVOR WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, CHRIS KORINEK, (name of circulator), certify:

I reside at 1227 DAHLIA LANE, GRAFTON WI 53024.
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)

[Signature]
(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. 836

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Chelsea Zeman</u>	<u>9209 74th St Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
2. <u>Deborah Zeman</u>	<u>9209 74th St. Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
3. <u>Avigaille Crox Magel</u>	<u>7324 92nd Ave Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
4. <u>Anna Resch</u>	<u>7324 92nd Ave 5700 80th Str. #16 Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3.12.2011</u>
5. <u>Bill Lisowski</u>	<u>7005 92nd Ave Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
6. <u>Ann Marie Durso</u> <u>ANN MARIE DURSO</u>	<u>7026 92nd Ave KENOSHA WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
7. <u>Dana Pardo</u>	<u>1402 40th Ave Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
8. <u>Tatjana Bicanin</u>	<u>1185 63rd Ave Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
9. <u>[Signature]</u>	<u>9610 7th Street Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
10. <u>[Signature]</u> <u>[Signature]</u>	<u>Box 30 30th Ave Unit 102 Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3.12.11</u>

Certification of Circulator

I, Deborah A. Prijic (name of circulator), certify:
I reside at 4816 84th Street, Kenosha, WI. 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 12, 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-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wis.gov email: gab@wis.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

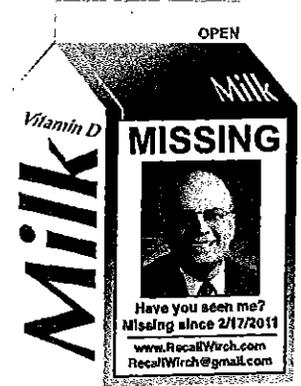
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kathleen Peoples</u>	<u>9305 74th ST. Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
2. <u>[Signature]</u>	<u>7393-92 AV Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
3. <u>Therese Walker</u>	<u>2012 92nd Ave Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
4. <u>Kevin Ridley</u>	<u>7811 20th Ave Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3.12.11</u>
5. <u>Jim Mills</u>	<u>7811 - 20 Ave Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
6. <u>Coren Ford</u>	<u>6044 - 33rd Ave. Kenosha WI 53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
7. <u>Ryan Stachan</u>	<u>8959- 31th AVE KENOSHIA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
8. <u>Darlene Simons</u>	<u>9610 7th ST Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-12-11</u>
9. <u>Doug [Signature]</u>	<u>8428 65th Place Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
10. <u>Janece Nye</u>	<u>6312 82nd Ave Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3.12.11</u>

Certification of Circulator

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

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

March 12, 2011
(date)

[Signature]
(signature of circulator)

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

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Andrea Seickel</i>	10781 - 47 th Ave. Pleasant Prairie, WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/8/2011
2. <i>Ruby Eggen</i>	6837 107 th Ave Kenosha, WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3/8/2011
3. <i>Lyndee Prades</i>	2220 91 st St Kenosha, WI 53143	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PL. PRAIRIE	3/10/2011
4. <i>[Signature]</i>	11008 41 st Ave Somers, WI 53141	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City SOMERS	3/10/11
5. <i>Kath A. Brown</i>	5126 - 106 St. Pl. Pr. WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PLEASANT PR.	3/10/11
6. <i>[Signature]</i>	5126 106 St Pl. Pr. WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PLEASANT PR.	3/10/11
7. <i>[Signature]</i>	10077 55 th Ave Pleasant Prairie WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Pr	3/10/11
8. <i>Dan White</i>	9303 74 th Pl Kenosha WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3/12/11
9. <i>Gracera</i>	9224 74 th Pl Kenosha WI 53141	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3-12-11
10. <i>[Signature]</i>	9305 74 th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11

I, JOHN H. PRYCE **Certification of Circulator**, certify:

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

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

3/12/11
(date)

John H. Pryce
(signature of circulator)

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

P.O. Box 26 • Silver Lake, WI 53170

Page No. 839

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jim McCall</i>	6803 1/2 Ave Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/11/11
2. <i>Cheryl Johnson</i>	25123 1/2 St Trevor, WI 53179	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Trevor	3/11/11
3. <i>Megan Walenta</i>	8409 64th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/11/11
4. <i>Mark J. Moradine</i>	28710 114th St Trevor, WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/11/11
5. <i>Jim Mares</i>	3810 60th Place Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/11/11
6. <i>Cheryl M. Bales</i>	4220-55th Ave Kenosha, WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/11/11
7. <i>Wanda</i>	9217 74th Pl Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
8. <i>E. Shuttley</i>	9217 74th Pl Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
9. <i>Mark Mone</i>	9218 74th Pl Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
10. <i>Kevin L. Jeman</i>	9209 74th St. Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11

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 12, 2011
(date)

Deborah A. Prijic
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

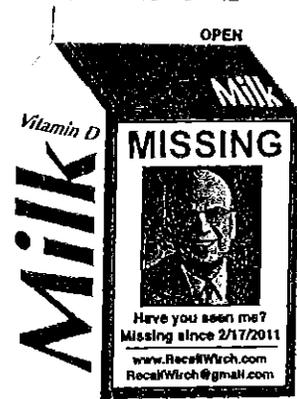
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>STEPHEN A THOMPSON</u> <u>Stephen A Thompson</u>	<u>1518 75TH STREET</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/11/2011</u>
2. <u>JOSHUA THOMPSON</u> <u>Joshua Thompson</u>	<u>1518 75th St. Kenosha</u> <u>WISCONSIN 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/11/2011</u>
3. <u>Douglas Hunter</u> <u>Doug Hunter</u>	<u>8715 1137th Ave</u> <u>PLEASANT PRAIRIE, WI 53153</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3/11/11</u>
4. <u>Emilia Harsler</u> <u>Emilia Harsler</u>	<u>8715 1137th Ave</u> <u>Pleasant Prairie WI 53153</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3/11/11</u>
5. <u>Mike Romano</u>	<u>4102 TAFT RD.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>3/11/11</u>
6. <u>Christina Romano</u>	<u>4102 TAFT RD</u> <u>KENOSHA 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/11/11</u>
7. <u>Anthony Romano</u>	<u>Kenosha WI, 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>3/11/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, ANGELA BARTZEN Certification of Circulator, certify:
(name of circulator)
 I reside at 7420 LATIGO CR FRANKSVILLE CALEDONIA
(circulator's residence - include number, street, and municipality)

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

3-11-11
(date)

Angela A. Bartzen
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

FAB-170 (Rev. 6/2007) 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. 608-266-8965, http://gab.wis.gov, email: gab@wis.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	7701-88 AVE #191 PLEASANT PRAIRIE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	3/11/11
2.	6619-37th Aven Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	3/11/11
3. <u>Jana Perrens</u>	7611 47th Ave. Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	3/11/11
4. <u>Paul M. W.</u>	1111-55 St Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3-11-11
5. <u>Jim R. Nie</u>	2144 29th St Apt 4 Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3/11/11
6. <u>Mary Kessenich</u>	1551 45th Ave Kenosha, WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3/11/11
7. <u>Tom Wood</u>	6214 43rd Ave KENOSHA, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	3/11/11
8. <u>Harold M.</u>	1217-75th Street KENOSHA, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	03/11/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, LINDA SHERIDAN, certify:

(name of circulator)

I reside at 4203 TAFT ROAD KENOSHA, WI 53142

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

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

03-11-11
(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. 842

GAB-170 (Rev. 6/2007) 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 2064, Madison, WI 53702-2064. (608) 266-8000, http://gab.wisconsin.gov, email: gab@gov.wis.gov

311 FGD

RECALL PETITION

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

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

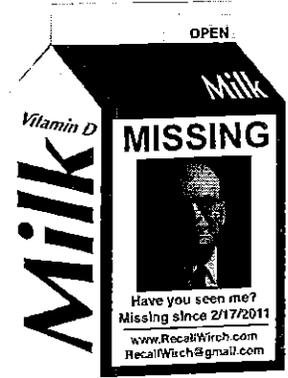
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>7525 33rd Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
2. <u>[Signature]</u>	<u>5218-5851 Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
3. <u>[Signature]</u>	<u>5719-63rd St Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
4. <u>[Signature]</u>	<u>5314 39th Ave Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
5. <u>[Signature]</u>	<u>5511-64th St Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
6. <u>[Signature]</u>	<u>12520 LAKE SHORE DR PLEASANT PRairie WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/11/11</u>
7. <u>[Signature]</u>	<u>503 68th St Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
8. <u>[Signature]</u>	<u>6501 205th Ave BRISTOL, WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BRISTOL</u>	<u>3/11/11</u>
9. <u>[Signature]</u>	<u>9913-28 Ave Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/11/11</u>
10. <u>[Signature]</u>	<u>21428-8th St Bristol, WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-11-11</u>

I, Marie Walkowski, **Certification of Circulator**, certify:

I reside at 4034 Washington Rd 215 Kenosha
(name of circulator)
(circulator's residence - include number, street, and municipality)

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

3/11/11
(date)

[Signature]
(signature of circulator)

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

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Mary Piccolo</u> <small>MARY</small>	<u>2614-335T</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
2. <u>Lynn Horswell</u> <small>LYNN</small>	<u>10821 88th ST</u> <u>Plain Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLAIN PRAIRIE</u>	<u>3/12/11</u>
3. <u>Jill Rowen</u>	<u>2615-31 STREET</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
4. <u>Ronnie Vazquez</u>	<u>7029 96th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
5. <u>Michael Stone</u>	<u>4209-83 ST</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Barbara Mines **Certification of Circulator**, certify:
(name of circulator)
 I reside at 24006 64th Place 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.

3-22-11 Barbara Mines
(date) (signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kenneth V. Rossi</u>	<u>12472 - 32 Ave Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/2011</u>
2. <u>Larry R. Cull</u>	<u>24336 - 64 ST. SALGM, WI, 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lk.</u>	<u>3/12/2011</u>
3. <u>Mike Graziano</u>	<u>8101 100th AVE Pleasant Prairie 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
4. <u>Pat McHovers</u>	<u>8329 - 65th Ave Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
5. <u>Paul Jablonowski</u>	<u>24303 64th St Salem</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem WI 53168</u>	<u>3/12/11</u>
6. <u>Joe A. ...</u>	<u>10602 63rd St Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
7. <u>Deanna D. Swanson</u>	<u>10602 63rd St Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
8. <u>Laura Rasch</u>	<u>8425 - 103 Ave Pl. Pr WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
9. <u>Jennifer J. Miller</u>	<u>3115 Springbrook Rd Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
10. <u>Dog ...</u>	<u>3115 Springbrook Rd Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>

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.

3/12/2011
(date)

Jeff Lauer
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 845

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

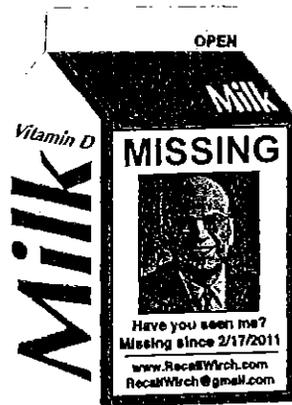
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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. <u>Richard McJannet</u>	<u>6905 67th St #214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3/10/11</u>
2. <u>James Maton</u>	<u>6414 99th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>KENOSHA</u> <input checked="" type="checkbox"/> City	<u>3/10/11</u>
3. <u>Cathy Wilberg</u>	<u>6115 57th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha 53142</u> <input checked="" type="checkbox"/> City	<u>3/10/11</u>
4. <u>[Signature]</u>	<u>5912-82nd St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>PLEASANT PR 53134</u> <input checked="" type="checkbox"/> City	<u>3/10/11</u>
5. <u>[Signature]</u>	<u>6320 28th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha 53143</u> <input checked="" type="checkbox"/> City	<u>3/11/11</u>
6. <u>[Signature]</u>	<u>9700 67th St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>KENOSHA 53142</u> <input checked="" type="checkbox"/> City	<u>3/11/11</u>
7. <u>[Signature]</u>	<u>6306 115th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha 53142</u> <input checked="" type="checkbox"/> City	<u>3/11/11</u>
8. <u>Carla Keating</u>	<u>23630 122nd St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem</u> <input type="checkbox"/> City	<u>3/11/11</u>
9. <u>[Signature]</u>	<u>8313 190th Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>3/11/11</u>
10. <u>[Signature]</u>	<u>7504-3rd Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>KENOSHA</u> <input checked="" type="checkbox"/> City	<u>3/11/11</u>

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
3/11/2011 (date) [Signature] (signature of circulator)

Please mail this form to: Recall Wirch
 P.O. Box 26 • Silver Lake, WI 53170
 www.RecallWirch.com • RecallWirch@gmail.com
 Page No. 846

GAB-179 (Rev. 6/2007) 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 2984, Madison, WI 53707-7284. 761-266-9905, http://gab.wisconsin.gov/gab9wp25

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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. <u>Jan M Bohrl</u>	<u>1530 - 15th Court</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
2. <u>Steve Hanken</u>	<u>8075 48 AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
3. <u>Amy Palmer</u>	<u>7707 26th Ave.</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
4. <u>Pam Mayske</u>	<u>1530 - 17th Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
5. <u>Betty A. Kuchner</u>	<u>5526 - 46th Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
6. <u>Paul Kuchner</u>	<u>5526 46th Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
7. <u>[Signature]</u>	<u>6323 7th Ave</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
8. <u>[Signature]</u>	<u>1821 - 82 Street</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
9. <u>Ruth Kuchner</u>	<u>1113 - 83rd St</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
10. <u>[Signature]</u>	<u>6542 51st Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>

Certification of Circulator

I, LINDA SIEDLER, certify:

(name of circulator)

I reside at 4203 TAFT RD, 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.

3-11-11
(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. 847

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>7022, 37th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
2. <u>[Signature]</u>	<u>7709-243rd Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PADDOCK LAKE</u>	<u>3-11-11</u>
3. <u>[Signature]</u>	<u>7709 243rd Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-11-11</u>
4. <u>[Signature]</u>	<u>6034-92 AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-11-11</u>
5. <u>[Signature]</u>	<u>6324 57th AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
6. <u>[Signature]</u>	<u>5302-41st Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
7. <u>[Signature]</u>	<u>9927 64th Street</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
8. <u>[Signature]</u>	<u>2115 33rd St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
9. <u>[Signature]</u>	<u>60214-43RD AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
10. <u>[Signature]</u>	<u>8329 65th Ave.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/11/11</u>

I, ANGELA BARTZEN Certification of Circulator, certify:

(name of circulator)

I reside at 7420 LATIGO CR FRANKSVILLE WI CALEDONIA

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

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

3-11-11
(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. 848

RECALL PETITION

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

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

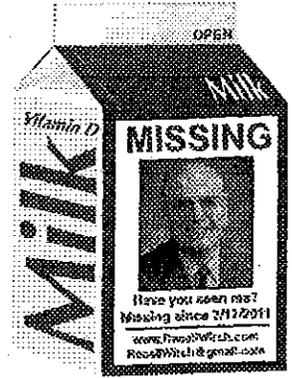
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>C. R. Egan</u>	<u>6219 80th Pl KENOSHA</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3.2.11</u>
2. <u>Riley Q Ebert</u>	<u>6219 80th Place KENOSHA</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
3. <u>Jennifer Wilson</u>	<u>1109-42nd Ave Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-2-11</u>
4. <u>Kristi Nickerson</u>	<u>2620 Johnson Rd Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
5. <u>Shawn Zimmerman</u>	<u>924 160th Place Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Riley Q Ebert **Certification of Circulator**, certify:
(name of circulator)

I reside at 6219 80th Place, 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(3Xa), Wis. Stats.

3-10-2011 Riley Q Ebert
(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-179 (Rev. 5/2007) The information on this form is required by §§. 8-20 and 3-10, Wis. Stats. This form is provided by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8905, <http://gabar.wisconsin.gov> email: gab@gabar.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)

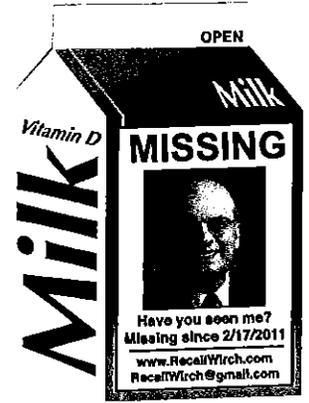
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>JIM LANGE</u>	<u>4113 88th ST.</u> <u>KENOSHA WI.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>2/28/11</u>
2. <u>Timothy J. Merht</u>	<u>2702 247th Ave</u> <u>Salem, WI. 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>2/28/11</u>
3. <u>Cheryl Legler</u>	<u>8349 25th Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/3/11</u>
4. <u>Randy Shyne</u>	<u>5824 - 83rd PLACE</u> <u>Kenosha, WI. 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/16/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Alex Legler Jr. **Certification of Circulator**, certify:
(name of circulator)
 I reside at 5221-66th Street Kenosha, WI 53142
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Brent Lewis</i>	1104 Fox River Rd Wilmot, WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Wilmot + Town of Salem	3/12/11
2. <i>Gil Benn</i>	1649-47 Ave Somers, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	3/12/11
3. <i>John Gustafson</i>	2036 W Ridge Dr Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/12/2011
4. <i>Judy Jung</i>	12459 Rock Lake Rd Trevor, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem Trevor	3/12/11
5. <i>Sharon McBride</i>	2027 87th Place Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
6. <i>Mark W. Luni</i>	PO Box 232 Wilmot, WI 53142	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Salem Wilmot	3/12/11
7. <i>Sharon J. Lewis</i>	PO Box 232 Wilmot, WI 53142	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Salem Wilmot	3/12/11
8. <i>Sue McInnes</i>	9211 62nd St Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
9. <i>Allen J. M...</i>	4737 63rd Ave Kenosha, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SOMERS KENOSHAA	3/12/11
10. <i>Serry J. Neises</i>	4737-63rd Ave Kenosha, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	3/12/11

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.

3/12/2011
(date)

Jeff Lauer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 851

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

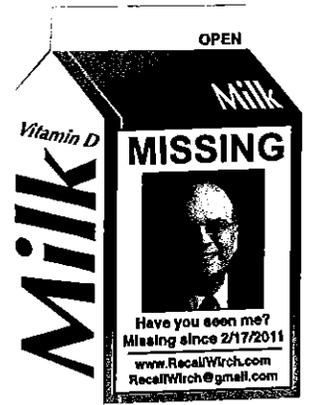
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Nancy Rogan</u>	<u>7103 31st Ave. Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
2. <u>Iwa R. Parmenter</u>	<u>10215-80th Place Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-2-11</u>
3. <u>Charles T. Rogan</u>	<u>7703-31st AVE KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-2-11</u>
4. <u>Brian Parmenter</u>	<u>10215-80th Place Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-2-11</u>
5. <u>Janice Jansen</u>	<u>10218-80th Place Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-9-11</u>
6. <u>[Signature]</u>	<u>10218-80th Place PLEASANT PRAIRIE, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3-3-11</u>
7. <u>Beth Green</u>	<u>3505-18th St Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/4/11</u>
8. <u>Carrie Mathis</u>	<u>1205 221st Ave Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/8/11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Brian Parmenter, certify:
(name of circulator)

I reside at 10215-80th Place Pleasant Prairie WI 53138
(circulator's residence - include number, street, and municipality)

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

3-12-11
(date)

Brian Parmenter
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170
 www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

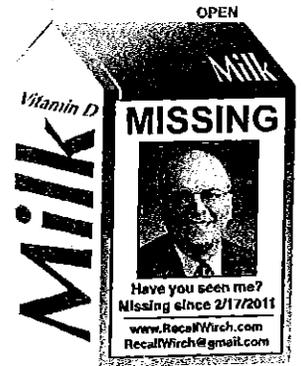
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Julie Stogger</u>	<u>8569 94th Avenue Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-5-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Phil Stogger, certify:
(name of circulator)
 I reside at 8569 94th Ave Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

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

3/12/11
(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. 853

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	8682 CHAUCER CIRCLE	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRISTOL	3/2/11
2. <i>[Signature]</i>	8682 CHAUCER CIRCLE W	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRISTOL	3/2/11
3. <i>[Signature]</i>	8310 COOPER RD.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3-12-11
4. <i>[Signature]</i>	6824 105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
5. <i>[Signature]</i>	8439 33rd Ave Waukesha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha	3-12-11
6. <i>[Signature]</i>	10255 Bain Station Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3-12-11
7. <i>[Signature]</i>	6418 40th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
8. <i>[Signature]</i>	10255 Bain Station Rd Pleasant Pr. WI 53151	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/12/11
9. <i>[Signature]</i>	6214 64th Kenosha WI 53142	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/12/11
10. <i>[Signature]</i>	8103 64th Avenue KENOSHA, WISCONSIN 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/12/11

Certification of Circulator

I, Donald L. Ruge, certify:
(name of circulator)

I reside at 6215 45th St Kenosha
(circulator's residence - include number, street, and municipality)

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

3/12/11
(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.

854

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

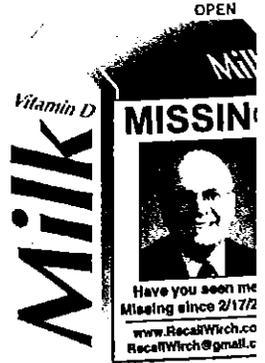
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	8281 R Ridge Dr	<input checked="" type="checkbox"/> City Pleasant Prairie	2-26-11
2.	3552 18 th Ave	<input checked="" type="checkbox"/> Town Kenosha	2-26-11
3.	4227 60 th St Kenosha	<input checked="" type="checkbox"/> City Kenosha	2-26-11
4.	5723 65 th St	<input checked="" type="checkbox"/> City Kenosha	2-26-11
5.	6215 57 th AV	<input checked="" type="checkbox"/> City Kenosha	2-28-11
6.	8735 Old Grand Blvd PI Prairie	<input checked="" type="checkbox"/> Village PI Prairie	2-28-11
7.	8019 57 th Ave	<input checked="" type="checkbox"/> City Kenosha	3-2-11
8.	8019 57 th Ave	<input checked="" type="checkbox"/> City Kenosha	3-4-11
9.	7722 160 th Ave	<input checked="" type="checkbox"/> Village Bristol	3-10-11
10.			

Certification of Circulator

I, PAULA DURKEE, certify:

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

3/12/11
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 855

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

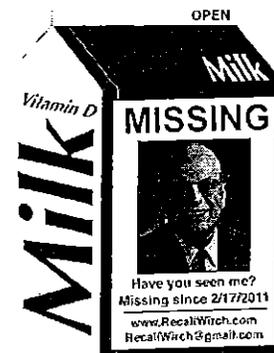
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Joel Arendsen</u>	<u>6606 61st Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
2. <u>Brian McQuinn</u>	<u>4433 Harrison Road</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/2011</u>
3. <u>Galay Childers</u>	<u>4433 Harrison Rd.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
4. <u>Sherry Thompson</u>	<u>1518 75th St</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
5. <u>Don D. Winters</u>	<u>7401 45th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-12-11</u>
6. <u>[Signature]</u>	<u>6420 94th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
7. <u>[Signature]</u>	<u>[Signature]</u> <u>[Signature]</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>[Signature]</u>	<u>[Signature]</u>
8. <u>[Signature]</u>	<u>6632 30th Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3 12-11</u>
9. <u>[Signature]</u>	<u>6632 30th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
10. <u>Kathleen Kahan</u>	<u>5312 58th St</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>

Certification of Circulator

I, Donald L. Ruge, certify:

I reside at 6215 45th St. Kenosha
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)

Donald L. Ruge
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

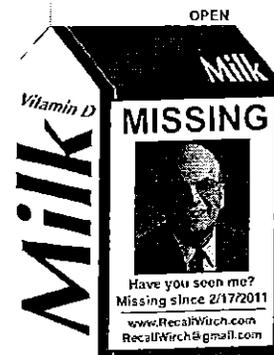
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jane R. Hill</u>	<u>7112 - 49th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
2. <u>Rick Hill</u>	<u>7111 104th Ave #5</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
3. <u>Jan Hill</u>	<u>7111 104th Ave #5</u> <u>KENOSHA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
4. <u>Jan Bergman</u>	<u>6921 - 62nd Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
5. <u>Angie Bergman</u>	<u>6921 - 62 Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
6. <u>Matthew J Obermeyer</u>	<u>5415 44th Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/2011</u>
7. <u>Lisa Obermeyer</u>	<u>5415 44th Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/2011</u>
8. <u>Don Kresch</u>	<u>8708 Lakeshore Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/2011</u>
9. <u>MARLENE O'Donnell</u>	<u>3223 79th Ave</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-12-2011</u>
10. <u>Mike Paul</u>	<u>3223 79th St</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-2011</u>

I, Donald L. Page, **Certification of Circulator**, certify:

I reside at 6215 45th St, Kenosha
(circulator's residence - include number, street, and municipality)

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

3/12/11 (date) Donald L. Page (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. 2/2007) 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 2984, Madison, WI 53707-2984 608-266-5003, http://gab.wis.gov email: gab@wi.gov

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Keely M. Madsen</u>	<u>7835 19th Ave Kenosha, Wis 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/26/11</u>
2. <u>Donald Biscardi</u>	<u>4303 75th St Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/25/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Don Biscardi (name of circulator), certify:
 I reside at 1913 75th 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.

3/12/11
(date)

Don Biscardi
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Christian Czerwonka</u>	<u>7402 5th Avenue Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>City of Kenosha</u>	<u>3/12/2011</u>
2. <u>Tracie Czerwonka</u>	<u>7402 5 Ave Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Christian Czerwonka, certify:
(name of circulator)
 I reside at 7402 5th Avenue Kenosha, WI 53143 Municipality: City of Kenosha.
(circulator's residence - include number, street, and municipality)

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

3/12/2011
(date)

Christian Czerwonka 3/12/2011
(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. 859

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>April T. Hornschel</u>	<u>7521 35th LW2</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
2. <u>Raymond Letting</u>	<u>4802-45th Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
3. <u>Becky Hain</u>	<u>9900 37th Ave</u> <u>Present Prairie WI 53153</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Present Prairie</u>	<u>3/12/11</u>
4. <u>Stacey MIA</u>	<u>9250 29TH AVE</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
5. <u>Nicole Mahler</u>	<u>1913 27th St.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
6. <u>Nancy Rafterman</u>	<u>6324 51st</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
7. <u>Will Muehlebach</u>	<u>3976 11th Ave</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>12/12/11</u>
8. <u>Veronica Miller</u>	<u>7932 45th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
9. <u>Christopher Kessner</u>	<u>1551 45th Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
10. <u>Christopher Kessner</u>	<u>1551 45th Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>

Certification of Circulator

I, Donald L. Ruge, certify:

I reside at 6215 45th St. Kenosha
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)

Donald L. Ruge
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

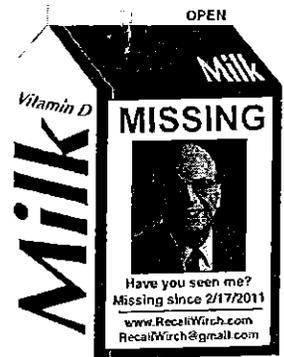
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Cathy Adams</u>	<u>1239 49th Av</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
2. <u>Jane P...</u>	<u>8225 - 65th Ave.</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>"</u>	<u>3/12/11</u>
3. <u>Alan Andersen</u>	<u>KENOSHA WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>"</u>	<u>3/12/11</u>
4. <u>John ...</u>	<u>10915 67th Place</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>"</u>	<u>3/12/11</u>
5. <u>Chi ...</u>	<u>10900 67th Place</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>"</u>	<u>3/12/11</u>
6. <u>Jaura ...</u>	<u>19404 35th St</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Bristol</u>	<u>3/12/11</u>
7. <u>...</u>	<u>2111 31st Street</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3/12/11</u>
8. <u>Pat Hendrych</u>	<u>7849 - ...</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
9. <u>...</u>	<u>8225 - 65th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>"</u>	<u>3/12/11</u>
10. <u>Michael ...</u>	<u>7801 88th ave Lot 213</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>

I, David Andersen, **Certification of Circulator**, certify:

I reside at 576 W 1653 Sanctuary Dr Muskego WI 53150
(circulator's residence - include number, street, and municipality)

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

3/12/11 (date) [Signature] (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. 4/2007) 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

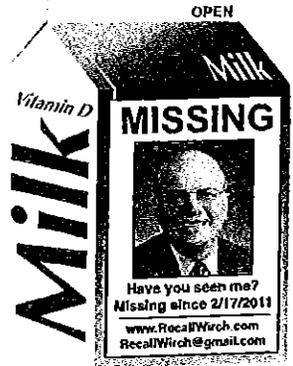
(name of officeholder to be recalled and office)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Marcia Cooper</u>	<u>7606 32nd Ave Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/12/11</u>
2. <u>Donna Trimmer</u>	<u>7023 - 36th Ave Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
3. <u>Wayne Trimmer</u>	<u>7023 - 36th Ave Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
4. <u>Peter A. Saulea</u>	<u>6523 - 18th Ave. KENOSHA, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
5. <u>Gary S. Anderson</u>	<u>2006 - 35th St KENOSHA, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
6. <u>Richard A. Kertler</u>	<u>8350 26th Ave Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Donald L. Ruge, certify:

I reside at 6215 45th St. Kenosha
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)
Donald L. Ruge
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Louise Rittner</u>	<u>7201 88th Ave #213 P.L. PRAIRIE, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-12-11</u>
2. <u>Scott</u>	<u>8312 42nd Ave Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
3. <u>Angie Henry</u>	<u>8312 - 42nd Ave Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
4. <u>Denise Dickman</u>	<u>6330 - 48th Ave. Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
5. <u>Margaret Campagne</u>	<u>4715-83rd Pl Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
6. <u>Peggy Campagne</u>	<u>4715 83rd PL Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
7. <u>Ken Campagne</u>	<u>Kenosha WI 53142 4715 83rd PL</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, David Anderson, certify:

I reside at 578 W19653 SAULTWAY DR MUSKEGON WI
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>11613 26th Ave</u> <u>Pleasant Prairie WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/2011</u>
2. <u>[Signature]</u>	<u>9820 70th St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/2011</u>
3. <u>[Signature]</u>	<u>12215 33rd Ct</u> <u>PLEASANT PRAIRIE WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/2011</u>
4. <u>[Signature]</u>	<u>7539 16th Ave</u> <u>Kenosha WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
5. <u>[Signature]</u>	<u>4515 29th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
6. <u>[Signature]</u>	<u>3450 22nd Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
7. <u>[Signature]</u>	<u>5111 52nd Ave</u> <u>KENOSHA, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-12-11</u>
8. <u>[Signature]</u>	<u>3007 85th St</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-12-11</u>
9. <u>[Signature]</u>	<u>604 79th</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
10. <u>[Signature]</u>	<u>2825 11th (Circle 711)</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>

I, Jessica BA **Certification of Circulator**, certify:

I reside at 8745 33rd Ave Kenosha
(circulator's residence - include number, street, and municipality)

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

3-12-11
(date)

[Signature]
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

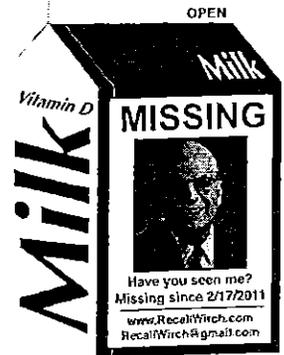
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Darin Reschke</u>	<u>10731 4th Ave.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
2. <u>Raymond Cepeda</u>	<u>7501-88 Ave # 91</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
3. <u>Mark Stank</u>	<u>12215 33 ct</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
4. <u>Bonnie Boynt</u>	<u>4515 29th Ave Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
5. <u>Jenny Sheph</u>	<u>5109 52nd Ave Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
6. <u>Al Pt</u>	<u>3402 98th Ave Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/12/11</u>
7. <u>Dave Schutzen</u>	<u>921 92nd Street Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
8. <u>James E. Reeder</u>	<u>7602 20th Ave Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
9. <u>Sara S. Reeder</u>	<u>7602 20th Ave Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
10. <u>Jeff Zimm</u>	<u>4715 Roosevelt Rd Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>

I, Jessica Bell, **Certification of Circulator**, certify:

I reside at 8745 33rd Ave Kenosha
(circulator's residence - include number, street, and municipality)

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

3/12/11
(date)
Jessica Bell
(signature of circulator)

RECALL PETITION

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

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

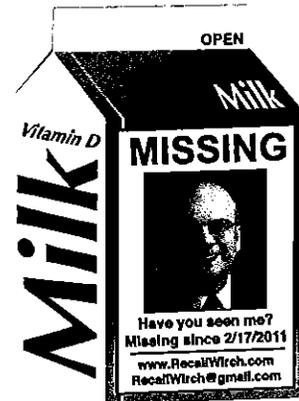
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Julia A. Pringle</u>	<u>10510 - 152nd Ave. Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-1-11</u>
2. <u>Robert D. Pringle</u>	<u>10510 - 152nd Ave. Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-1-11</u>
3. <u>Robert Bohm</u>	<u>353 Edgewood Dr Silver Lake, WI 5</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3-1-11</u>
4. <u>Robert Bozarth</u>	<u>12029 43rd Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-12-11</u>
5. <u>[Signature]</u>	<u>5700 76th St Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
6. <u>[Signature]</u>	<u>8510 3rd St Apt 305 Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
7. <u>Alicia Schmidt</u>	<u>6721 25th Ave Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
8. <u>[Signature]</u>	<u>2711 - 25th KENOSHA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
9. <u>[Signature]</u>	<u>1519 24th Ave #26 KENOSHA, WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
10. <u>Jana Berman</u>	<u>3700 124th St PLEASANT PRAIRIE 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3/12/11</u>

Certification of Circulator

I, DEAN E BELL, (name of circulator) certify:

I reside at 8745 33rd 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.

3/12/11
(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. 866

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Luke Johnson</u>	<u>6728 - 49th Ave.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
2. <u>Jim Smith</u>	<u>7443 18th AVE</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
3. <u>Sherry J. Wernke</u>	<u>3021 - 100th Ave</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sommers</u>	<u>3/12/11</u>
4. <u>Robert P. BELL</u>	<u>2717 26th AVE</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
5. <u>Vita M. H. H.</u>	<u>7205 148th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/2011</u>
6. <u>Paul Bastrom</u>	<u>8554 122nd St</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/2011</u>
7. <u>Darla Bastrom</u>	<u>8554 122nd St.</u> <u>Pl. Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
8. <u>Josh Zoerner</u>	<u>10514 63rd St.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
9. <u>Don Koehne</u>	<u>7002 - 41st</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
10. <u>Jim Frederick</u>	<u>11120 235th Avenue</u> <u>Trepan, WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/12/11</u>

Certification of Circulator

I, DEAN E. BELL, certify:

(name of circulator)

I reside at 8745 33rd 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.

3/12/11
(date)

[Signature]
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Brenda Bortko</u>	<u>22201 118th St Bristol WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/12/2011</u>
2. <u>Paul K. Reilly</u>	<u>7742 243rd Av Salem WI 53165</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>SALAM</u>	<u>3-12-11</u>
3. <u>Emile Thuy Jr</u>	<u>4015 7th Rd Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
4. <u>Jim Bozarth</u>	<u>12029 43rd St Pleasant Prairie WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-12-11</u>
<u>Michael Michalec</u>	<u>3510 82nd St #305 Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
6. <u>CORY LUDOSKAW</u>	<u>2513-63 ST KENOSHA WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
7. <u>James R Bonner</u>	<u>3700 124th St Pleasant Prairie WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
8. <u>Richard Mamrot</u>	<u>11035 87th STREET</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3/12/11</u>
9. <u>Nancy Trotter</u>	<u>7843 18th Ave Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
10. <u>Scott Hill</u>	<u>7526 38th Ave Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>

Certification of Circulator

I, DEAN E BECK

(name of circulator)

, certify:

I reside at 8745 33rd 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.

3/12/11
(date)

(Signature)
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

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

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

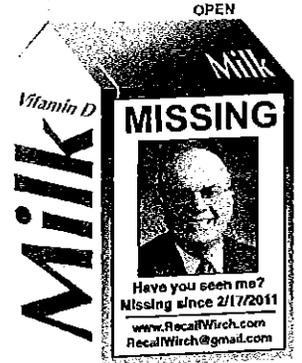
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ann Garans</u>	<u>551 Arrowhead Dr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>2/27/11</u>
2. <u>Jodi Karow</u>	<u>551 Arrowhead Drive</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2/27/11</u>
3. <u>Gordon Kaskin</u>	<u>136 Mueller Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2/27/11</u>
4. <u>Cynthia Butler</u>	<u>550 Tomahawk</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2/27/11</u>
5. <u>Setty Krakow</u>	<u>136 Mueller Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2-27-11</u>
6. <u>Cheri Anagnostis</u>	<u>113 29 Legion Dr.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2-27-11</u>
7. <u>Scott Kaskin</u>	<u>439 Swanson Ct</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2-27-11</u>
8. <u>Jennifer Karow</u>	<u>800 James Dr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2-28-11</u>
9. <u>Janie K...</u>	<u>800 James Dr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2-28-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jodi Karow, certify:

I reside at 551 Arrowhead Drive, Twin Lakes, WI 53181
(circulator's residence - include number, street, and municipality)

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

3/2/2011
(date)

Jodi Karow
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 869

RECALL PETITION

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

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

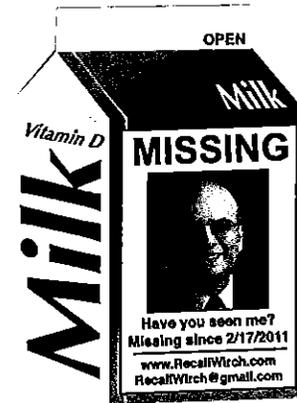
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	104 W. NORTHWATER ST SILVER LAKE WI 53170	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City SILVER LAKE	3-8-11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

I reside at 706 School St. Silver 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.

3-14-11
(date)

(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

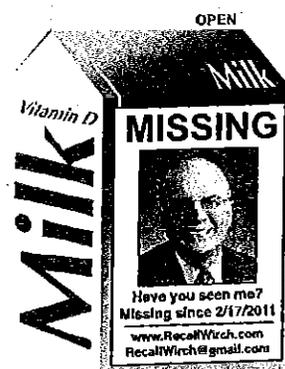
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	6008 241 st Ave Paddock Lakes WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lakes WI	3-13-11
2. <i>[Signature]</i>	132 Richter Ct. Twin Lakes, WI 53181	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	3-13-11
3. <i>[Signature]</i>	132 Richter Ct. Twin Lakes WI 53181	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	3-13-11
4. <i>[Signature]</i>	6561 288th Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-13-11
5. <i>[Signature]</i>	24703 82nd ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3-13-11
6. <i>[Signature]</i>	24713 68th ST SALEM WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake WI	3-13-11
7. <i>[Signature]</i>	24713 68th ST Salem WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	3/13/11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Nathan Naidu, **Certification of Circulator**, certify:

I reside at 3601 Canton Rd #131 Marietta GA 30066
(circulator's residence - include number, street, and municipality)

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

3/13/11
(date)

[Signature]
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Adam J. Kimpler</u>	<u>7749 244th Ave Paddock Lake, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3/5/11</u>
2. <u>[Signature]</u>	<u>7749 244th Ave Paddock Lake, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3.5.11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Adam Kimpler, certify:
(name of circulator)
 I reside at 7749 244th 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.

3/11/11
(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. 872

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

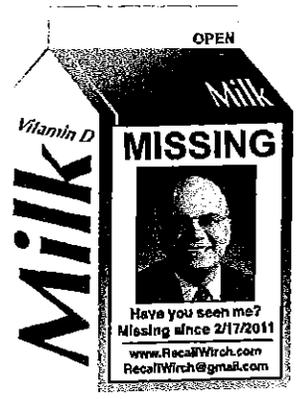
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	3119 - 75 th Salem WI 53168	<input checked="" type="checkbox"/> Town Salem <input type="checkbox"/> Village <input type="checkbox"/> City	03/13/11
2. David Marbain	6322 244 th Ave Paddock Lake WI	<input type="checkbox"/> Town Paddock Lake <input checked="" type="checkbox"/> Village Pk. Lk. <input type="checkbox"/> City	3/13/11
3. MATT NOLAN	6500 248 th Ave Salem WI	<input type="checkbox"/> Town Paddock Lake <input checked="" type="checkbox"/> Village Pk. <input type="checkbox"/> City	3/13/11
4. Donna Newcomer	17917 Horton Rd Kenosha, WI 53142	<input type="checkbox"/> Town Bristol <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
5. Steve Newcomer	17917 Horton Rd Kenosha WI 53142	<input type="checkbox"/> Town Bristol <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
6. Greg [Signature]	19607 80 th St Bristol WI 53104	<input type="checkbox"/> Town Bristol <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
7. [Signature]	822 244th Ave Salem WI 53168	<input checked="" type="checkbox"/> Town Salem <input type="checkbox"/> Village <input type="checkbox"/> City	
8. [Signature]	29912 68 th St Paddock Lake WI	<input type="checkbox"/> Town Paddock Lake <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
9. [Signature]	8918 357 th Ave Burlington WI	<input checked="" type="checkbox"/> Town Randall <input type="checkbox"/> Village <input type="checkbox"/> City	3-13-11
10. Marlene [Signature]	8918 357 th Ave Burlington WI	<input checked="" type="checkbox"/> Town Randall <input type="checkbox"/> Village <input type="checkbox"/> City	3/13/11

I, John G. Miller **Certification of Circulator**, certify:
(name of circulator)
 I reside at 7911-30th Ave Kenosha, WI
(circulator's residence - include number, street, and municipality)

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

3-13-2011
(date)
John G. Miller
(signature of circulator)

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

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

RECALL PETITION

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

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

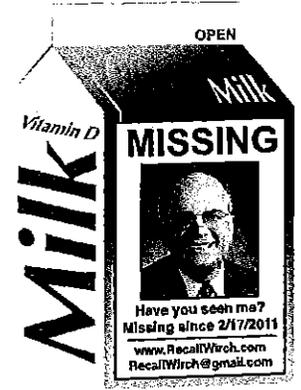
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	3700 105 th St Pleasant Prairie WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3/13/11
2. <i>[Signature]</i>	3700 108 th St Pleasant Prairie WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3/13/11
3. <i>[Signature]</i>	3700 105 th St Pleasant Prairie, WI 53157	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3/13/11
4. <i>[Signature]</i>	1730 19 th Ave Bristol, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Bristol <input type="checkbox"/> City	3/13/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, John G. Miller, certify:
(name of circulator)

I reside at 7911-30th Ave Kenosha, WI
(circulator's residence - include number, street, and municipality)

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

3-13-11
(date)

[Signature]
(signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Tom J. Miller</u>	<u>5310 Adams Road</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3/5/11</u>
2. <u>Donald C. Brown</u>	<u>5419-36th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3/5/11</u>
3. <u>Lori A. Barber</u>	<u>7006-245th Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>3/13/11</u>
4. <u>Denis Junker</u>	<u>6527-243 CT</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>3/13/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, John G. Miller, certify:
(name of circulator)
 I reside at 7911-30th Ave Kenosha, WI
(circulator's residence - include number, street, and municipality)

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

3-13-2011 (date) John G. Miller (signature of circulator)

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

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 875

RECALL PETITION

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

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

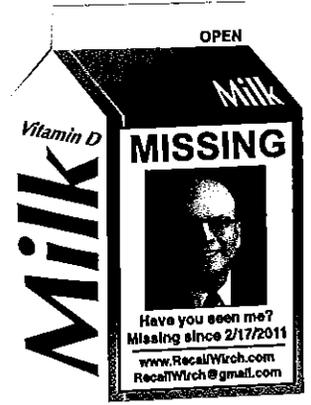
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dale Hahn</u>	<u>14200 Horton RD Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>2-26-11</u>
2. <u>Cheryl Seward</u>	<u>26141 52nd St Salem WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brighton</u>	<u>2-26-11</u>
3. <u>[Signature]</u>	<u>26141 2951 87th St Unit 5 Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>2/28/11</u>
4. <u>Andy Spencer</u>	<u>26141 52nd St Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brighton</u>	<u>3-9-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Daniel K. Seward, certify:
(name of circulator)
 I reside at 26141 52nd St Salem WI 53168 Brighton.
(circulator's residence - include number, street, and municipality)

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

3/9/11 (date) [Signature] (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

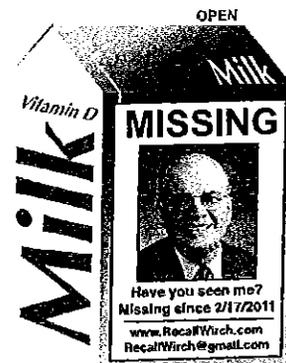
(name of officeholder to be recalled and office)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	8543 312 th Ave Burlington, WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/13/11
2. <i>[Signature]</i>	6527 243 Ct. Paddock Lake, WI 53688	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	13/MAR/2011
3. <i>[Signature]</i>	2423 67 th St Paddock Lake, WI 53188	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	3-13-11
4. <i>[Signature]</i>	24624 69 th St. Paddock Lake, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	3-13-11
5. <i>[Signature]</i>	7132 Foxglove Rd Wilmet, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/13/11
6. <i>[Signature]</i>	196 55 Jamestown Pl Bristol, WI 53104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bristol	3/13/11
7. <i>[Signature]</i>	11228 308 th Ave Wilmet, WI 53192	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/13/11
8. <i>[Signature]</i>	11228 308 th Ave Wilmet, WI 53192	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/13/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, TIMOTHY R MAGUIRE 359 W THORNAPPLE LN Grapton, WI, certify:

(name of circulator)

I reside at 359 W THORNAPPLE LN GRAPTON, WI 53624

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

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

3/13/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 877

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

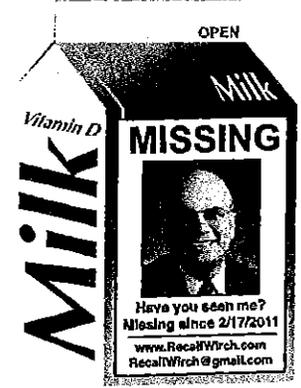
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	24908 40 th Street Salem WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Paddock Lake <input type="checkbox"/> City	3/13/11
2. <i>[Signature]</i>	24908 67 Street Salem WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
3. <i>[Signature]</i>	24922 - 27 th St. Salem, WI. 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
4. <i>[Signature]</i>	24917 268 th St Salem WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
5. <i>[Signature]</i>	24915 68 th St Salem WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
6. <i>[Signature]</i>	Paddock Lake WI 24915 68 th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
7. <i>[Signature]</i>	Same as above	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/13/11
8. <i>[Signature]</i>	24928 69 th Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Paddock Lake <input type="checkbox"/> City Salem	3-13-11
9. <i>[Signature]</i>	24920 69 th Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Paddock Lake <input type="checkbox"/> City Salem	3-13-11
10. <i>[Signature]</i>	24816 69 th place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Salem <input type="checkbox"/> City Paddock Lake	3.13.11

Certification of Circulator

I, AC 3-13-11 Andrew Cegielski, certify:

I reside at 1600 W. Good Hope, Glendale, WI 53209
(circulator's residence - include number, street, and municipality)

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

3-13-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 878

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 53717-7984 608-266-8005, <http://gab.wis.gov>, email: gab@wis.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 27th Wisconsin State Senate District,
(jurisdiction or district of officeholder)

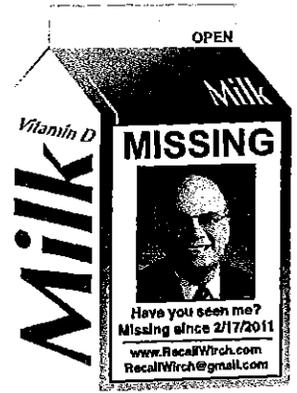
petition for the recall of Robert Wirch 27th District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

Refusing to represent the citizens of Wisconsin 27th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Saundra Janner</i>	<i>6202-243 rd / ct Salem WI 53168</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake</i>	<i>3-13-11</i>
2. <i>Denis J. J...</i>	<i>24921 70th Salem 53168</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Salem Paddock Lake</i>	<i>3.13.11</i>
3. <i>Ann K...</i>	<i>7000 250th ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake</i>	<i>3.13.11</i>
4. <i>John Bovee</i>	<i>24917 71st Salem WI 53168</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake Salem</i>	<i>3-13-11</i>
5. <i>Robert R...</i>	<i>24829 71st St Salem, WI 53168</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake SALEM</i>	<i>3-13-11</i>
6. <i>Eden B...</i>	<i>24813 71st Salem WI 53168</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake Salem</i>	<i>3/13/11</i>
7. <i>Annalorraine Badger</i>	<i>6944-248th W. Salem, WI 53168</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake Salem</i>	<i>3-13-11</i>
8. <i>Pace Meyer</i>	<i>24935 73rd St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake Salem</i>	<i>3-13-11</i>
9. <i>Ederin Drosal</i>	<i>24909 73rd St Salem</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake Salem</i>	<i>3/13/11</i>
10. <i>Andy Tipton</i>	<i>24901 73rd St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake Salem</i>	<i>3/13/11</i>

Certification of Circulator

I, Andrew Cegielski, certify:
(name of circulator)
 I reside at 1600 W. Good Hope, Glendale, WI 53209
(circulator's residence - include number, street, and municipality)

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

3-13-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170
 www.RecallWirch.com • RecallWirch@gmail.com

Page No. 879

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

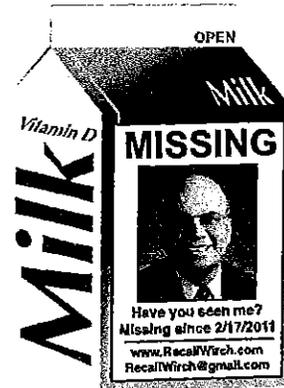
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	21408 72nd St Paddock Lake	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Paddock Lake <input type="checkbox"/> City	3/13/11
2. <i>[Signature]</i>	24908 72nd St Paddock Lake WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Paddock Lake <input type="checkbox"/> City	3/13/11
3. JERRY VOLBRECHT	24816 74th St Paddock Lake WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Paddock Lake <input type="checkbox"/> City	3/13/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

I reside at 1600 W. Good Hope, Glendale, WI 53209
(circulator's residence - include number, street, and municipality)

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

3-13-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 880

RECALL PETITION

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

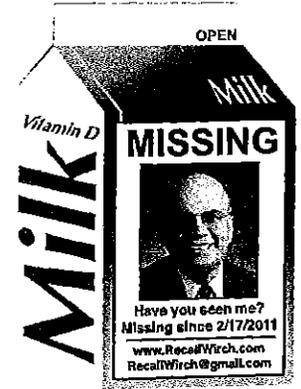
We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)
 petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kimberly Springer</u>	<u>2472 - 70th Ave Salem WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
2. <u>Paula Hernandez</u>	<u>7002 25th Ave Salem WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Mike BRAZEAU, certify:
(name of circulator)
 I reside at 1232 4th Ave GRAFTON, WI 53024
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
3-13-11 Ma [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. 9/2007) The information on this form is required by §§. 8.10 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wi.gov>, email: gab@wigov

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

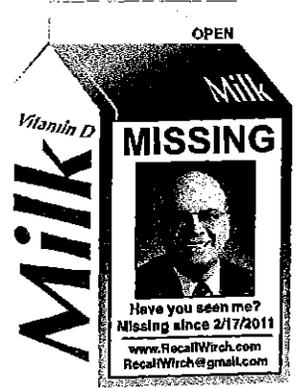
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Bob Krause</u>	<u>24825 67th St. Salem WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
2. <u>Loi Krause</u>	<u>24825 67th St Salem WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
3. <u>Joel Berghorn</u>	<u>24903 67th St. Salem, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3/13/11</u>
4. <u>Claudette Bergstrom</u>	<u>24903 67th St Salem, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3/13/11</u>
5. <u>Tracy Ellis</u>	<u>24904 68th St. Salem, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
6. <u>[Signature]</u>	<u>24830 68th St. Salem WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
7. <u>[Signature]</u>	<u>24814 68th St Paddock Lake WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
8. <u>[Signature]</u>	<u>24814 68th Paddock Lake WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
9. <u>[Signature]</u>	<u>24931 69th Pl Paddock Lake, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
10. <u>[Signature]</u>	<u>24900 71st St Salem</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>

Certification of Circulator

I, Mike BRAZEAU, certify:

(name of circulator)

I reside at 1232 4th Ave GRAFTON, WI 53024

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

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

3-13-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 882

RECALL PETITION

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

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

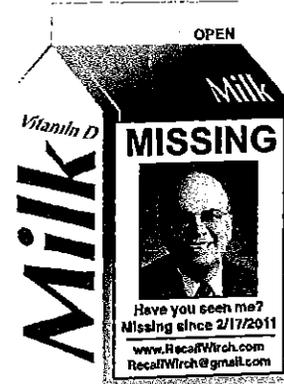
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or zip no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Bruce Mickelson	24300 76TH ST Salem	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	3/13/11
2. Diane Green		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3. JANE KNEUR	7700 ANTIQCH LN SALEM WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Salem	3/13/11
4. Dawn Robinson	1015 1720th Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Silver Lake	3/13/11
5. Wanda Justice	6211 242nd AV	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake, WI	3/13/11
6. Dan Bolton	4011 10th ST Grafton City WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RANDALL	3/13/11
7. Mally	24330 67th ST Paddock Lake WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	3/13/11
8. Kenedra Smith	24330 67th ST. Paddock Lake, WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	3/13/11
9. Justin Byers	30622 114th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Salem	3/13/11
10. Don Colagrossi	32888 CENTER ST BURLINGTON WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	3/13/11

Certification of Circulator

I, Timothy R MAGUIRE, certify:
(name of circulator)

I reside at 359 W THORNAPPLE LN GRAFTON, WI 53024
(circulator's residence - include number, street, and municipality)

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

3/13/11
(date)

Timothy R Maguire
(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. 883

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

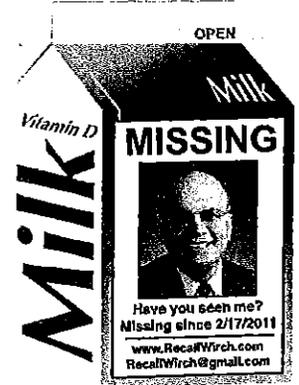
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Steve Bayrak</u>	<u>6731 235 Ave</u> <u>Salem WI 53168</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3/13/11</u>
2. <u>Kassandra Bayrak</u>	<u>6731 235th Ave</u> <u>Salem WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3/13/11</u>
3. <u>Heather Grafton</u>	<u>25923 52nd St</u> <u>Salem WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bri ghton</u>	<u>3/13/11</u>
4. <u>Art Denolf</u>	<u>3610 98th Pl.</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/13/11</u>
5. <u>Kendie Holman</u>	<u>7712 243rd Ave</u> <u>SALEM WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3/13/11</u>
6. <u>Dennis Hastings</u>	<u>25128 83rd Pl</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-13-11</u>
7. <u>Laura GALL</u>	<u>1631 WILMOT AVE APT 205</u> <u>TWIN LAKES WI 53181</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3-13-11</u>
8. <u>BOB GALL</u>	<u>1631 WILMOT AV. #205</u> <u>TWIN LAKES WI 53181</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3-13-11</u>
9. <u>Walter</u>	<u>6243 237th Ave</u> <u>Paddock Lake WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3-13-11</u>
10. <u>Thomas Crane</u>	<u>8683 Chancer Cir.</u> <u>BRISTOL, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BRISTOL</u>	<u>3-13-11</u>

Certification of Circulator

I, TIMOTHY R MAGUIRE, certify:

(name of circulator)

I reside at 359 W THORNAPPLE LN GRAFTON WI 53034

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

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

3/13/11
(date)

Timothy R Maguire
(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. 884

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

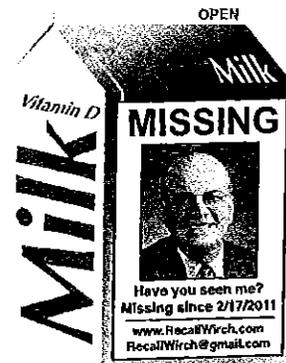
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Pavel Kompson</u>	<u>6243 237th Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>3/13/2011</u>
2. <u>Walt Thompson</u>	<u>6243 237th Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>3/13/2011</u>
3. <u>Bonnie Jefferson</u>	<u>19655 Jonesdown Pl</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>BRISTOL</u> <input type="checkbox"/> City	<u>3-13-11</u>
4. <u>Margaret McAull</u>	<u>24336 64th St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>3/13/11</u>
5. <u>D. A. Aull</u>	<u>24336 64th St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>3/13/11</u>
6. <u>Sherr Arnold</u>	<u>7614 335th Avenue</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Wheatland</u> <input type="checkbox"/> City	<u>3/13/11</u>
7. <u>Mike Dabbs</u>	<u>7614 335th Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Wheatland</u> <input type="checkbox"/> City	<u>3/13/11</u>
8. <u>JEAN PERRIN</u>	<u>2816 HICKORY LN</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>3-13-11</u>
9. <u>CHARLIE PERRIN</u>	<u>2816 Hickory Ln</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>3/13/11</u>
10. <u>Daniel Yaris</u>	<u>26100 Oak St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem</u> <input checked="" type="checkbox"/> City	<u>3/13/11</u>

Certification of Circulator

I, TIMOTHY R MAGUIRE Timothy R Maguire, certify:

(name of circulator)

I reside at 359 W Thornapple LN Shafter WI 53024

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

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

3/13/11
(date)

Timothy R Maguire
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

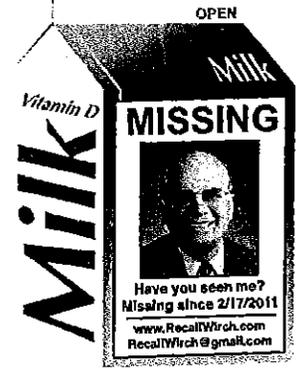
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Brady A. Zantke</u>	<u>9409 70th St Kenosha, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/12/11</u>
2. <u>Steve Berlin</u>	<u>5905 60th St Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/12/11</u>
3. <u>Richard Oliver</u>	<u>9426 70th St Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
4. <u>Darryl N...</u>	<u>9407 71st Street Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-13-11</u>
5. <u>Jamie Jones</u>	<u>9407 71st St. Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-13-11</u>
6. <u>[Signature]</u>	<u>9511 - 73rd St Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
7. <u>[Signature]</u>	<u>9506 79th St KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
8. <u>Bernadette Bagui</u>	<u>9506 74th St Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
9. <u>[Signature]</u>	<u>7407 95th Ave Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
10. <u>[Signature]</u>	<u>9425 74th St Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>

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

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

March 13, 2011 [Signature]
(date) (signature of circulator)

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

Page No. 886

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 7994, Madison, WI 53707-7994 608-266-8005. <http://gab.wis.gov> email: gab@wis.gov

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	9513 63 rd St Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
2. <i>[Signature]</i>	9315-67-st KENOSHA, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/12/11
3. <i>[Signature]</i>	9312 67th Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KEWOSHA	3/12/11
4. <i>[Signature]</i>	9312 67 th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
5. <i>[Signature]</i>	7001-94th AVE Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
6. <i>[Signature]</i>	9552 70 th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
7. <i>[Signature]</i>	9401 71 st Street Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
8. <i>[Signature]</i>	7024 - 95 th Ave Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
9. <i>[Signature]</i>	7419 96 th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
10. <i>[Signature]</i>	9805 74th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11

I, Deborah A. Prine, certify:
(name of circulator)
 I reside at 4816 84th St. Kenosha, WI 53142 P.O. Prairie
(circulator's residence - include number, street, and municipality)

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

3/13/11
(date)

[Signature]
(signature of circulator)

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

Page No. 887

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

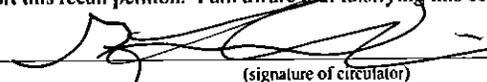
Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Chris Halbestadt</u>	<u>2433 44th CT</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-4-11</u>
2. <u>Guy Lethouillier</u>	<u>4916 24th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/4/11</u>
3. <u>Tina Hoppens</u>	<u>4120-27th Street</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-4-11</u>
4. <u>Mark Kish</u>	<u>2570 18th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-4-11</u>
5. <u>Don Kuch</u>	<u>7465 SHARINA Rd.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/4/11</u>
6. <u>Ashley Tracy</u>	<u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/4/11</u>
7. <u>Debra Kuhn</u>	<u>1802 24th Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/6/11</u>
8. <u>Stephente Braun</u>	<u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/6/11</u>
9. <u>B Y</u>	<u>1042-25th Avo Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-12-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Guy Lethouillier, certify:
(name of circulator)
 I reside at 4916 24th 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.

3/13/2011 (date)  (signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

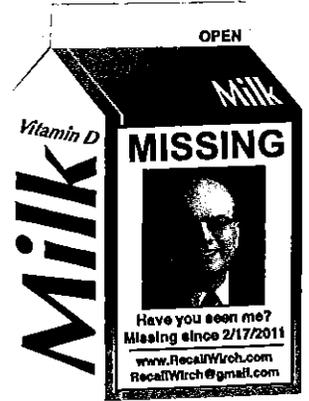
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Suzanne M. Fournier</u> <small>Suzanne M. Fournier</small>	<u>3312 47th Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>26 Feb 11</u>
2. <u>Wilbert R. Fournier</u>	<u>3312 47th Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>26 Feb 11</u>
3. <u>Wayne R. Ismael</u> <small>WAYNE R. ISMAEL</small>	<u>6410 39 Ave</u> <u>9051 Cooper rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>Feb 27 11</u>
4. <u>Steve Pryze</u> <u>gls Pryze</u>	<u>9051 Cooper rd</u> <u>Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>2/27/11</u>
5. <u>Brian</u>	<u>8610 56 Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
6. <u>George A. Cop</u> <u>George A Cop</u>	<u>4324 29th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>28 FEB 11</u>
7. <u>Rud Bunnell</u>	<u>6313 29th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHIA</u>	<u>3/10/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Stuart Diehn **Certification of Circulator** STUART Diehn, certify:
(name of circulator)

I reside at 3318 47th Ave Kenosha
(circulator's residence - include number, street, and municipality)

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

3/13/11 [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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	6462 83rd STREET PLEASANT PRAIRIE, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PLEASANT PRAIRIE	3/3/11
2. <i>[Signature]</i>	225 N. Penkins Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3-8-11
3. <i>[Signature]</i>	1107 53rd St Kenosha WI 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-9-11
4. <i>[Signature]</i>	23705 111 th ST Trevor WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3-9-11
5. <i>[Signature]</i>	225 11613 26 th AVE PLEASANT PRAIRIE, WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PLEASANT PRAIRIE	3/9/11
6. <i>[Signature]</i>	6404 92 nd AVE KENOSHA, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/13/11
7. <i>[Signature]</i>	3826-28 th AVENUE KENOSHA WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/13/11
8. <i>[Signature]</i>	7237 89 th AVE Kenosha WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Pr.	3/13/11
9. <i>[Signature]</i>	7237 89 th AVE Kenosha, WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Pr	3/13/11
10. <i>[Signature]</i>	2319-32nd St KENOSHA WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11

I, Michael Skalitzyk, certify:
(name of circulator)
 I reside at 1415 97th Avenue 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.

13 MAR 11 *[Signature]*
(date) (signature of circulator)

RECALL PETITION

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

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

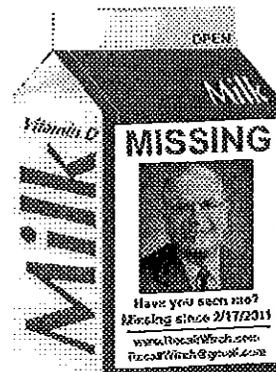
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	7102 47 th AVE. KENOSHA, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	3/1/11
2. <i>[Signature]</i>	7102 47 th AVE Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3/1/11
3. <i>[Signature]</i>	7120 - 31 st ST. Bensenville WI 53014	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Paris</u>	3/1/11
4. <i>[Signature]</i>	8304 64 th ST Kenosha, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	3.13.11
5. <i>[Signature]</i>	8330 8 th 2 nd St a1 f 101	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	3-13-11
6. <i>[Signature]</i>	10918 80 th Street Pleasant Prairie WI 53155	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	03/13/11
7. <i>[Signature]</i>	2820 247 th AV. SALEM WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>OF BRIGHTON</u>	3/13/11
8. <i>[Signature]</i>	2820 247 th AV Salem, WI. 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>OF A Brighton</u>	3/13/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Michael Skalitzky, certify:
(name of circulator)
 I reside at 1415 97th Avenue 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.

13 MAR 11 *[Signature]*
(date) (signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Thomas C. McBride</u>	<u>2027 87th Pl.</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
2. <u>Joanette Bair</u>	<u>8440 110th Ave</u> <u>Pleasant Prairie WI 53156</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/13/11</u>
3. <u>[Signature]</u>	<u>6213 91st Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
4. <u>[Signature]</u>	<u>3552 18th Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
5. <u>Paul Swift</u>	<u>9810 14th Place</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/13/11</u>
6. <u>[Signature]</u>	<u>7617-28 Ave</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
7. <u>Scott V. Wells</u>	<u>2503-48th Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03-13-11</u>
8. <u>Micelle Wells</u>	<u>2503-48 Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03-13-11</u>
9. <u>Ken Marech</u>	<u>11006 88st</u> <u>Pleasant Prairie 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-13-11</u>
10. <u>Donna Maurer</u>	<u>9812 81st Place</u> <u>Pleasant Prairie 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-13-11</u>

Certification of Circulator

I, Barbara Mines, certify:

I reside at 24006 64th Place, Paddock Lake, WI 53108
(circulator's residence - include number, street, and municipality)

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

3/13/11
(date)

Barbara A. Mines
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	11112 62 nd ST Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/11/11
2.	11212-61 st AVE PLEASANT PR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/13/11
3.	11212-61 st AVE Pleasant Prairie, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/13/11
4. Brian Athan	4315 12 th ST SOMERS TOWN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SOMERS	3/19/11
5. Donna Atlee	4315-12 th ST KENOSHA WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SOMERS	3/13/11
6. Alex Atlee	4315 12 th ST Kenosha WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	3/13/11
7. Alexander J. Curry	6534 88 th AVE Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
8. Wayne Paul	7609 3 rd AVE KENOSHA WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/13/11
9. Beth Marcell	11006 88 th ST. Pleasant Pr, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/13/11
10.	6609-4 th AVE Kenosha, WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/2011

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.

3/13/2011
(date)

(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 893

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	116 West Lake St. Silver Lake WI 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Silver Lake	3/13/11
2. <i>[Signature]</i>	25101 60 th St Paddock Lake WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	3/13/11
3. <i>[Signature]</i>	30266122 50 AVE Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
4. <i>[Signature]</i>	2223- 26 th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
5. BRIAN SUGLIK	2132- 25 th KENOSHA, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHIA	3/13/11
6. Russ Roberson	8221 64 th Street KENOSHA, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/13/11
7. <i>[Signature]</i>	11100 235 th AVE TREVOR, WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TREVOR SALEM	3/13/11
8. Wendy Griffith	9104 62 nd St. Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
9. Anne Hassett	1908 18 th Ave Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
10. JOE FALK	8200 65 th Place Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11

I, Barbara Mmes **Certification of Circulator**, certify:
(name of circulator)
 I reside at 24006 64th Place 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.

3/13/11
(date)
[Signature]
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

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

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

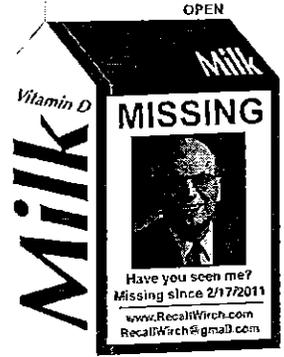
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>David Powell</u>	<u>10850 34th AVE</u> <u>Pleasant Prairie WI 53158</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-12-11</u>
2. <u>Veronica Bernhardt</u>	<u>3432 Northview Dr.</u> <u>Pleasant Prairie, WI 53158</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-12-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Dean Bell, certify:
(name of circulator)

I reside at 8745 33rd 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.

3/12/11
(date)

[Signature]
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

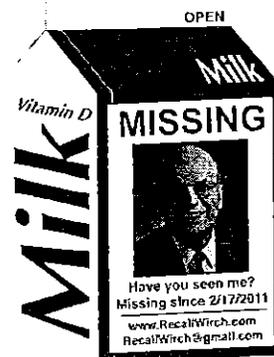
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ann Jones</u>	<u>10099 51st Ct</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
2. <u>Carl Jones</u>	<u>7327 75th Kenosha</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
3. <u>LORRAINE</u>	<u>6744-50CT</u> <u>Ken. 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
4. <u>Jan Hernandez</u>	<u>4806 21 AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jessica Boll, certify:

I reside at 8745 33rd 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.

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

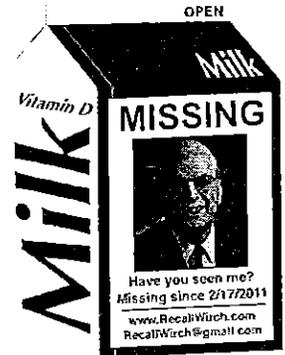
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	9446 708 th Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
2. <i>[Signature]</i>	7315 33 AVE Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City "	3/12/11
3. <i>[Signature]</i>	5125 106 th STREET PLEASANT PRAIRIE WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3-12-11
4. <i>[Signature]</i>	720 214 th AVE Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
5. <i>[Signature]</i>	6323 7th Ave Kenosha 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City "	3.12.11
6. <i>[Signature]</i>	6800 26 th AVE Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City "	3-12-11
7. <i>[Signature]</i>	8317 W. Bridge St. Pleasant Prairie WI 53153	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant Prairie	3-12-11
8. <i>[Signature]</i>	65083 5 th AVE Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
9. <i>[Signature]</i>	10411 52 nd COURT Pleasant Prairie WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3-12-11
10. <i>[Signature]</i>	23740 84 th ST Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3-12-11

Certification of Circulator

I, DEAN BELL, certify:
(name of circulator)
 I reside at 8745 33RD 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.

3/12/11 (date) *[Signature]* (signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

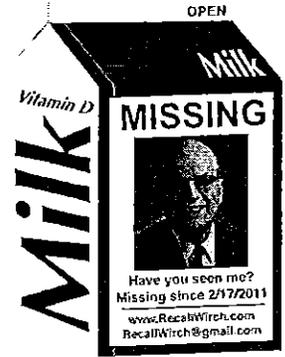
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Natalie Walker</u>	<u>8732 Sheridan Loop</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
2. <u>David H. Munson</u>	<u>9446 70th St.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
3. <u>BUTTS</u>	<u>735 33RD AVE</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/12/11</u>
4. <u>Christine [unclear]</u>	<u>5024 65th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
5. <u>James A. Brown</u>	<u>8400 Lexington Pl. #3</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-12-11</u>
6. <u>[Signature]</u>	<u>5802 20th Ave - rear</u> <u>Kenosha, WI 53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
7. <u>[Signature]</u>	<u>11326 1st Court</u> <u>Pleasant Prairie WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-12-11</u>
8. <u>Lucretia Romeros</u>	<u>8743 Sheridan Rd #74</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
9. <u>Steven Julius</u>	<u>7014 43rd Ave</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
10. <u>Berg A. Olich</u>	<u>6508 59th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>

I, Jessica Bell Certification of Circulator, certify:
(name of circulator)

I reside at 8745 33rd Ave
(circulator's residence - include number, street, and municipality)

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

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

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

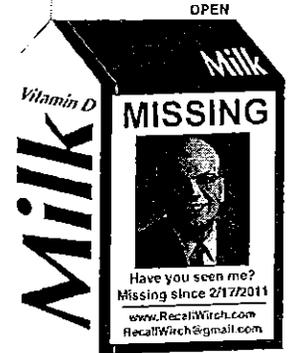
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	7701 3 rd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3/13/11
2. <i>[Signature]</i>	7701 3 rd Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	3/13/11
3. <i>[Signature]</i>	23719 65 th ST Salem WI 53861	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	3-13-11
4. <i>[Signature]</i>	5310-75 th ST LOT #28 Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3-13-11
5. <u>JAMES E PARKS</u>	3199 106 th Place Pleasant Prairie, WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	3/13/2011
6. <i>[Signature]</i> <u>Michelle Parks</u>	3199 - 106 Place Pleasant Prairie, WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	3/13/2011
7. <u>Timothy R Mohr</u> <i>[Signature]</i>	10741 Tyler Rd Pleasant Prairie WI 53158	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	3/13/2011
8. <u>Lori L. Mohr</u> <u>Don L. Mohr</u>	10741 Tyler Rd. Pleasant Prairie, WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	3/13/2011
9. <u>Blaine Mink</u>	6042 51 Ave Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3/13/2011
10. <u>Gary Mink</u>	6042-51 Avenue Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3/13/2011

I, Geri Dougherty, Certification of Circulator, certify:
(name of circulator)
 I reside at 9500 - 81st # 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.

Geri Dougherty 03/13/11
(date) (signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

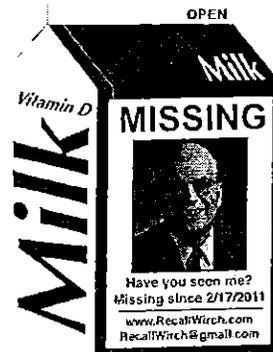
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Michael P. Schil</u>	<u>4209 55th AVENUE</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/13/11</u>
2. <u>John P. Dunge</u>	<u>6030-80th ST</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
3. <u>James</u>	<u>1918-84th</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
4. <u>[Signature]</u>	<u>7213 7th Ave.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
5. <u>Kelly Anderson</u>	<u>7213 7th Ave</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
6. <u>Barbara Henderson</u>	<u>403-73rd St</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
7. <u>Nichelle Jensen</u>	<u>2017-81st St.</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
8. <u>Dawn Richardson</u>	<u>5505 380th ave</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
9. <u>[Signature]</u>	<u>5305 380th Ave</u> <u>BURLINGTON, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
10. <u>Melissa Richards</u>	<u>6000 4th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-13-11</u>

Geri Dougherty **Certification of Circulator**
(name of circulator), certify:
 I reside at 9500-815 #317- Pleasant Pr. 53153
(circulator's residence - include number, street, and municipality)

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

Geri Dougherty 03/13/11
(date) (signature of circulator)

Please mail this form to: Recall Wirch