

OK AS to form  
-DB 11/7/11

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January 10, 2012 to:**  
Committee to Recall Walker  
PO Box 2569  
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION	Volunteer
1.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )	<input type="checkbox"/> Check to Volunteer

### Certification of Circulator

I, \_\_\_\_\_, (Name of Circulator) (certify): I reside at \_\_\_\_\_ (Circulator's Residence - Street name and Number) \_\_\_\_\_ (Circulator Municipality)

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

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
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Circulators, please include your contact info in case there are problems

Phone ( )  
Email

DB 11/7/11

## REBECCA KLEEFISCH RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Lieutenant Governor Rebecca Kleefisch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January 10, 2012 to:**  
 Committee to Recall Kleefisch  
 PO Box 2569  
 Madison, WI 53701

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1.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email _____ Phone ( ) _____
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*Circulators, please include your contact info in case there are problems*

Phone ( ) \_\_\_\_\_  
 Email \_\_\_\_\_

OK MS TO [unclear]  
-DB 11/7/11

## VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January 10, 2012 to:**  
Committee to Recall Wanggaard  
PO Box 2569  
Madison, WI 53701

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(Month) (Day) (Year) \_\_\_\_\_  
(Signature of Circulator)

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*Circulators, please include your contact info in case there are problems*

Phone ( )  
Email

OK AS TO FORM  
-DB 11/7/11

## TERRY MOULTON RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 23rd State Senate District of Wisconsin petition for the recall of Senator Terry Moulton from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January 10, 2012 to:**  
Committee to Recall Moulton  
PO Box 2569  
Madison, WI 53701

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1.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
2.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
3.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
4.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
5.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
6.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
7.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
8.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	_____	_____	<input type="checkbox"/> Check to Volunteer
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### Certification of Circulator

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\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
(Month) (Day) (Year) (Signature of Circulator)

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*Circulators, please include your contact info in case there are problems*

Phone \_\_\_\_\_  
Email \_\_\_\_\_

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-DB 11/7/11

## PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January 10, 2012 to:**  
Committee to Recall Galloway  
PO Box 2569  
Madison, WI 53701

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1.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ( ) <input type="checkbox"/> Check to Volunteer
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ( ) <input type="checkbox"/> Check to Volunteer
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ( ) <input type="checkbox"/> Check to Volunteer
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ( ) <input type="checkbox"/> Check to Volunteer
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ( ) <input type="checkbox"/> Check to Volunteer
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ( ) <input type="checkbox"/> Check to Volunteer
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ( ) <input type="checkbox"/> Check to Volunteer
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### Certification of Circulator

I, \_\_\_\_\_, (certify): I reside at \_\_\_\_\_  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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

\_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
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**Circulators, please include your contact info in case there are problems**

Phone ( )

Email

OK Asta Form - DB 1/10/11

# VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box 2569  
Madison, WI 53701

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1. Print: _____  Sign: _____	Street: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ (Municipality Name)	/ / 20__ <small>(Month) (Day) (Year)</small>	Email
	City: _____ Zip: _____			Phone
2. Print: _____  Sign: _____	Street: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ (Municipality Name)	/ / 20__ <small>(Month) (Day) (Year)</small>	Email
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3. Print: _____  Sign: _____	Street: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ (Municipality Name)	/ / 20__ <small>(Month) (Day) (Year)</small>	Email
	City: _____ Zip: _____			Phone
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	City: _____ Zip: _____			Phone

### Certification of Circulator

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(Signature of Circulator)

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**Circulators.**  
Please include your contact info in case there are problems

Phone
( )
Email

ok AS to form - DB 11/10/11

# REBECCA KLEEFISCH RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Lieutenant Governor Rebecca Kleefisch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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 Committee to Recall Kleefisch  
 PO Box 2569  
 Madison, WI 53701

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(Signature of Circulator)

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**Circulators,**  
 Please include your contact info in case there are problems

Phone ( )
Email

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# TERRY MOULTON RECALL PETITION

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1. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone ( )
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone ( )

### Certification of Circulator

I, \_\_\_\_\_, (certify): I reside at \_\_\_\_\_  
 (Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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

/ / 20  
 (Month) (Day) (Year) \_\_\_\_\_  
 (Signature of Circulator)

Page No. (Official Use Only)  
 # \_\_\_\_\_

**Circulators.**  
 Please include your contact info in case there are problems

Phone ( )  
 Email \_\_\_\_\_

OK As to form - DB 11/10/11

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January 10, 2012 to:**  
 Committee to Recall Galloway  
 PO Box 2569  
 Madison, WI 53701

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

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ (Municipality Name)	/ / 20 <small>(Month) (Day) (Year)</small>	Email _____ Phone _____ ( )
2. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ (Municipality Name)	/ / 20 <small>(Month) (Day) (Year)</small>	Email _____ Phone _____ ( )
3. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ (Municipality Name)	/ / 20 <small>(Month) (Day) (Year)</small>	Email _____ Phone _____ ( )
4. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ (Municipality Name)	/ / 20 <small>(Month) (Day) (Year)</small>	Email _____ Phone _____ ( )
5. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ (Municipality Name)	/ / 20 <small>(Month) (Day) (Year)</small>	Email _____ Phone _____ ( )

### Certification of Circulator

I, \_\_\_\_\_, (certify): I reside at \_\_\_\_\_  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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

/ / 20  
(Month) (Day) (Year)  
 \_\_\_\_\_  
(Signature of Circulator)

Page No. (Official Use Only)  
 # \_\_\_\_\_

**Circulators.**  
 Please include your contact info in case there are problems

Phone _____
( )
Email _____

OK AS to form - DB 11/9/11

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January 10, 2012 to:**  
 Committee to Recall Walker  
 PO Box 2569  
 Madison, WI 53701

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

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone _____ ( )
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone _____ ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone _____ ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone _____ ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email _____ Phone _____ ( )

### Certification of Circulator

I, \_\_\_\_\_, (certify): I reside at \_\_\_\_\_  
 (Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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

/ / 20  
 (Month) (Day) (Year) \_\_\_\_\_  
 (Signature of Circulator)

Page No. (Official Use Only)  
 # \_\_\_\_\_

**Circulators,**  
 Please include your contact info in case there are problems

Phone _____ ( )
Email _____

# RECALL PETITION

To the Wisconsin Government Accountability Board:

I, the undersigned qualified elector of the State of Wisconsin, petition for the recall of **Governor Scott Walker** from office, pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

\_\_\_\_\_  
PRINTED NAME OF ELECTOR

\_\_\_\_\_  
STREET & NUMBER OR RURAL ROUTE  
(Rural address must also include box or fire number)

\_\_\_\_\_  
Town \_\_\_\_\_ Village \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_  
MUNICIPALITY OF RESIDENCE  
(Indicate if Town, Village or City. The name of the municipality of RESIDENCE must always be listed. The municipality used for mailing purposes, when different than the municipality of residence, is not sufficient.)

\_\_\_\_\_  
SIGNATURE OF ELECTOR

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF SIGNING (mm/dd/yyyy)

## CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_, certify:  
PRINTED NAME OF CIRCULATOR (SAME AS ELECTOR)

I am one and the same person as the elector listed on this petition. I reside at the residence listed above. I personally circulated this recall petition to myself and personally signed this paper. I know that I am an elector of the jurisdiction or district represented by the officeholder named in this petition. I signed this paper with full knowledge of its content on the date indicated opposite my name. I know my residence. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wisconsin Statutes.

\_\_\_\_\_  
SIGNATURE OF CIRCULATOR (SAME AS ELECTOR)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF SIGNING (mm/dd/yyyy)

Page No.

# \_\_\_\_\_

## IMPORTANT MAILING INFORMATION

Please mail this form by **January 7, 2012** in a business-sized envelope, with proper postage affixed, to:

<COMMITTEE NAME>

<PO BOX \_\_\_\_\_>

<CITY, WI ZIPCODE>

OPTIONAL CONTACT INFO: Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ I'd like to volunteer \_\_\_ Please contact me with more information

OK AS to form  
- DB 11/11/11

# RECALL PETITION

To the Wisconsin Government Accountability Board:

I, the undersigned qualified elector of the State of Wisconsin, petition for the recall of **Lieutenant Governor Rebecca Kleefisch** from office, pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

\_\_\_\_\_  
PRINTED NAME OF ELECTOR

\_\_\_\_\_  
STREET & NUMBER OR RURAL ROUTE  
(Rural address must also include box or fire number)  
\_\_\_\_\_  
Town\_\_ Village\_\_ City\_\_

\_\_\_\_\_  
MUNICIPALITY OF RESIDENCE  
(Indicate if Town, Village or City. The name of the municipality of RESIDENCE must always be listed. The municipality used for mailing purposes, when different than the municipality of residence, is not sufficient.)

\_\_\_\_\_  
SIGNATURE OF ELECTOR  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF SIGNING (mm/dd/yyyy)

## CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_, certify:  
PRINTED NAME OF CIRCULATOR (SAME AS ELECTOR)

I am one and the same person as the elector listed on this petition. I reside at the residence listed above. I personally circulated this recall petition to myself and personally signed this paper. I know that I am an elector of the jurisdiction or district represented by the officeholder named in this petition. I signed this paper with full knowledge of its content on the date indicated opposite my name. I know my residence. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wisconsin Statutes.

\_\_\_\_\_  
SIGNATURE OF CIRCULATOR (SAME AS ELECTOR)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF SIGNING (mm/dd/yyyy)

Page No.  
# \_\_\_\_\_

## IMPORTANT MAILING INFORMATION

Please mail this form by **January 7, 2012** in a business-sized envelope, with proper postage affixed, to:

<COMMITTEE NAME>  
<PO BOX \_\_\_\_\_>  
<CITY, WI ZIPCODE>

OPTIONAL CONTACT INFO: Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ I'd like to volunteer \_\_\_ Please contact me with more information





Approved as to Form  
-DB 11/14/11

## RECALL PETITION

TO: The Gov't Acc Board

We, the undersigned qualified electors of the **13th SENATE DISTRICT** in the **STATE OF WISCONSIN**, petition for the recall of **SCOTT FITZGERALD, STATE SENATOR** from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
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.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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, \_\_\_\_\_, certify:  
(name of circulator)

I reside at \_\_\_\_\_  
(circulator's residence - include number, street, and municipality)

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

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of circulator)

OK AS to form  
- DB 11/14/11

# RECALL PETITION - FITZGERALD

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAMES 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.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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, \_\_\_\_\_, certify:  
(name of circulator)

I reside at \_\_\_\_\_  
(circulator's residence - include number, street, and municipality)

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

**Return by January 10, 2012  
to Lori Compas  
326 Garfield Street  
Fort Atkinson WI 53538**

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of circulator)