TO:					
(official with whom nominat	tion papers or declaration of candidacy for the office is filed)	(jurisdiction or district of officeholder)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.	
	(name of officeholder to be recalled and office)				
(The reason for recall point he stated as satisface		STATEMENT OF REASON FOR RECALL			
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)					
Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP.					
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lack of commitment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."			
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Classification of Circulator # - 0 1 10 24					
certify: I reside at 17 Pehhle Tovina Dr. (SAWAY, FT/, 72034)					
(name of circulator)	710 31 10 11	1,000 0,000 0,	(circulator's residence - include number, street, and municipality)		
the signatures on this paper. I know that the signa	wisconsin, or a U.S. citizen, age 18 or older who, if I were are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under	Wis Stat § 6.03. I personally Lirculated this recall petition and the appropriate for the second state of	and personally obtained each of	
the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her paper. I know their respective residences given. I support this recall petition. I an aware that falsifying this certification is punished and a support this recall petition.					

EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi gov

Page No. 1

RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

TO: The Wisconsin Election Commission		. We, the undersigned quantied elec	Unrisdiction of dis-	trict of officeholder)
(official with whom nominal	ion papers or declaration of candidacy for the office is filed)	and the Auti-la VIII Contin	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article Atti, Section	III 12 of the wisconsin constraints are g	
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
		STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall	of state, congressional,
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1. Shannontive:		Certification of Circulator Brook	Or Conway, All	12007
		. I reside at	(circulator's residence - include number, street, and municipality)	on and personally obtained each o
(name of circulator)	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	I were a resident of this state, would not be disqualified from voting under the officeholder named in this petition. I know that each person sing this certification is punishable under § 12.13(3)(a), Wis. Stats.	great the paper with full knowledge of its content on the da	ate indicated opposite his or her
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name ₄ I know their respective residences give	n. I support this recall petition. I are eware that falsifyi	ing this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 2
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EL-170 (Rev 2019-09) The information on this form is re	quired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608	-	



		We, the undersigned qualified elect	ors of the Assembly District 63	
TO: The Wisconsin Election Commission	La Land Continue Continue Continue Class	we, the undersigned quantied elect	(jurisdiction or distri	ct of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Och Pater	John Pinter	7348 Batting Rd 53402	Uvillage Racine	4-4-24
2. Shaun Touts	Shaun Zeitz	3140 16+1 AVE.	Orly Racine	4-4-24
1	RICHARD J STOCK	6215 HILLTOD DR	Ulilage Octy MTPLEASANT	4.4.24
4. Sanly Menarck	SANDY MENAREK	6228 HILLTOP DR	O Town O Village OCITY O Town	4-4-24
5 Tinha Treta Ox	Linda Fritzler	Lez40 Hilltop Dr.	o city Mt Ple a Sourt	4-4-24
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I, Sharren Wes. I further certify I am either a qualified elector of	certify: \(\text{Wisconsin, or a U.S. citizen, age 18 or older who, if I v.}\)	reside at Certification of Circulator Brook were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person sign of this certification is numishable under 8 12.13(3)(a). Wis. Stats.	(circulator's residence include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition ned the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
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TO: The Wisconsin Election Commission	6 1 6 4 6 T Chill	. we, the undersigned qualified elec	(jurisdiction or dist	rict of officeholder)
	on papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
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, Sharnon L We		I reside at PRODRE DIO	(circulator's residence - include number, street, and municipality)	L L L L L L L L L L L L L L L L L L L
(name of circulator) I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting unde	r Wis, Stat. § 6.03. I personally circulated this recall petition	n and personally obtained each
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RECALL PETITION . We, the undersigned qualified electors of the Assembly District 63

The Wisconsin Election Commission

TO: The Wisconsin Election Commission		. We, the undersigned quantited elect	(jurisdiction or distric	et of officeholder)		
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5. July	Tustia Breeder	5640 Cambridde UN#2	o City Rleasant	4-6-24		
Elisabeth Bregger	Elizabeth Breeden	5640 Cambridge UN-#2	Ulliage MT Pleasant	4-6-24		
2/40	BRUCZ KRAZINEZ	5640 CAMBRIDGE LN #7	U Town U Village U T PLEASMUT	4-6-24		
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9. Danne Cooks	BONNIE Coons	5718 CAMBRIDGE LAVE #5	Urillage MT PLEAST	55400		
10. Kanjamata	KATHLEEN THAN	070 5726 CAMBRIOSE L	PERING MT. PLEASANT	4/4/24		
Certification of Circulator 7 P1110 Book Do C						
1 Shannon	certify: I	reside at	(circulator's residence - include number, street, and municipalis)	1020		
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(date)	(signate	pro of circulation) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web: http://clections.wi.gov email: elections@wi.gov			

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2.	Jary H. Leves	-Bary H. Stevens	Whole over WI 53182	Ority Union Town	4224	
3.	Smoot Radrick	Scott Ranack	1418 Vine of Union Grive	City JA JALON GVVL	4/2/24	
4.	(J. W. Wess	KirkM. Weese	15910 Durans PAIR Crove	Town Juliage Yorkille	4/2/24	
5.	MASOUDE	NEISSO LOVESTWIEL	8424 MAYESTIC HILLS DI WIT	Utiliage Start Van	4/2/24	
6.	Wally	Toe Vallejo	9112 Chicory Creek WI	o Village Sturkevant	4-2-24	
7.	Adulton	DAVID KERIG	31298 RATES STURES 1997	Other States States and College	1-21-2	
8. 6	ugene Repub	Eugene Repinski	9316 Carol ANN Drive wig	Sy Hevant	27:5-54	
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10,	TOCAL+	Kelly Scott	5730 Embassy Divis	Orlinge Mt. (1 Carbant	4-2-24	
I, Rita Huff Certify: I reside at 9902 Milestone Cir. Off Je Benich us 38654						
the signs	I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder hammed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that respective residences given. I support this recall petition. I am aware that falsify in this gertification is punishable under § 12.13(3)(a), Wis. Stats.					
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		(name of officeholder to be recalled and office)	THE APPLICATION OF DE ACON FOR DECAY			
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	•	for city, village, fown, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,	
	legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,					
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(name of circulator's residence - include number, street, and municipality)						
I further co	ertify I am either a qualified elector of \	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	Wis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of	
the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the efficiency is punishable under \$12,13(3)(a), Wis, Stats.						
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EL-170 (Rev.)	2019-09) The information on this form is requir	red by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Election Commission P O Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://clections.wi.gov email: elections@wi.gov		

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63		
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
	(name of officeholder to be recalled and office)				
		STATEMENT OF REASON FOR RECALL			
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality)		
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ואוי (Kev 2019-09) The information on this form is requir	ed by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web http://elections.wi.gov email: elections@wi.gov		

To: We, the undersigned qualified electors of the Assembly District 63					
	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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(name of circulator) I further certify I am either a qualified elector of Wisconsin or a LLS citizen are 18 cralder who if I was a residence and municipality) (circulator's residence - include number, street, and municipality)					
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, world not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					
name. I know their restrictive residences given. I support this recall petition. I am aware that falsiving his confication is punishable under \$12.13(3)(a), Wis. Stats.					
114/00		purpluk		Page No. 10	
(date) [(signature	c offcirculator)			
((ed by Mis State 89 0.40 and 9 to This form is prescribed by the	Wisconsin Elections Commission PO Box 7984, Madison, WI 53707-7984 608-266-	-8005 web http://elections.wi.gov email: elections@wi.gov		

TO: The Wisconsin Election Commission	n_	RECALL PETITION		
	ination papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified elec	tors of the Assembly District co	
petition for the recall of		5 - 4-minos olec		
	Robin-Vos	from office pursuant to Article VIII Section	(jurisdiction or dis	strict of officeholder)
	(name of officeholder to be recalled and office)	- Furduction Atticle Atti, Section	on 12 of the Wisconsin Constitution and §.9.10 c	of the Wisconsin Statute
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
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ther certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I wer	re a resident of this state, would not be discussion as	(circulator's residence - include number, street, and municipality)	
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	support this recall petition. I am aware that falsifying the	re a resident of this state, would not be disqualified from voting under Wis y the officeholder named in this petition. I know that each person signed to his certification is punishable under § 12,13(3)(a), Wis, Stats.	the paper with full knowledge of its content on the date ind	icated opposite his or her
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(Nev 2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the W	of cifculator) /isconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-800		
	·	53/07-7984 608-266-800	05 [web: http://elections.wi.gov email; elections@wi.gov	

_. We, the undersigned qualified electors of the __Assembly District 63

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos		———(jurisdiction or dis	trict of officeholder)
petition for the recall of	(name of officeholder to be recalled and office)	from office pursuant to Article XIII, Sect	tion 12 of the Wisconsin Constitution and §.9.10 o	of the Wisconsin Statutes
(The reason for recall must be stated on petitions legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support	for city, village, town, and school district officials, The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officehold trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF
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(Kev.2019-09) The information on this form is require	d by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the V	Visconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-266	5-8005 web: http://clections.wi.gov email: elections@wi.gov	

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The Wisconsin Election Commission

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

	Debie New York Canadidacy for the office is filled)		(jurisdiction or dist	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Sarah Deutter	Sarah Dutton	Z610 N River Rd	U Town U Village U City A Control O City	4-6-24
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8) and mich	Daniel in Pohlhammer	714 5. English settlement al	Uvillage bushing tan	4-6-24
Camix Miller	Jami L. Miller	29507 River View PKWU	UTown Village	4-1-24
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I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under W	(circulator's residence - include number, street, and municipality)	
		by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis, Stats.	d the paper with full knowledge of its content on the date in	dicated opposite his or her
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ואבו (Kev עווא-טא). The information on this form is require	ed by Wis. Stats. §§, 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	-8005 [web: http://elections.wi.gov email: elections@wi.gov	7

TO: The Wisconsin Election Commission		We, the undersigned qualified	electors of the Assembly District 63	
(official with whom nominat	ion papers or declaration of candidacy for the office is filed			r district of officeholder)
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		I were a resident of this state, would not be disqualified from voting un nted by the officeholder named in this petition. I know that each person		
		ving this certification is numishable under 8.12.13(3)(a) Wis Stats	signed the paper with full knowledge of its collicit of the d	ate maleated opposite ms of her

Page No. 14

4-7-24

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EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov

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TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63			
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	t of officeholder)		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.		
	(name of officeholder to be recalled and office)	THAT THE MENTE OF DEACON FOR DECALL				
	STATEMENT OF REASON FOR RECALL					
	(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional,					
legislative, judicial, or county officials.) Robin Vos should be recalled for his facil support of	of the Chinese Communist Party (CCP), acceptance of tr	rips from the CCP, failure to protect Wisconsin farmland from the CCP,				
lack of committment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constiuents by calling them "whack-jobs, morons, and idiots."						
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
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270 cm 1111	JUAN I VILLERANA	1419 VIRGINIAST	U Village RACINC	4-13-24		
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4 sed Donn	TED KEENER	7054 PARKSTONE PERAME	Urillage City MOUNT PLEASING	4/13/24		
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10.	Jess, Mandignadia	2631 Penbrook Pr.	O Village Mt. PLASANT	4-13-24		
STANSILSON Certify: I reside at 10928 WASHIAND WAY AVONDALE, AZ BS397						
(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her						
name. I know their respective residences given.	support this recall petition. I am aware that falsi ying	this certification is punishable under § 12,13(3)(a), Wis. Stats.		Page No. 15		

EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING		
1,	Thomas IN	THOMAS J. SCHOFF	S-031 Statue Ar	City M+ PRASANT	4-6-24		
2.	Par Ch Oosta	Bosa M. Instice	7945 Daniel Ct	DE Village OCITY PRASALT	4/6/24		
3.	Dan a coms	Dank Dranks	1708 N Storge RD	Town Village City City	4/6/24		
4/	· C 0	Cassandra Fasley	7220 Kinzie Au # 102	Village Mt Pleasant	4/6/24		
5.	Caluary h	OBC che Shul	7230 Kinzie Ave #104	dixivillage utpleasant	416/24		
eq.	andy Hon	Bandy Hopson	7230 Kinize Avetlo8	Ba-Village MT PLYOSANT	4/6/24		
7.		Causes Santis	2230 KINZIO AR 100	Village MA + PLOSSAN	4/6/24		
8,7	Poheta Or les 15	Charles o	7230 Kinzie Ave #103	Town Mt Pleasant	4/6/24		
9.	Mall	Monique + Kumman	758 Bulcher Vii + 105	OLVIllage M. Pleasant	04/06/24		
10.	Binund	Berbara nunet	858 Boulder TR#306	Drown Pleasant	4-6-24		
	TAY SCHOOLOW certify: I reside at 1295 At ARONAL WISY956						
',	(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. State 5.00. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. State 5.00 for the person size of the						
the give	I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disquarated with blad of the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this paper. I know that each paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this paper.						
name	name. I know their respective residences given. I support this recall petition. Lam aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.						

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9-10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63			
(official with whom nominate	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
	(name of officeholder to be recalled and office).	TO A TREMENTE OF DE ACON FOR DECALI				
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,				
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1. 1.	Shaw Gilbor	938 Boulder Trail #403	avvillage Mt Pleasant	April 6,2024		
2 2 n +1 -		71/67 (2.77	Town Wallage Man BOR BOR MY	41/18/24		
I Crestatas	F. CRIGTOFBAL	76609 GRAKTE WAY	OCHY DESCRIPTION	1/0/04		
3-	A Good	927 Lannon aux	Town Pillage A A To Divide Start	-411/174		
M: HOUSE	MARLO ACOSTA	721 Lanna, at	Brown	76/2		
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6.000 1000	Christophen - Hill	1027 icreson Pla	Town Warm Prec	sout 4/1/d2		
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Certification of Circulator A A A A A A A A A A A A A A A A A A A						
SAL TOWN	certify: I	reside at 12 95 N. LATT	T. NELDAMINI	25445/2		
(name of circulator)	W	were a resident of this state, would not be disqualified from voting under	Wis Stat § 6.03. I personally circulated this recall petition a	nd personally obtained each of		
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name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § (2.13(3)(a), Wis. Stats.		Page No. 19		
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(date)	(signafi	ine of circulator)	6 2005 heart hun learning with lemail elections@withou			
EL-170 (Rev 2019-09) The information on this form is neg	ired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by th	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53 07-7984 608-20	10-0005 Web: Inter-retenting to the contain electronists will gov			
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TO: The Wisconsin Election Commission		We, the undersigned qualified electer	ors of the Assembly District 63			
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	PRINTED NAME OF ELECTORS	STREET & NUMBER OF ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
SIGNATURES OF ELECTORS	PRINTED NAME OF BEECTORS	Rural address must also include box or fire no	□ Town			
1.1/1	Nicollette Moran	339 18th Ave Apt. Zunian Gru	XQ Village	419/29		
11/12 M	NICCITETE MOTORI) I loll of All Solida	□ Town	1/10/34		
2. 91h 00T	Glana Turner	741 134 Ave Apt Grace	Gity On an Cross	419129		
	01/	SULLAR A DIRUC	D Town	4/9/24		
JAN JAN	1 YIChord to brycy	34/18- AUR APTIO VILLEDO	Cocity Copper of Cons	11/1/		
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5. 7/hall	Mike Szymansk	2010 NortOIK CF.	arvillage Union Grove	4-9-24		
6. 4 . 6 -	Librie Seilman	365 16Th Ave	atown Grave Union Grave	4-9-24		
7.	Kurt- Johnson	1806 EMIST DIV	Town Village	4 5-24		
topana	15 NOW 3 NOW 3	1100 61114 51,00	□ City G-10 V.	1-1-1-1		
8. Grath Mi	Awarda Ladenia	1620 NEW ST #1	I city WWCW 640V6	4-0-50		
9. //9/	Brady Vuyyan	1810 New St 17	Styllage VARO (210)8	919/24		
10816.		1010 110 51#2	□ Town SebVillage	4-9-2024		
10) Februarie Dunkan	Jephanie Dunham	1810 New St #3	ocity In ion Grove	1) 10001		
Certification of Circulator						
JAN OCHYA		reside at 1295 N. LARQ 24. N	Conculated residence - include number, freet, and municipality)			
(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certified in the control of the control						
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Total 24		ure of circulator)	AND THE PROPERTY OF THE PROPER			
EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI \$2707-7984 608-26	66-8005 [web: http://elections.wi.gov email: elections@wi.gov			

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		for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	state, congressional,		
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	ippe	1601.1100	20 Jucenn & Ca.	U City	4/6/24		
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6,	John She it	JUDITH TULKER-SNIBER	1047 STRATEONDET	OTOWN O'Village RACING WT 53406	45/2/24		
_	6	,			4-2-24		
7.	Laure Brook	Laurie Brasch	1040 N. Sunnyslope Dr#701	Village Mount Pierrscint	4.7-17		
8.	11, 6	120 Ker	No BOOL	□ Town □ Village	1		
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9.	illendy Cicona	Wendy Cicona	1011 S. Strant Road	Urillage Mourt Pleasant	4-2-24		
10		,		□ Town			
10				☐ Village ☐ City			
L		***	Certification of Circulator	2-46			
I. DUSAN Savic certify: I reside at 8334 Vivaini (10, Wind Lake, VI S3195							
(name of circulator) (circulator's residence - include number, street, and municipality)							
I furthe	I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03, 1 personally circulated this recall petition and personally obtained each of						
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EL -170 (D	ev 2019-00) The information on this form is requi		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 lweb http://elections.wi.gov.lemail:elections@wi.gov			

TO: The Wisconsin Election Commission		We, the undersigned qualified election	Ors Of the Assembly District 05	et of officeholder)
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1 John Jan	JEFF HOFER	519 LEWIS ST BURENULTO	Urling ton	4-3-24
2. Or Peldona	DENIN Pendergast	519 LEWIS ST BUREN 670 2280 ROVENSWOODED BURINGHON	O TOWN SWILINGTON	4/3/24
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TO:	The Wisconsin Election Commission						
7.=	(official with whom nomination	on papers or declaration of candidacy for the office is filed)			district of officeholder)		
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.		
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EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by th	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	po-6003 [web. map //ciccutalis wi pow email: elections@wi gov			

TO:	The Wisconsin Election Commission		We, the undersigned qualified elector	ors of the Assembly District 63 (jurisdiction or district	t of officeholder)
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)	o or Li Auti-1- VIII Section	12 of the Wisconsin Constitution and §.9.10 of t	
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TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomination	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	t of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of the	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
		TATEMENT OF REASON FOR RECALL		
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Mark Duncan	certify: I	reside at 3250 rexel AV, Racine, V	NI53403	
(name of circulator)		, ,	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	Wis, Stat, § 6.03, I personally circulated this recall petition an	d personally obtained each of
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs	ed the paper with full knowledge of its content on the date inc	licated opposite his or her
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Heril 3, 2024	Mark Durica	γ		Page No. 26
(date)		c of circulator)		
EL-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats §§, 8 40 and 9,10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	6-8005 web http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission	on	We, the undersigned qualified	electors of the Assembly District 63	
	nination papers or declaration of candidacy for the office is filed)		<u> </u>	district of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.1	0 of the Wisconsin Statutes.
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		STATEMENT OF REASON FOR RECALL		
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(name of circulator)			(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector	or of Wisconsin, or a U.S. citizen, age 18 or older who, if	I were a resident of this state, would not be disqualified from voting to	under Wis. Stat. § 6.03. I personally circulated this recall petit	ion and personally obtained each
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

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TO:	The Wisconsin Election Commission			tors of the Assembly District 63		
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Ι,	1, Stephen Wright certify: I reside at 1603 New Hope Rd Denton AR 72015					
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the sign	the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or necessary.					
name.	I know their respective residences given	support this recall petition. I am aware that falsifying	Historification is punishable under § 12.13(3)(a), Wis. Stats.			
	11-73-24		n		Page No. 29	

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(significance of equalities)
(EL-170 (Rev. 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web. http://elections.wi.gov | email. elections@wi.gov

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TO:_	The Wisconsin Election Commission	C. d. C. Caris Glad	. We, the undersigned qualified elect	Qui sulction of distric	
		on papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, W1 53707-7984 | 608-266-8005 | web: http://clections.wi.gov | email: elections@wi.gov

RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

TO:	The Wisconsin Election Commission		we, the undersigned quantica elec-	(jurisdiction or distric	ct of officeholder)
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)	or VIII Contin	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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	(date)	(signat	ure of circulatory the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266 8005 ingely latin delections wi gov email: elections@wi gov	
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RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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(circulator's residence - include number, street, and municipality)					
(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally circulated this recall pet					
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EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by th	the Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-20	1		

RECALL PETITION ___. We, the undersigned qualified electors of the ___ Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

TO:

(official with whom nomination	n papers or declaration of candidacy for the office is filed)	201	12 Cit Wi Constitution and \$ 0.10 of	the Wisconsin Statutes
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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1 5 00		ture of chesitor)	and a set on Suit section Suit section	
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8.40 and 9.10 This form is prescribed by the	the Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-2	166-8000 web http://elections.wi.gov email: elections@wi.gov	

RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

The Wisconsin Election Commission

TO: The Wisconsin Election Commission	Indicate of contident for the office in filed)	We, the undersigned quantities	(jurisdiction or distri	ct of officeholder)
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	C CC - Article VIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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		RECREE 1 B 111 COL	Call - Accombly District 63		
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EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis_Stats_§§ 8.40 and 9.10. This form is prescribed by th	C 14 13 COllising section of Continuous of Land			

E. 1954 - 97 THE REP. (SA) - 12 TH.		We the undersigned qualified	electors of the Assembly District 63	
TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)		(jurisdiction or district of officeholder)		
		from office pursuant to Article XIII	Section 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.		
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			on signed the paper with full knowledge of its content on the d	ate indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that posifi	ying this pertification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 26
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	
(official with whom nominati	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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· Numberial Si	N	reside at 50346 OOKVIEW DVI	ie Checterfield MI	48147
I, (name of circulator)	, certify: I	reside at 50,595 OUFVIEW OF I	(circulator's residence - include number, street, and municipality)	1001
I further certify I am either a qualified elector of	Wisconsin, or a U ₈ S ₆ citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
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Page No. 37

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8 40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

TO:	The Wisconsin Election Commission		. We, the undersigned quantied elec	(jurisdiction or dist	rict of officeholder)
/#095G	(official with whom nomination	n papers or declaration of candidacy for the office is filed)			
netitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	Title Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266-8005 web: http://elections.wi.gov email: elections@wi.gov	
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RECALL PETITION _____. We, the undersigned qualified electors of the _____Assembly District 63

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		Qurisdiction or distri	ct or officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8.40 and 9.10 This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web | http://elections.wi.gam | email: elections@wi.gov

			We, the undersigned qualified elect	ors of the Assembly District 63	
TO:	The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)		Qui isdiction of distric	
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EL-170 /P	2019-09) The information on this form is requ	aired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	ture of circulator) he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	166-8005 web: http://elections.wi.gov email: elections@wi.gov	
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RECALL PETITION . We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

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TO: The Wisconsin Election Commission	the Continue Continue (filed)		Quitsdiction of distric	
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(date)	(signal	ture of circulator) he Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-2	266-8005 web: http://clections.wi.gov email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is red	quired by Wis_Stats_§§ 8.40 and 9.10. This form is prescribed by the	tic wisconsin Elections Commission 1. [6] 300 177		

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TO: The Wisconsin Election Commission	. We, the undersigned qualified elector	jurisdiction or distr	ict of officeholder)
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(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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TO: The Wisconsin Election Commission		We, the undersigned qualified elect	Ors Of the Assembly District 65 (jurisdiction or district	t of officeholder)	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)				
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of t	ne wisconsin statutes.	
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(signature of circulator)

		RECREETERING	1 . C.1 Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified e	(inrisdiction or dist	rict of officeholder)
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	_		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Se	ction 12 of the Wisconsin Constitution and §.9.10 o	Title Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)	THE PERSON NAMED IN COLUMN		
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lack of commitment to election integrity, blocking	lower prescription drug costs, and magnam disrespension		A DECIDENCE MI	IST AL WAVE DE LISTED
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EL-170 (Rev 2019-09) The information on this form is req	uired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by tr	IC A Decing the rections Continues out 1 101 Dog 550 d 1 101 D		

RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

TO. THE WISCONSIN Election Commission	e e e e e e e e e e e e e e e e e e e		Qurisdiction of distric	
(official with whom nominate	on papers or declaration of candidacy for the office is filed)	c cc	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article Atti, Section	1 12 of the Wisconsin Constitution and 3	
-	(name of officeholder to be recalled and office)	CONTRACTOR DECALL		
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RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

TO: The Wisconsin Election Commission		. We, the undersigned quantied elect	(jurisdiction or distr	rict of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	con constant to Astiolo VIII Section	n 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article Affi, Section	II 12 Of the Wisconsin Constant	
•	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
	for aity willage town and school district officials. The	reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	of state, congressional,
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I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis, Stats.	ned the paper with full knowledge of its content on the date	e indicated opposite his or her
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name. I know their respective residences given	I support this recall petition. I am aware that faisity in			Page No. 47
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(date)	(Signal L. Wie State SS 9.40 and 0.10. This form is prescribed by	nture of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-7	266-8005 web: http://clections.wi.gov email: elections@wi.gov	
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		RECALDIEITION	Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elector	ors of the Assembly District 63 (jurisdiction or district	t of officeholder)
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)			
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RECALL PETITION . We, the undersigned qualified electors of the ____ Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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(official with whom nomination	on papers or declaration of candidacy for the office is filed)	and the state of t	n 12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.
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	(name of officeholder to be recalled and office)	THE ACON FOR DECALL		
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4-5-2024	(signs	/ W		
(date)	(signa	ature of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	166-8005 web: http://clections.wi.gov email: elections@wi.gov	
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RECALL PETITION . We, the undersigned qualified electors of the Assembly District 63

The Wisconsin Election Commission

TO: The Wisconsin Election Commission		we, the undersigned qualified election	(jurisdiction or distric	ct of officeholder)	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)				
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin statutes.	
	(name of officeholder to be recalled and office)	THE PERSON FOR BECALL			
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(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each or I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each or the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that the signature of the paper with full knowledge of its content on the date indicated opposite his or her the signature of the paper with full knowledge of its content of the paper with full knowledge.					
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TO: The Wisconsin Election Commission	on	. We, the undersigned qualified	d electors of the Assembly District 63	
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LYDIA MON	TOYA	Certification of Circulator fy: I reside at 5 ARNOLDS BURG RD	CONWAY AR 72032 (circulator's residence - include number, street, and municipality)	
(name of circulator) I further certify I am either a qualified electo	crar:	f I were a resident of this state, would not be disqualified from voting nted by the officeholder named in this petition. I know that each personal than the following that the following the state of t	under Wis. Stat. § 6.03. I personally circulated this recall peti-	tion and personally obtained each
the signatures on this paper. I know that the	signers are electors of the jurisdiction of district represe	Tying this certification is punishable under § 12.13(3)(a), Wis. Stats.		
name, I know their respective residences give	ven I support tills recall petition. I atti aware tilat talsi	The second secon		Page No. 52

APRIL 2, 2024 EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov. | email. elections@wi.gov

(official with whom pomination	papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec	ctors of the Assembly District 63	
			(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutor
(The reason for recall must be stated on petitions for		TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder		
Robin Vos should be recalled for his tacit support of t	the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,	of required to initiale the rectal to	oj situe, congressional,
lack of committment to election integrity, blocking low	er prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAILI	NG PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPAL VIII.	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
1 1 2 0 1	A STATE OF ELECTORS	Rural address must also include box or fireno	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
" Churchy Mascher	HUPREY MASELTE	Ri 755 Fortial Circle	10 Village Bullergton WT	43-74
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			D Village	
I VALA MILL	20. 10	Certification of Circulator	□ City	
I, LYOIA MONT	certify: I re	Side at 5 ARNOLDS BURG FD., CONV	NAY AR 72032	
further certify I am either a qualified elector of Wisco	oppin or a LIC sitings age 10 as 11 a Lica		(circulator's residence - include number, street, and municipality)	
he signatures on this paper. I know that the signers are	e electors of the jurisdiction or district represented by	the effect 11	/is. Stat. § 6.03. I personally circulated this recall petition and	d personally obtained each of
name. I know their respective residences given. I sup	port this recall petition. I am aware that falsifying th	is certification is punishable under § 12.13(3)(a), Wis. Stats.	a the paper with run knowledge of its content on the date ind	licated opposite his or her
4/3/24	201	January Man States		
(unic)	- XY	ang.		Page No. 53
_170 (Rev 2019-09) The information on this form is required by	(Signature of Wis Stats §§ 8 40 and 9 10. This form is prescribed by the W	feiteulator) sconsin Elections Commission P.O. Box 7984 Madison, WI 53707-7984 608 266		

The Wisconsin Election Commission

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

__ We, the undersigned qualified electors of the ___ Assembly District 63

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
7	(name of officeholder to be recalled and office)			
		STATEMENT OF REASON FOR RECALL		
	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholde	T. No statement of reason is required to initiate the recall	of state, congressional,
legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking I	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots,"		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE M	UST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
12 Vandraller	Kendra	528 3 m/ve road	Otilge RACINE	4/4/24
2. E. Phillips	E, PH.LLips	7521-5-MILE RD.	Town Village FRANKLIN	4-4-21
3. Store Hady	Steve Hardy	1510 YOUTST RACINE	Town Village RACINC	44-24
4 David Toll	David Tello	1808 Gronge Are	Oriver Racine wit	4-4-24
5. 3CDel-	Ben Advian	8711 Maplecrist	order of Pleasant	4-4-74
95/1	RJ ROSI	8729 ChreNed DC	Otiv MT PLEASANY	4-4-24
Thyros Michel	Lynsic Michel	8740 Cloverleaf Dr.	orown Village Mt. Pleasant	4-4-24
8.			☐ Town	
			□ City	
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1 11	SN - 30	Certification of Circulator		
1. LYDIA MON	To YA certify: I	reside at 5 ARNOLDSBURG R	2D. CONWAY AR	72032
(name of circulator)		11 12 12 12 13	(cipulator's residence - include number, street and municipality)	
I further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under I by the officeholder named in this petition. I know that each person sign	wis. Stat. § 6.03. I personally circulated this recall petition	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.	ted the paper with ran knowledge of its content on the date	marcarea opposite ma or ner
4-4-24	LL			Page No. 54
(date)		ure of circulator)		
EL-170 (Rev.2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9 10. This form is prescribed by th	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20	66-8005 web: http://elections.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

petition for the recall of_

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

Robin Vos

. We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

		his own constiuents by calling them "whack-jobs, morons, and idiots." UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. alm Buln	Alaina Bealka	17500 Durand Ave	O Town Village City VORICVIII	415/24
2 Mark Evonson	MARK EVANSON	1110 MAIN ST	O TOWN O VIIIAGE UNION GROVE	4/5/24
3. Jenniles Rouse	Jennifer Royse	1570 11 have	Orove Union Crove	4/5/24
4 Bremt Warner	Brent Wasser	1570 11thave	O Town O Village O City O N 1 ON G COVE	4/5/14
Jacque Londre	Jacquelondre	21818 974 St. LOT 24	orillage Union Grove	4/5/24
6 Jour lus M Grandle	Douglas M Brander	1445 Groves LN	O Town O Village O City O MAN GAME	4/5/24
7.			□ Town V () Village □ City	
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I, AYOIA MONT (name of circulator) I further certify I am either a qualified elector of V the signatures on this paper. I know that the signe	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	reside at 5 ANDLOSBURG RD., core a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulator's rosidence - include number, street, and municipality) Wis, Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
name. I know their respective residences given, $14 - 5 - 24$	O.	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 55

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	γ
(official with whom потпаці	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	et of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	THA THE MENT OF BEACON FOR BECAUT		4
(The reason for recell must be stated an activism		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	state, congressional,
	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idlots."		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 4.			□ Town	
alla Te	Glen Luxem	2937 N. Emmertson Rox	Polity MOURT ALEGSANT	4-2-24
2. 1 . 1 . 1	Barbara Harris	8978 11 1 - 11 NAR 40 CM	Town + N	11-7-14
10 Woun Plum	Barbara Harris	5720 Wynbrodd CDURT	acity 110 07 112113971	7 2 2 6
3 Suy P Bato			OVIIIAGE MUST PLEASANT	4
Janos Banos	JOSEPH P BOTICE	5811 PILGRIMIWAY	LI City	4-5-24
4. 1	7		Ovillage March 7 2050. +	11 2 21/
John been	DONNIE NUMMER	\$732 Chapel Lane	ocity 1/0471 /129341/	7-2-27
5. Intabil	00 11 01 to	ways i will we	□ Town □ Village	4 7 7 3 11
- full of toph	Mark 6 Platzer	4942 Indian Hills Orive	acity Mayn Tlegsan	4-2-24
6. 7	1. m. dtz 3	3400 1 00: 00	□Town □Village 17 % ↑ 816 ↑	6 2 21
00001.100	- Malletacas	2117 Cala Priva	Ocity well start	1-3-24
7. 9 1/2	2 valun Priar	mozy Cambridge lavie anit	Utown Village Mount Pleasant	4-2.20
7-1	0001911 Jajoe	700	City VIIICCEIT (1	100 27
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or forms has	MHEICIME DEMNET	55/3 LARRIAGE HILLSTIL	Scity MOUNT Y LEAGHNT	7-2-24
10. (000: 1 0 0 00	100 11	110 1.10/ 1.10	□Town	
Trumw K. Dladle	+Minni2K. Beadles	1110 Wistolonial DRIVE	City Mount Pleasant	4-1-24
1 .00		Certification of Circulator	10	
1. Loke Sus	certify: I	reside at 16920 KANKS KOAN LKF	WC72210	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under \	(circulator's residence - include number, street, and municipality) Wis. Stat. 6 6.03. I personally circulated this recall petition ar	nd personally obtained each o
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4-2-04		A) ce		Page No. 56
(date) EL-170 (Rev 2019-09). The information on this form is requi	red by Wis Stats 86 8 40 and 9 10. This form is prescribed by the	regical culator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web http://elections.vu um email elections@wi.cov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elected	ors of the Assembly District 63	The second second
	ers or declaration of candidacy for the office is filed)		(jurisdiction of distric	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATERATENT OF DEACON FOR DECALI	A CONTRACTOR OF THE PARTY OF TH	Store .
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legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support of the	Chinese Communist Party (CCP), acceptance of tri	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		1
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
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		STREET & NUMBER OR RURAL ROUTE	MONICIALITY	DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1/ moeredu	Mike HYDUKD	57032 CamBridge Lane 7	Town PACINE	4/2/24
2	ca Distart	307 Chemy Hall Drive	O Town City Mt Pleasant	412124
3 () A . M	whip Cah	391 < 50 AND DOOR	Utilage MT. Pens Au +	4-2-24
* tamasathoursen To	may A Thomasor	15925 Jeanne Deive	O Village MT. PIEASAN	4.2-24
5 Sellien	Todd VANCE	718 Hunter DRive	Village MT. Pleasant	4-2-24
6 Flinkett Cornell	lizabeth Souce	1442 Pheasant Run Driv	evillage Mt Pleasant	4.2.24
7 Hand Brigger	altu Briggs	5321 16th Street #/	U Village MT. PIT (SANT)	4.2.24
THE COUNTY IL			□ Town	
8 O Canto La policia la	4/2		☐ Village ☐ City	
9 /2/ 1/	Saigh Lumbert	5915 Muriery Drive #204	Ulliage Mt. Pleasant	4.2.24
10. Ha he land F	rander Don	5030 Oscalas BLVD	O City Mt. Barne	7.2.7021
The ext	STICES , certify: I	Certification of Circulator reside at 1970 KAINER ROAD	LRAL TODO	
(name of circulator)	10 11 110	was a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
41i an this manner. I know that the signars are	a electors of the jurisdiction of district represented	by the officelloider lighted in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date t	nateated opposite tils of het
name. I know their respective residences given. I sup	port this recall petition. I am aware that laisitying	tins certification is punishable under § 12.13(3)(a), wis. stats.		Page No. 57
(date)	(signapa	re of Circulator)		

(date)

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8 40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov/lec

		RECALLIETITION	as of the Assembly District 63	
): The Wisconsin Election Commission		. We, the undersigned qualified elected		listrict of officeholder)
(official with whom nomination	papers or declaration of candidacy for the office is filed)	A C. L. VIII Continu	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
tition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution	
	(name of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL		
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reason for recall must be stated on petitions for	or city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.		
slative, judicial, or county officials.)	the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
in Vos snould be recalled for his tacit support of	the Onlinese Communication (Communication)	bis own constituents by calling them "whack-jobs, morons, and idiots."		
of committment to election integrity, blocking lo	wer prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."	THE PROPERTY OF DESIDENCE A	AUST ALWAYS BE LISTED
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	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF EDECTORS	Rural address must also include box of file no	□ Town	1.11511
1	- Maria F Jaimes	300 Parchis Drive	UVillage Survivor	4424
mogun + anne	- Maria F Jaimy	JOS DIACHZ THINE	O City DUF 17 10/1	11111 (31)
11 11 1	11	22511 1 1111	D Village D 2 III	4/4/21
Marko Marakens	Ne otali Iternandez	SLO LINGIA STREET	Brown S	
TO DOWN THE STATE	THE PROPERTY OF THE PARTY OF TH	660 A 1 101	□ Village	14/4174
Marida Viint	Mod. los Lv. X	DOC Orchard Stroot	4 Oil) (2	1/ 4/10
rungue asc	The rest of the second	The state of the s	□ Town □ Village → D	11-4-7074
C hes	Vhe C . A	336 N. Kendrick Avenue	DON DUVINGION	4 1200
Timana mehez	- Francisco D		UTOWN SUPLING TO	4-4-24
072	DEAN FRASCH	204 CHURCH STREET	City FSC/12/100-1010	
Marting	DC No 11		Town D	4-4-24
111. 10 10	lawra flores	308 Dardis Dr.	Brillage Kurling for	9 1 27
7000	Cocoroc (1011)	Je 4 1	□ Town	
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(name of circulator)	5)100			ition and personally obtained ea
rther certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. 1 know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	ned the paper with full knowledge of its content on the	date indicated opposite his or he
signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represente	by the officeholder named in this petition. I know that each person significant is punishable under § 12.13(3)(a), Wis. Stats.		
ne. I know their respective residences given.	I support this recall petition. I am aware that this ryll	1 6		Page No. 58
(1-11-11)		A / 1 / 1		
(date)	(signs	ityloof circulator) Me Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	66-8005 web: http://elections.wi.gov. email:elections@wi.gov	
70 (Rev 2019-09) The information on this form is requi	ired by Wis Stats 99 8 40 and 9 10. This form is prescribed by	WWW.00.0000000000000000000000000000000		

TO: The Wisconsin Election Commission			tors of the Assembly District 63	
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
-	(name of officeholder to be recalled and office)		V	
		TATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions f legislative, judicial, or county officials.)	or city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	, No statement of reason is required to initiate the recall of	state, congressional,
	f the Chinese Communist Party (CCP), acceptance of tri	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
last of committeest to election integrity blocking to	nunr properintion days costs, and flaggant discogness for	his own constiuents by calling them "whack-jobs, morons, and idiots,"		5
lack of communers to election integrity, blocking it	ower prescription drug costs, and nagrant disrespect for	this own constituents by calling them whack-jobs, morons, and idiots,		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE	DATE OF
		Rural address must also include box of fire no	Indicate Town, City, or Village	SIGNING
1 agreebyen	W DARLENE BKUIL	N /222 HIGH STREET	City NON GROVE VI	75/24
2 Moth Kelley	seth retel	13 13 MACHELINE	Town Stillage SINOUGOO	4/3/29
3 Don Tityration	Joe FITZPATRICK	1708 center Strick	Ority UNICON G-KOVE	4-5-24
* molesmusker	mollis marker	1305 Newtor Street	or Town or Village Union Ende	4-5-24
5. 42 10 10 10	les llian Hall	1402 Center Stozzl	Down galliage Union Crove	4-5-24
Cerry 10	Housen Hall		Prillage Union Crove	415/24
1. ann	Alox Guardiola	1312 715 Drive	Oth City	4/5/24
0			□ Town	
8.			☐ Village	
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		Certification of Circulator		
1 Deudust	certify: I r	1	LRM 72200	
(name of circulator)			(circulator's residence - include number, street, and municipality)	
		ere a resident of this state, would not be disqualified from voting under to by the officeholder named in this petition. I know that each person sign		
		this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with fall knowledge of its content of the date in	aleated opposite this of their
4-5-2	~	2014		Page No. 59
(date)	(signatur	of circulator)		
FI 170 (Pay 2010 00). The information on this form is require	ad by Wie State && & 40 and 0 10. This form is prescribed by the	Wisconsin Elections Commission P.O. Boy 7984 Medicon, WI 53707-7984 (608 26)	6 8005 hugh: http://eligitions.ni. grail: elections@usi.gov	

RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	Ors Of the Assembly District 65 (jurisdiction or distri	ict of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		*	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)			
	S	STATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	f state, congressional,
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	To sinchem by reason is required	65.000 F0.000
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EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	ne Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-20	00-8003 web map retections wi ten eman elections@wi gov	

		RECALL FEITHON	Cut Assembly District 63	
TO: The Wisconsin Election Commission		We, the undersigned qualified elector	ors of the Assembly District 65 (jurisdiction or distric	ct of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	2 VIII Castion	n 12 of the Wisconsin Constitution and §.9.10 of	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	112 of the Wisconstit Constitution and 3	
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL	ta initiate the morall O	f stata congressional
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i, you have a comment	10 11	were a resident of this state, would not be disqualified from voting under	THE CASE & 6.03 I personally circulated this recall petition	and personally obtained each of
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I was all a sectors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under to by the officeholder named in this petition. I know that each person sign g this certification is punishable under § 12,13(3)(a), Wis. Stats.	ned the paper with full knowledge of its content on the date	indicated opposite his of her
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4-2-2024	(Jaret Paque	III		
-7 (date)		ure of circulator) 12 Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	66-8005 web: http://elections.wi.gov. email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis Stats §§ 8 40 and 10 This form is prescribed by the	The Misconsin Elections Commission 1,0, Box 72, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
	(name of officeholder to be recalled and office)				
(The reason for recall must be stated on petitions	STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional,				
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,			
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(name of circulator)	Visconsin or a LLS citizen age 18 or older who if Luc	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence linelade number street and municipality)	-	
the signatures on this paper. I know that the signer	s are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	vis, State 9 0,03, I personally circulated this recall petition and the paper with full knowledge of its content on the date ind	a personally obtained each of licated opposite his or her	
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		RECALL PETITION		
		We, the undersigned qualified elector	ors of the Assembly District 63 (jurisdiction or district	at of officeholder)
TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)		0	
		from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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	(name of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL		Cotata congrassional
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and Proquette	certify:	I reside at 128 Abiliard Lake Quill	(circulator's residence - include number, street, and municipality)	
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EL-170 (Rev. 2019-09) The information on this form is req	quired by Wis Stats §§ 8.40 and 9.10 This form is prescribed by t	IN THE STREET		

		RECALL PETITION	rs of the Assembly District 63	
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our -	<i>C</i> .	Bank & Shoot	willage Bullington	7 3 01
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	RECALL PETITION We, the undersigned qualified elector	rs of the Assembly District 63 (jurisdiction or district of	of officeholder) e Wisconsin Statutes.
TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)	office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and 9.7.10 of the	· · · · ·
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6 A. Tourant	2227 OLD FANCHER RD	Town Village MT. Pleasant	414124
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000000000000000000000000000000000000000	Certification of Circulator	Circulator's residence - include number, street, and municipality)	ion and personally obtained each o
I further certify I am other a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if the signatures on this paper. I know that the signers are electors of the jurisdiction or district representations of the properties of the	f I were a resident of this state, would not be disqualified from voting ur	a signed the paper with full knowledge of its content on the or	Page No. 65
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age to of older	nted by the officeholder named in this pectation of the pectation is punishable under § 12.13(3)(a), Wis. Stats.		Page 100 03
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iled)		(jurisdiction or district			
	ursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10 of the	ne Wisconsin Statutes.		
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		statement of reason is required to initiate the recall of s	tate, congressional,		
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Certification of Circulator LI HOROCK, ARKANSAS 72223					
further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					
sifying this certification is purishable unde	§ 12.13(3)(a), Wis. Stats.		Page No. 66		
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(date) (signature of circulator)

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

The Wisconsin Election Commission

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

__ We, the undersigned qualified electors of the __ Assembly District 63

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office nursuant to Article VIII Section	n 12 of the Wisconsin Constitution and §.9.10 o	,
petition for the recall of	(name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	ii 12 of the wisconsin Constitution and §.9.10 o	i the wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	of state, congressional,
legislative, judicial, or county officials.)			-	
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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(name of circulator)	certify. 1	reside at 194 Hocerto -19 1110-15	(circulator's residence - include number, street, and municipality)	
	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V		and personally obtained each of
		by the officeholder named in this petition. I know that each person signed	d the paper with full knowledge of its content on the date i	indicated opposite his or her
	I support this recall petition. I am aware that falsifying	his certification is punishable under § 12.13(3)(a), Wis. Stats.		
4-2-24		Veruello		Page No. 67
(date)	(signatur	re of circulator)		
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	. , , , , , , , , , , , , , , , , , , ,	(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)		U	
		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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1: Patrice	PATRICIA Colemni	409 Donald Dr #3100	Village Burlington	4-3-24
2 Rigne Luc	0 -211	(40) 1 (1) 020) 53700	□ Town □ Village	11 7 0
Billion	BARAR GGGNEN	40) NONGH JC 2 Bur trept	Beily SUCLIMITOR	19-5-24
3.1/1	W. 11 . J	117 1 53105	□ Town □ Village	17 21
Pon Do	Kylle High	411 donald dr De Burlington wi	acity Bylington	4-5-24
4 Dronwithers	Diana Hores	E Market St #1/4	Village Burlington	4-3-24
5.	Nalle / From Garcia	209 E Morlet St #114	Original Sur I notes	4/3/24
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John Haro	certify: I	Certification of Circulator	D. K. AR 72003	3
(name of circulator)		7 1.	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere mesident of this state, would not be disqualified from voting under V	vis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of
name. I know their respective residences given. I	support this recall netition. Lam away that fall invind	by the officeholder hamed in this petition. I know that each person signe this certification of ministrable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date in	idicated opposite his or her
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		RECALL PETITION . We, the undersigned qualified elect	ors of the Assembly District 63	
TO: The Wisconsin Election Commission	5 P. C. W. W. W. W. G. W. Glady		Quitsdiction of distric	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	from affice pursuant to Article XIII Section	n 12 of the Wisconsin Constitution and §.9.10 of t	the Wisconsin Statutes.
petition for the recall of	Robin Vos	nom office pursuant to Article Arm, over	57 H7-57- 37 JAMMA - 12 H7-33-462 2012 - 1 5-2015 470 10 10 10 10 10 10 10 10 10 10 10 10 10	
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
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1. Joha may Thomas	Jan Tran	357 E. Marker St. 161	D Town D Yillinge BU (Ing TVION Town	4/4/2020
2. C. De 20 att	Colleen SKott	20816 Durand Ave	Sollage Union Grove	4/4/24
3 Tomal Canada	Tamal Sennis	20 mill ave	Styllage ONONGYOVE	914/24
4. John Moore head	John Mourehead	361 Mill Ave	Ovillage UnionGroup	4/14/29
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name. I know their respective residences given.	1 support this recan petition.	nuc of circulator) he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2		Page No. 69

RECALL PETITION ______ We, the undersigned qualified electors of the _____ Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

egislative, judicial, or county officials.)	is for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the office		l of state, congressional,
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he signatures on this paper. I know that the sign	of Wisconsin, or a U.S. citizen, age 18 or older who, if I we ners are electors of the jurisdiction or district represented I. I support this recall petition. I am aware that falsifying	reside at AS HOLLAND LITE rere a resident of this state, would not be disqualified from voting by the officeholder named in this petition. I know that each personal this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) under Wis, Stat. § 6.03. I personally circulated this recall petitio	n and personally obtained each e indicated opposite his or her

		RECALLIBITION	Assembly District 63	
TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the	ict of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	a or Adiab VIII Section	n 12 of the Wisconsin Constitution and §.9.10 of	
petition for the recall of	Robin Vos	from office pursuant to Article AIII, Section	II 12 of the wisconsin Constitution and 3.5000 of	
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2/6, 42/200	FUGENE MARRIT	5926 WINACIN LOURT	Village MT Plagn	4/22/24
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5. C. & Center	chery L Dayter	5501 Cambridge Lane	Village Mr PLDasant	4-2-24
6. Mullet Roman D	N. lotte BRONGE	2114 RIVERIA DRIVE	Uvillage Mf Pleasail	53406
Than Gol	MARY KILPS	5908 PILGRIM WAY	Uvillage MT PLEASANT	534064.2.0
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		. We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or district	of officeholder)
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		Official of district	
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EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	ne Wisconsin elections Commission (17 O Box 7504, Madison, 17 Commission)		

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office)

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

	(STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions		reason must be related to the official responsibilities of the officeholde	. No statement of reason is required to initiate the recall of	f state, congressional,
legislative, judicial, or county officials.)	iot otty, mage, to m, and concer element		, , , , , , , , , , , , , , , , , , , ,	, , ,
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		RECALL PETITION		
TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elect	tors of the Assembly District 63 (jurisdiction or district	et of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	
petition for the recall of	(name of officeholder to be recalled and office)	non office pursuant to Afficie Affi, seem	M 12 of the Wisconsin Constitution and §.7.10 of	ine wisconsin statutes.
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2. Chrolis	Connor Shrum	24922 67th St	Uvillage SAKM	4/3/2024
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4 Par 1 Filmer	Brian L. Breuckna	157 west State	Village Bur Lington	4/3/2024
Synthin Lotto	Cyndlia Gallert	157 West State st.	O Town Village Pur Quartu	4/3/2024
6. Your Caron	MARY CRIST	SSZ ORCHARD ST.	O Town O Village Otty Bewlending	4/3/2024
7. Wally	Matthew follok	240 5 Oakland Ave	Utiliage Sur 15ton	4-3-24
8. Karfut	Kathy Picters	45661chall St.	Uvillage Bullington	4-3-24
" Richard Paters	RICHARD PIETERS	456 Order 1 54	Uvillage Bullington	4-3-24
10. Alter Nelson	Atam Nelson	313 Lincoln St	Village Bucling low	4-3-24
MAIVAROUNDS Certification of Circulator St Pheonix Az 85022				
(circulator's residence - include number, sfeet, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. 1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12. 3(3)(a), Wis. Stats.				
name. I know their respective residences given. I	support this recall petition. I am aware that tals 1940	re of circulator)		Page No. 74
L-170 (Rev. 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://elections.com/persons/lections/lections.com/persons/lections/l				

TO: The Wisconsin Election Commission		We, the undersigned qualified e	ectors of the Assembly District 63	
(official with whom nominat	ion papers or declaration of candidacy for the office is filed)		(jurisdiction of	r district of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Sec	ction 12 of the Wisconsin Constitution and §.9.1	0 of the Wisconsin Statutes.
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Page No. 75

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov

name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$12.13(3)(a), Wis. Stats.

		We, the undersigned qualified elected	ors of the Assembly District 63	c cc 1 11-3
TO: The Wisconsin Election Commission	5 File South a effect in filed)		Quitadiction of district	
(official with whom nomination	n papers or declaration of candidacy for the office is filed)	C CG as murguent to Article VIII Section	12 of the Wi cousin Constitution and §.9.10 of the	ne Wisconsin Statutes.
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	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
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EL-170 (Rev. 2019-09) The information on this form is requ	ared by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by	the Wisconsin Elections Commission [F.O. Box 7764, Maussin, 47, 337077764 [550-2	versions where and the second course that the second sec	

TO: The Wiscons	sin Election Commission		. We, the undersigned qualified elec-	tors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)			
petition for the rec	all of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
			STATEMENT OF REASON FOR RECALL		
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Robin Vos should be re	ecalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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1. Marc	lyw Schil	MARILYN SCHILZ	347 MEADONKARY DR. #7	O City BU THINGT ON WIS.	48/24
2. W.	10	Alan Cordova	4325 Rendrick AVE#2	O Village Bur 1. Liston Wir	9-3-24
3 Robert &	2 Dentagen	Robert S. Tenhagen	1935. Kendrick Ave Aptia	Village Burlington, UII, 53105	4/3/24
4 Lik	kry Holghe	JEFREY HUGHES	1935 KENDRICK AVE #3	Ortown BURLINGTON	4/364
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63		
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	(jurisdiction or district of officeholder)			
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
legislative, judicial, or county officials.)	ns for city, village, town, and school district officials, The	e reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	1. No statement of reason is required to initiate the recall o	f state, congressional,	
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Page No. 78

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		. We, the undersigned qualified elected	ors of the Assembly District 63	TO THE CONTRACTOR STORY
TO: The Wisconsin Election Commission				et of officeholder)
(official with whom nomination	n papers or declaration of candidacy for the office is filed)	or Article VIII Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article Affi, Section		
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(name of circulator)	f Wisconsin or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	gred the paper with full knowledge of its content on the date	e indicated opposite his or her
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(date)	(sign:	ature of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	-266-8005 web: http://elections.wi.gov email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is req	quired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	HIC 4713CORONI DIOGRAPIO COMMINICATION DE COMMINICATION D		

RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

The Wisconsin Election Commission

(jurisdiction or district of officeholder)

(official with whom nomination	on papers or declaration of candidacy for the office is filed)	o com the Article VIII S	Section 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statute
tition for the recall of	Robin Vos	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Communication	
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
	and the state of t	THE reason must be related to the official responsibilities of the office	holder. No statement of reason is required to initiate the reca	ill of state, congressional,
e reason for recall must be stated on petitions	for city, village, town, and school district officials.	ne reason must be related to the official response		
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in Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance to	of trips from the CCP, failure to protect Wisconsin farmland from the C		
of committeent to election integrity blocking	lower prescription drug costs, and flagrant disrespect	for his own constiuents by calling them "whack-jobs, morons, and idio	15."	
of commitment to election integrity, blocking	ower presemption area seem to	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. T	THE NAME OF THE MUNICIPALITY OF RESIDENCE M	JUST ALWAYS BE LISTE
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THE MUNICIPALITY USED FOR MAI	Ento Peter Gazag	STREET & NUMBER OR RURAL ROUTE	Indicate Town, City, or Village	SIGNING
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ther certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, i	f I were a resident of this state, would not be disqualified from votin need by the officeholder named in this petition. I know that each per ving this certification is punishable under § 12.13(3)(a), Wis. Stats.	g under wis state 9 0.05 i personally enculated this room per	date indicated opposite his or
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ie. I know their respective residences given	1 support ans recair per and a	CA TORIO		1 "50" 100
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(date)	(s	ignature of circulator) by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-798	84 608-266-8005 web: http://elections.wi.jtov email: elections@wi.gov	
70 (Rev 2019-09) The information on this form is req	uired by Wis Stats §§ 8 40 and 9 10. This form is prescribed	by the Wisconsin Elections Commission P.O. Box 1964, Madison, Wt. 33101-1966		

The Wisconsin Election Commission

(official with whom nomina	tion papers or declaration of candidacy for the office is filed)	. We, the undersigned quantied elec		strict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII Secti	ion 12 of the Wisconsin Constitution and §.9.10 c		
	(name of officeholder to be recalled and office)		on 12 of the wisconsin Constitution and 9.9.10 (of the wisconsin statutes.	
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Robin Vos should be recalled for his tacit support	t of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,			
		r his own constiuents by calling them "whack-jobs, morons, and idiots."		Š _u	
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3 Steve Clark	Steve Clark	35020 Ridge Rd.	O Village Bur ling to a let	4-2-24	
4 Sandya Club	Sandra Clark	35020 Ridge Rd	Uvillage Burlington WI	041026034	
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, Walter Harrison	Spermer certify: I	/ / / / / / / / / / / / / / / / / / / /	iftle Rock, AR 7	2212	
further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under the	(circulator's residence - include number, sfreet, and municipality) Wis, Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of	
e signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					

Page No. 81

(date)

(signatur of cyclindor)

EL-170 (Rev. 2019-09) The information on this form is required by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://clections.wi.gov | email: elections@wi.gov

eason for recall must be stated on petitions for	papers or declaration of candidacy for the office is filled) Robin Vos (name of officeholder to be recalled and office) Sor city, village, town, and school district officials. The interpretation of the company of	PATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder, one from the CCP, tailure to protect Wisconsin farmland from the CCP,	12 of the Wisconsin Constitution and §.9.10 o	l of state, congressional,
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f committment to election integrity, blocking lo	ower prescription drug costs, and hagram discosper-	unicipality of residence, is not sufficient. The NA STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	ME OF THE MUNICIPALITY OF RESIDENCE	DATE OF
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Water Harrison	210011101	I reside at 36 H amplies that the state, would not be disqualified from voting un sted by the officeholder named in this petition. I know that each person ring this certification is punishable under § 12.13(3)(a), Wis. Stats.	der Wis Stat. § 6.03. I personally cheditate	e date indicated opposite his o
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a signatures on this paper. I know that the si	gners are electors of the jurisdiction or district represent	ated by the officeholder named in this petition. This will be straight this certification is punishable under § 12.13(3)(a), Wis. Stats.		Tage No. 02

TO: The Wisconsin Election Commission		. We, the undersigned qualified ele	ctors of the Assembly District 63	
	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	ion 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
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	for city, village, town, and school district officials, The	reason must be related to the official responsibilities of the officehold	et. No statement of reason is required to initiate the recall	of state, congressional,
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THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Walter Harr	ison Stoern ev certify.	reside at 16 Hampshire Cir.	(circulator's residence - include number, street, and municipality)	72212
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I vers are electors of the jurisdiction of district represented	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	or Wis. Stat. \S 6.03. I personally circulated this recall petition gned the paper with full knowledge of its content on the date	and personally obtained each o indicated opposite his or her
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(date) EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis. Stats §§ 8 40 and 10. This form is prescribed by th	ne of acculate) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
		on papers or declaration of candidacy for the office is filed)		(jurisdiction or district	of officeholder)
netitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of the	ne Wisconsin Statutes.
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I further	certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition and	1 personally obtained each of
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RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

TO: The Wiscons Election Commission		. We, the undersigned quantied e	(jurisdiction or distr	rict of officeholder)
(official with whom nomination	n papers or declaration of candidacy for the office is filed)	8	12 City Wissensin Constitution and 8 9 10 of	f the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and §.9.10 of	THE WISCONSIN Statutes.
petition for the recall of	(name of officeholder to be recalled and office)			
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T	INC BUDDOCES WHEN DIFFERENT THAN MI	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TH	E NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
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10: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with whom nomi	nation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
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name. I know their respective residences given	I support this recall petition. I am away that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with tull knowledge of its content on the date in	idicated opposite his or her
4/2/2024	14-11-			Page No. 86
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L-170 (Rev 2019-09) The information on this form is re-	quired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-266	i-8005 lweb: http://elections.wi.euw.lemail.elections@ui.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified e	lectors of the Assembly District 63	
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
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I, STAW SISSON (name of circulator)		Certification of Circulator reside at 10929 WASHLAN	D WAY A VONDACE I (circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting un d by the officeholder named in this petition. I know that each person	signed the paper with full knowledge of its content on the date is	nd personally obtained each o
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(name of circulator) I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petiti ed the paper with full knowledge of its content on the da	on and personally obtained each of
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	4/4/2020	t Ma-			Page No. 90
EL-170 (R	ev 2019-09) The information on this form is requi		ire o Fcircul ator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	50

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3 Say Vielsu	Gang Nielson	5745 - 1-00 MILL OF	City Town	7/2/27
4 Patricia magnetis	Patricia Magrude	- 5615 Garden Grove Dr.	Ocity Mt, Pleasant	4-2-24
5. Astores alvarda	Dehiah Alvarado	10709 Lincolnshire Dr.	orown Orillage Mt Pleasant	4-2-24
6. Pat Onto	Potricia Ontko	6532 Autumnwood	orown willinge Mt. Aleasant,	4.2.24
7. KALL Da GALLET	Kathleen F Wetz	10015 B15 Cany ave	Town Village Mt Messaus	4-2003
my den meny	1/4/11/	2 2 2 1 20 24 10	Town Utiliage Mr. fl 118 date	4-2-7-74
8 // Shi	MICHAEL H. DILICH	3211 MEHCHEPL NO	O City Town	(2 00 0)
9. Hard A. Silvela	Paul A al Suich	3217 MEACHEM RD.	Ocity MT. PLEASANT	4-2-2024
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2.	(Many hunne	Tamm Stormoen	6435 Carnotlen Ct	O Town O Village Mount Prasant	4-2-24	
	July more	Jammy Stormoc.	VIJS Car la Ci	□ Town	466	
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6. '	Mari. Partigo	Mario Scatier	3040 Dackard &	Otive Mt Plassat	4-2-24	
16.5	,			□ Town	010	
7.	within Ingilahan	Cynthia Ingrahan	2121 CLARK ST	City Mt Pleasant	4-2-24	
8.	Sandra Kul	Barring Kitt	SISI CIARK SA	O'Village MT Pleasand	4-224	
9.	2511,00	LAREN DUSERLY	4540 CLOVERDAME DL	Othy ANT PLEASANT	4-2-24	
	A CONTRACTOR OF THE PARTY OF TH	COURT DISTRET		D Town	61000	
10.		MARCO A. VALLE	6034 BISCAYNE AVE. 5340	City PT. PLEASAWT	4-2-24	
\sim	2	1	Certification of Circulator	11001/A/ 72784		
ر. <u>(څ</u>	ary Newayy	certify: I	reside at 74 Gum 310001 10	(eirculator residence - include number, street, and municipality)		
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1 further	certify I am either a qualified elector of V	Visconsin or a U.S. citizen, age 18 or older who if I w	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality)	nd personally obtained each o
the sign	atures on this paper. I know that the signer	s are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date in	dicated opposite his or her
name. I	know their respective residences given. I	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	, , and the date in	
	4-2-2024	the fire			Page No. 93
	(date)	(signatur	c of circulator)		
I -170 (R	ev 2019-09). The information on this form is require	ed by Wis State && & 40 and 0 10. This form is prescribed by the	Wisconsin Floring Commission D.O. Pay 7094 Medican, WI 52707 7094 609 26	6 9006 hash har William William Co. 1	

RECALL PETITION We the undersigned qualified electors of the Assembly District 63

TO: The Wisconsin Election Commission		we, the undersigned quantied elect	(jurisdiction or distr	ict of officeholder)
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		_	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	The second secon		
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1. Oary Dewa		, , , , , , , , , , , , , , , , , , , ,	(circulator's residence include number, street, and municipality)	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis, Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 94
4-7-201	4			34
(date)	(signate	ure & Circulator)	to the appropriate transfer of the second	1

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8 40 and 9 10. This form is presented by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office)

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STATEMENT OF REASON FOR RECALL

The Wisconsin Election Commission

petition for the recall of _____

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

Robin Vos

(name of officeholder to be recalled and office)

____ We, the undersigned qualified electors of the ___ Assembly District 63

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

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)					
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2 nancy Balow	NANCY BALOW	3141 Buckingham St	Di Village Sturtevant WI	4-2-24	
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I. Jonathan Korte certify: I reside at 118 S. washington St. #115B Green Bay WI 54301					
(circulator's residence - include number, street, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I approximately in the certification is punishable under § 12.13(3)(a), Wis. Stats.					
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(official with whom nomination papers or declaration of candidacy for the office is filed) petition for the recall of Robin Vos (name of officeholder to be recalled and office) STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials.) The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constiuents by calling them "whack-jobs, morons, and idiots," THE MUNICIPALITY USED FOR MAILING 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 NAME OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE SIGNING 1. What Dudwild Cind District of officeholder) And Dudwild Cind District of officeholder in the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village in the recall of state, congressional, legislative, judicial, or county officials.) Robin Vos should be recalled to his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots," THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS PRINTED NAME OF ELECTORS STREET & NUMBER OF RURAL ROUTE And A Display of the Wisconsin							
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Certification of Circulator							
1, Jonathan Korte certify: I reside at 118 S, washington St. # 115B Green Bay WI 54301							
(name of circulator's residence - include number (street, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each o							
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4-2-24 Page No. 97							
(date) EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form's prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://elections.wi.gov. email: elections@wi.gov.							

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63		
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I, Jonathan Lo (name of circulator) I further certify I am either a qualified elector of	Wisconsin or a U.S. citizen age 18 or older who, if I v	reside at 118 washington St. # 11	(circulator's residence - include number, street, and municipality) Wis Stat § 6.03. I personally circulated this recall petition a	and personally obtained each of	
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(date)	Signati	ire of circulator)			
EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by th	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	66-8005 web http://elections.wi.gov email: elections@wi.gov		

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Lois Redmond	Lois Redmond	214 S. Summerset Dr.	orown olivillage Mt-Pleasant	4-6-24					
3. Alexander	SHALOW KLAUS	1910 GORTON LADE	Uvillage MT. PLETSANT	4/6/24					
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5. Clarko Basch	· Clinton Buchana	3501 CEPBO	O'Village ONION GROVE	4/6/24					
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1, Grace Huff , certify: I reside at 50379 OUKVIEW 59. DX 1 Chesterfield MI 48047									
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her									
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		(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL				
(The rea	eson for recall must be stated on netitions		e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,		
legislati	ve, judicial, or county officials.)			,	,		
Robin V	os should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,				
lack of o	committment to election integrity, blocking I	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"				
Ti	HE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.		
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
Le:	Alm Kra	Dlumer Keesen	4112 LAKE S+ Burlington, WI	Williage Burlington	\$ 4-3-24		
2	1.000 8/17 BOS	Julie stockens	4220 Lake St. Burlinger, WI	Voltown Village Burlington	413124		
3	EN RIV	Tinley Opter	80 s Browns lake Dry	a Village Burlington	4/3/24		
4.	Roukes	Post Journegui	801 Browns Lake Dr	Uvillage Bullngton	4-3-24		
5.	Kuth Did a	Ruth Drobal	GOI Browns/cht310	O'llage Burlington	4-3-24		
6.	Shorry Pore	Dhervis Pope	833 Brouns LK. Dr	Uvillage Burlington	4-3-27		
7,	Mark Camplel	Mark Campbell	1549 Serena Lane	O'Village Burlington	4-4-24		
8,	Peggy Cannon	Legau Cannon	30730 Ketterhagen Pd.	Village Berlington	4-3-24		
9.	00 0		J.	□ Town □ Village			
				☐ Town			
10.				□ Village			
L			6 47 4 461 14	City			
I, Jonathan Kote certify: I reside at 118 S. Washington St. #115B Green Bay WI 54301							
(circulator's residence - include number, street, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that alsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.							
name. I	know their respective residences given.		this certification is pumishable under § 12.13(3)(a), Wis. Stats.		Page No. 100		
EL-170 (R	(date) L-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8.40 and 20. This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://clections.wi.gov email: elections@wi.gov						