

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Carolyn J. Robbins	6310 Yahnke Rd Burlington Rv 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-2024
	Dennis Heater	33511 Fairview Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-2024
	WAYNE J. BUSH	8418 HORIZON DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/2/24
	Tammy S Bush	8418 Horizon Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
	John Robbins	6310 Yahnke Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
	Sam Warren-Walters	7958 McHenry St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
	Jessica Markham	6138 McHenry St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
	Mike Black	30847 Sun Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
	Michael Rozell	34124 Oakdale Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
	Susan Erickson	8569 Steele St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24

I, Shannon West, certify: I reside at 17 Pebble Brook Dr. Conway, AR. 72034  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

April 2, 2024  
(date)

(signature of circulator)

Page No. 1

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1. <i>Caitlin Bretsch</i>	Caitlin Bretsch	580 Madison St. Apt 204	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

1. Shannon West certify: I reside at 17 Pebble Brook Dr Conway, AR 72034  
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-3-24 *Shannon West*  
(date) (signature of circulator)

# RECALL PETITION

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(name of officeholder to be recalled and office)

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1.	John Pinter	7348 Betting Rd S3402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-7-24
2.	Shaun Zeitz	3140 10 <sup>th</sup> Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-4-24
3.	RICHARD J. STOCK	6215 HILLTOP DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4-4-24
4.	SANDY MENAREK	6228 HILLTOP DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4-4-24
5.	Linda Fritzier	6240 Hilltop Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-4-24
6.	Margaret Shirland	6320 Hilltop Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-4-24
7.	Benjamin Dass	990 Bedford Court	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/4/24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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4-4-24   
(date) (signature of circulator)

# RECALL PETITION

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(jurisdiction or district of officeholder)

(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)



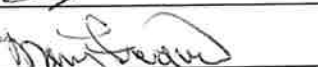



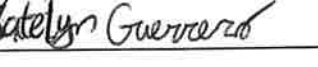
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1. 	Dale Nelson	8116 Old Spring St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-5-24
2. 	Enrique Flores	2004 Mead St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-5-24
3. 	Mary Fregien	425 Anail Pt Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
4. 	NORA SPENS	406 QUAIL Pt Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-5-24
5. 	Emily Fuik	6348 Kingsmen Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/5/24
6. 	Lora Guerrero	1200 Shagbark Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24
	Katelyn Guerrero	1200 Shagbark Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/5/24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Shannon L West, certify: I reside at 17 Pebble Brook Dr, Conway AR 72034  
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-5-24 Shannon West  
(date) (signature of circulator)



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1.	James Pitman	5elle Cambridge Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	<del>4/6/24</del>
2.	Ann CARBATOL	3321 RAYMOND CI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4.6.24
3.	Ron Kelley	5616 Cambridge Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4-6-24
4.	Bill RAWLEY	5608 Cambridge Ln #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	<del>4-6-24</del>
5.	Justia Breeder	5640 Cambridge Ln #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4-6-24
6.	Elizabeth Breeder	5640 Cambridge Ln #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-6-24
7.	BRUCE KRAUTER	5640 CAMBRIDGE LN #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-6-24
8.	Colette Krauter	5640 Cambridge Ln #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4/6/24
9.	BONNIE COONS	5718 CAMBRIDGE LANE #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City M.T PLEASANT	<del>4/6/24</del>
10.	KATHLEEN INAMOTO	5726 Cambridge Ln #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4/6/24

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Shannon West  
(signature of circulator)

4-6-24  
(date)

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	Kenneth Cook	15345 KINGSTON WAY, FRANKSVILLE, WI 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City FRANKSVILLE, WI	4.2.24
	Barry H. Stevens	1115 9th Ave UNION GROVE, WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/2/24
	Scott Radack	1418 Vine St UNION GROVE, WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/2/24
	Kirk M. Weese	15910 Durand Ave YORKVILLE, WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City YORKVILLE	4/2/24
	MELISSA MARIE SAWYER	8424 MAJESTIC HILLS DR, STURTEVANT, WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/2/24
	Joe Vallejo	9112 Chicory Creek STURTEVANT, WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-2-24
	DAVID KERIG	31298 Bluff St STURTEVANT, WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	A-2-24
	Eugene Repinski	9316 Carol Anne Drive STURTEVANT, WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	2-2-24
	Reba Repinski	9316 Carol Anne Dr STURTEVANT, WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/2/24
	Kelly Scott	5730 Embassy Dr MT. PLEASANT, WI 53157	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4.2.24

I, Rita Huff, certify: I reside at 9902 milestone Cir., drive branch MS 38654  
(name of circulator) (circulator's residence - include number, street, and municipality)

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<u>Kim Zamora</u>	<u>Kim Zamora</u>	<u>4848 Indian Hills Dr <sup>W7</sup> 53706 <sup>Racine</sup></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u>	<u>4/2/24</u>
<u>RJ DeLong</u>	<u>RJ DeLong</u>	<u>2205 River <sup>J3K605</sup> <del>blvd</del> <sup>Wauwatosa</sup> <del>Dr</del> <sup>Wauwatosa</sup></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u>	<u>4.2.24</u>
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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4/2/24  
(date)

Rita Huff  
(signature of circulator)

Page No. 7

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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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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 USED FOR MAILING 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	PAULINE PYNAKER	24805 Kennedy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine, WI	4/4/24
	ROMONA GALLO	2717 Lakeshore Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville, WI	4.4.24
	ANDRZEJ MOTYKA	2305 Lakeshore Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville WI	4-4-24
	SCOTT DURYEE	24816 LaFollette St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville WI	4-4-24
	BOB SLIWKA	24846 LaFollette	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville, WI	4-4-24
	STAN BUCK	24851 WILSON	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville WI	4/4/24
	DENISE GAHART	3505 Van Buren St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville, WI	4-4-24
	KADEN SHEPARD	24851 Wilson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville, WI	4-4-24
	CHUC STANNOWICZ	1523 Grand View Ct #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville WI	4-4-24
	KENNETH KREMNIETZER	24825 Kennedy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville WI	4.4.24

I, RITA HUFF, certify: I reside at 9902 Milestone Circle Olive Branch MS 38654  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4.4.24   
(date) (signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)



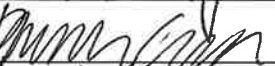
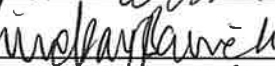
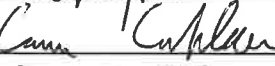

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	Hayden Christiansen	795 N 3rd St Silver Lake WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver Lake WI	4/5/24
	ERIC LYON	301 DARDIS DRIVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON WI	4/5/24
	Hannah Clark	173 W. State St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	04/05/2024
	Lindsay Barwick <small>(BARWICK)</small>	351 W. state st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/5/24
	Cameron Cronkite	29737 Ketterhagen Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/05/24
	Janice McCann	29540 Ketterhagen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/5/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Rita Huff certify: I reside at 9902 Milestone Circle, Olive Branch MS 38654  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/5/24 Rita Huff  
(date) (signature of circulator)

# RECALL PETITION

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(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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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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	Sara Goetz	27434 Ketterhagen Rd. Burl.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4-5-24
	PATRICK J. MORGAN	1213 LINDEN LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE WI	4-6-24
	KEVIN REINHOLTZ	24835 KENNEDY AVE KANSASVILLE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER WI	4/6/24
	RENEE HISEY	2818 Sheard Pl. P <sup>WI</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4/6/24
	THOMAS M PABEL	3500 POLK ST,	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE WI	4/6/24
	Todd Suiter	1243 LAUREL LANE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE W	4/6/24
	Christopher Goldstein	4019 S Beaumont Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville WI	4/6/24
	VISHWANATH PATTAR	604, Margay Dr, Apt 101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant, WI	4/6/24
	Jose Arevalo Chave	4234 Margay Dr Apt 202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt pleasant WI	4-6-24
	Kelly Schroeder	5936 Margay Dr Apt 104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4-6-24

I, RITA HUFF, certify: I reside at 9902 Milestone Cir., Olive Branch MS 38654  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/6/24  
(date)

(signature of circulator)

Page No. 10



# RECALL PETITION

TO: 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  
(name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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	Ki Cook	15345 Kingston Way <sup>Franksville</sup> 53126	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville	4-2-24
	Mary E STEVENS	1115 9th Av Union Grove WI 53102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-2-24
	CHRISTOPHER PAIGE	5629 Cambridge W. 2 Racine 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-2-24
	Debbie HOOTEN	5905 SANDY LN Racine 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-2-24
	BRYAN ZAMORA	4848 Indian Hills Racine 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-2-24
	Tullie Day	2511 Green Haze Racine 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/2/24
	Kaye Glennon	2511 Green Haze Ave Racine 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4.2.24
	Denise Freeman	5819 Cambridge Cir #1 Racine WI 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4.2.24
	Larry Sandberg	2123 Ramona Dr Racine WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/2/24
	Christine Delong	2205 Rivershore Dr. Mt Pleasant WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Village of Mt Pleasant	4/2/24

I, RUTH A. MILLS  
(name of circulator) certify: I reside at 625 E. CAPITAL AVE BELLEVUE MI 49021  
(circulator's residence - include number, street, and municipality)

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4-2-24  
(date)

Ruth A Mills  
(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



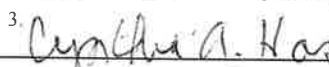
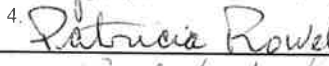


## RECALL PETITION

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(name of officeholder to be recalled and office)

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	Linda Bowman	1507 92 <sup>nd</sup> St # 87	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4/5/24
	Ryan Andersen	1507 92 <sup>nd</sup> St # 15	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4/5/24
	Cynthia A. Hassli	1507 92 <sup>nd</sup> St # 18	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>STURTEVANT</u>	4-5/24
	Patricia Rowell	1507 92 <sup>nd</sup> St # 24	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-5-24
	Judith M. Fritz	1509 92 <sup>nd</sup> St # 84	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-5-24
	Donna Peterson	580116 <sup>th</sup> St # 202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	4-5-24
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, RUTH A MILLS, certify: I reside at 625 E. CAPITAL AVE BELLEVUE MI 49021  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-5-24 Ruth A Mills  
(date) (signature of circulator)

## RECALL PETITION

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	JEFF RAKESTRAW	6413 PARMIGAN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-6-24
	Tom Mc Govern	512 FOXKNOLL CIR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	4-6-24
	Sharon McGovern	512 FOXKNOLL CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	4-6-24
	Nicholas McGovern	505 North Rochester St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	4-6-24
	Sarah Dutton	2610 N River Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	4-6-24
	John Brown	501 CRESSWAY RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-6-24
	Connie Pohlhammer	714 S. English Settlement Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-6-24
	Daniel Pohlhammer	714 S. English Settlement Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-6-24
	Tami L. Miller	29507 River View Pkwy	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-6-24
	Ruth A Mills		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, RUTH A MILLS certify: I reside at 625 E. CAPITAL AVE BELLEVUE MICHIGAN 49021  
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4-6-24  
(date)

(signature of circulator)

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1. <i>[Signature]</i>	SHARON G HILL	1415 OAKES RD #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WT Pleasant</u>	<u>APR 7 2024</u> <u>4/7/24</u>
2. <i>[Signature]</i>	ERIK JOHNSON	1415 OAKES RD #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WT Pleasant</u>	<u>4/7/24</u>
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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4-7-24 [Signature]  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Evelyn Canady	1642 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	JUAN VILLAVARDE	1419 VIRGINIA ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	4-13-24
	Patricia Baillat	1515 Laura Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4.13.24
	TED KEENER	7054 PARKSTONE TERRACE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOUNT PLEASANT	4/13/24
	MARK MILLER	7116 PARKSTONE TERRACE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOUNT PLEASANT	4-13-24
	Robert J. Juffe	1501 KETTER DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-13-24
	ALF ZIMMERMAN	6448 LINCREST DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-13-24
	JAMES HARRIS	6429 LINCREST DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-13-24
	KEVIN JOOER	6417 LINCREST DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4-13-24
	Jessy Maldonado	2631 Penbrook Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-13-24

I, STAN GIBSON, certify: I reside at 10929 WASHLAND WAY AVONDALE, AZ 85392  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/13/2024  
(date)

(signature of circulator)

Page No. 15



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1.	Midael Kortendick	2848 97 Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/5/24
2.	Pamela Ehner	2837-97 Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-5/24
3.	Barbara Hoffman	2839 916 Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-5-24
4.	MARK STYVE	3417 Buckingham RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-5-24
5. <del></del>	<del>Judy Korte</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
6.	Shelby Brown	2840 91st St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-5-24
7.	Zach Dougherty	2840 91st St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-5-24
8.	Kirk Dunk	2909 91st St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-5-24
9.	Janis Putz	3531 15th Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24
10.	Anna Allura	1130 12th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24

### Certification of Circulator

I, JAY Schroeder, certify: I reside at 195N. Lake St. NEQUAN WI 54956  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/5/24  
(date)

(signature of circulator)



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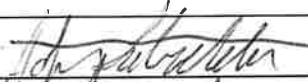

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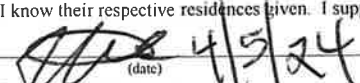
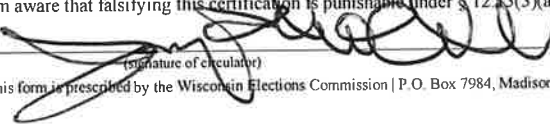
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	<del>John Schaefer</del>	<del>101 70 W. Hu in tree Cir</del>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <del>Waukesha</del>	<del>4-5-2024</del>
	Ted Demomandie	28619-105 ST TREVOR WIS 53179	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>Kenosha County</del>	4/5/24
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jay Schaefer, certify: I reside at 1295 N. LAKE ST. KENOSHA 54990  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

 (date) 4/5/24  
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	Thomas J. Schoff	8031 Slifer Av	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
	Rosa M. Inostroza	7145 Daniel Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	David Franks	1508 N Sturck RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	Cassandra Fasley	7220 Kinzie Ave #102	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	Cabrice Shur	7230 Kinzie Ave #104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	Randy Hopson	7230 Kinzie Ave #108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	James Santess	7230 Kinzie Ave #100	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	Linda	7230 Kinzie Ave #103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	Monique Hummel	758 Boulder Trail #10	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	04/06/24
	Barbara Nunn	858 Boulder Tr #306	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24

I, JAY Schroeder, certify: I reside at 1295 N. Lake St. NEENAH WI 54956  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

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1. <i>[Signature]</i>	Shaun G. / boy	938 Boulder Trail #403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	April 6, 2024
2. <i>[Signature]</i>	F. CRISTOFARI	7220 7 GRANDE WAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <del>Baraboo</del> Mt Pleasant	4/6/24
3. <i>[Signature]</i>	MARLO Acosta	927 Lannon ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/6/24
4. <i>[Signature]</i>	MARAH ZIGAS	6600 MARINER DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4/6/24
5. <i>[Signature]</i>	Robert Zigas	6600 mariner DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/6/24
6. <i>[Signature]</i>	Christopher Hill	1037 Jackson Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/6/24
7. <i>[Signature]</i>	Rita Sinter	1035 Jackson PL	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/6/24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Jay Schroeder, certify: I reside at 1295 N. LAKE ST. MENAINT 54956  
(name of circulator) (circulator's residence - include number, street, and municipality)

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(date)

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(signature of circulator)

*[Signature of Jay Schroeder]*

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	Nicole Moran	339 18th Ave Apt. 3 Union Grove	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Glenna Turner	341 18th Ave Apt 7 Union Grove	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Richard Fabrycy	341 18th Ave Apt 10 Union Grove	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Teresa Fabrycy	341 18th Ave Apt 10 Union Grove	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Mike Szymanski	2010 Norfolk Ct.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-24
	Libbie Spilman	365 18th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-24
	Burt Johnson	1806 E. High 1106 E. High Dr. Union Grove	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-24
	Amanda Ladewig	1820 New St #1	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-24
	Brady Vyvan	1810 New St #17	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Stephanie Dunham	1810 New St #3	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-2024

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Jay Schroeder  
(signature of circulator)

4/9/24  
(date)

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	Monsia Nagvi	258 Boulder Trail Unit 303	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/2024
	Laureen Sorenson	4308-Canterbury Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/24
	Nicole Rosati	1040 Prairie Dr Unit 21	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/2024
	Lou Fryman	20 Suzanne Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/24
	Charles Haankema	3107 MACKINAC RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4/2/24
	JUDITH TUCKER-SNIEVE	1047 STANTFORD CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE, WI 53406	4/2/24
	Laurie Brasch	1040 N. Sunnyslope Dr #701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-2-24
	Debra Baker	1136 Redwood Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berk	4-2-2024
	Wendy Cicona	1011 S. Stuart Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-2-24
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**Certification of Circulator**

I, Dusan Savic, certify: I reside at 8334 Virginia Cir, Wind Lake, WI 53185  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

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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.*)

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 constituents by calling them "whack-jobs, morons, and idiots."

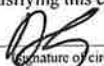
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	JEFF HORON	519 LEWIS ST BURLINGTON WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
2. 	DEVIN PENDERGAST	2280 Ravenswood Rd Burlington WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/3/24
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Dusan Savic, certify: I reside at 8334 Virginia Cir, Wind Lake, WI 53105  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/3/24  
(date)

  
(signature of circulator)



# RECALL PETITION

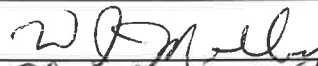
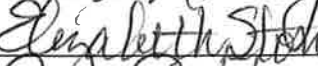
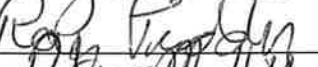

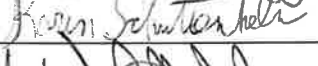

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	WILLIAM MCELROY	2718 CROSSWAY RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/4/24
2. 	ELIZABETH Stone	28416 DURAND AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-4-24
3. 	Ray Friedly	28416 Durand Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-4-24
4. 	Bob Hoff	28524 Durand Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-4-24
5. 	KARIN SCHUTTENHELM	214 CROSSWAY RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-4-24
6. 	JIM SCHUTTENHELM	214 CROSSWAY RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-4-24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Dusan Savic, certify: I reside at 8334 Virginia Cir, Wind Lake, WI 53189  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/4/24   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mary Conner-Merand</i>	Mary Conner-Merand	30813 Vista View	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rochester	4/26/24
2. <i>Ben Henschel</i>	Ben Henschel	1212 Willis St Meeker Hill Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City German town	4/26/24
3. <i>Antonio Alvarez</i>	Antonio Alvarez	325 H. V. 5024 Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bushington	4/26/24
4. <i>Shannon Hull</i>	Shannon Hull	310 Anloth St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	4/26/24
5. <i>Marilyn Rothfelder</i>	Rothfelder Marilyn	8547 Francis Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wind Lake	4/26/24
6. <i>Robert Langnes</i>	ROBERT LANGNES	575 W 2013 Field Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Muskego	4/26/24
7. <i>Jayne Langnes</i>	Jayne Langnes	575 W 2013 Field Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Muskego	4/26/24
8. <i>Victoria Holby</i>	Victoria Holby		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <del>obvado</del>	4/26/24
9. <i>Anna Liston</i>	Anna Liston	N1580 Powers Lake Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Genoa City	4/26/24
10. <i>Justin Gracier</i>	Justin Gracier	1204 W. Mulberry Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-26-24

I, Justin Gracier, certify: I reside at 14645 Herring rd Colorado Springs CO 80908  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/26/24 Justin Gracier  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

(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)

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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<i>Michael Jorgensen</i>	MICHAEL JORGENSON	15231 PLANK RD	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City YORKVILL	4-6-24
<i>Joan Jorgensen</i>	Joan Jorgensen	1523 Plank Rd.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City YORKVILL	4-6-24
<i>Mark Wasilewski</i>	MARK J. WASILEWSKI	3055 CHARLES ST.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	4-6-24
<i>Clint E Klepp</i>	Clint E Klepp	1300 S Emmert St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-6-24
<i>Lady Erhardt</i>	Lady Erhardt	213 Clover Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
<i>Christina Pena</i>	Christina Pena	197 CLOVER DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
<i>Don Ehler</i>	DON EHLER	197 CLOVER DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
<i>Dan Gramling</i>	Dan Gramling	197 Clover Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Dusan Savic, certify: I reside at 8334 Virginia Cir, Wind Lake, WI 53185  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Page No. 25

4/6/24 (date) *DS* (signature of circulator)

# RECALL PETITION

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(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Sherry Coburn</i>	Sherry Coburn	2225 Ravenswood Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Mark Duncan certify: I reside at 3250 Prexel Av, Racine, WI 53403  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

April 3, 2024 Mark Duncan  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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<i>Paulette Metzger</i>	Paulette Metzger	5943 Kinzie Ave unit 16	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant</u>	<u>4-4-24</u>
2			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Mark Duncan, certify: I reside at 3250 Drexe) Av, Racine, WI 53403  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-4-2024  
(date)

*Mark Duncan*  
(signature of circulator)

Page No. 27

# RECALL PETITION

TO: The Wisconsin Election Commission \_\_\_\_\_ We, the undersigned qualified electors of the Assembly District 63 \_\_\_\_\_  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

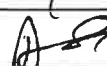
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>_____</del>	<del>Alice Beaton</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>04/07/24</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
1. 	AKASHDEEP SINGH	16000 15th Ave, Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	04/07/24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Dusan Savic \_\_\_\_\_, certify: I reside at 8334 Virginia Cir, Wind Lake, WI 53186 \_\_\_\_\_  
(name of circulator) (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 ~~circulating~~ this certification is punishable under § 12.13(3)(a), Wis. Stats.

9/7/24 \_\_\_\_\_  
(date) (signature of circulator)



# RECALL PETITION

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

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## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>Signature</del>	<del>Print name</del>	<del>Address</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>City</u>	<del>4-23-24</del>
<del>Signature</del>	Xavier Schmidt	5918 8th avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	4-23-24
<del>Signature</del>	Stacey Pfeiffer	1620 Mead St Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	4-23-24
<del>Signature</del>	Ashley G. P. Hill	1620 Mead St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	4-23-24
<del>Signature</del>	Owen Shenberger	416 South beaumont ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kansasville</u>	4-23-24
<del>Signature</del>	Mark Primm	40 Suzanne Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	4-23-24
<del>Signature</del>	Scott Crews	8424 CAMELOT TRCE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>STATEVANT</u>	4-23-24
<del>Signature</del>	Rod Olson	2401 Pros PECT ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	4-23-2024
<del>Signature</del>	Somnath B. Prasad	3525 Sherwood St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	4-23-2024
<del>Signature</del>	Bernice Wilson	2222 Howest	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant WI</u>	4-23-24

I, Stephen Wright, certify: I reside at 1603 New Hope Rd Benton AR 72015  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-23-24  
(date)  
  
(signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nomination 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, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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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."

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	Gary Harris	2416 Jerome Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine wis	4/23/24
	Gail Rohde	2307 Blake Ave #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine WI	53404
	Stacy Smith	4411 Shendan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	53140
	Courtney Thompson	8930 Maxie Ct Mt. Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	53406
	Scott Vondra	637 Meadow Ln #206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-23-24
	ROSANNA RANIERI	21800 45th St Bristol	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Bristol	4-23-24
	Joe DeGuer	27 Newman Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/23/24
	Karen Hawkins	235 Newman Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/23/24
	Nick Lamar	237 Newman Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/23/24
	Nick Lamar	245 Newman Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/23/24

### Certification of Circulator

I, Stephen Wright

certify: I reside at

1603 New Hope Rd Benton AR 72015

(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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-23-24

(date)

(signature of circulator)

Page No. 30

# RECALL PETITION

TO: The Wisconsin Election Commission \_\_\_\_\_ We, the undersigned qualified electors of the Assembly District 63 \_\_\_\_\_  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)


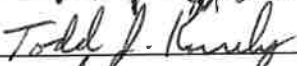

petition for the recall of Robin Vos \_\_\_\_\_ from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	KARLA KARNED	225 SOUTH KANE ST.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
	TODD J. KARNELY	625 MEADOW LN APT #10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4/2/24
	Keith A. Kendall	303 E. Highland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-2-24
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>

I, Grace Huff \_\_\_\_\_, certify: I reside at 50377 Day View Dr., Chesterfield MI 48047 \_\_\_\_\_  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-24 \_\_\_\_\_  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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	RUTH KROEPIL	189 W. Highland Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Burlington	4/4/2024
	RAUL CORREA	264 RANDOLPH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Burlington	4/4/2024
	KATY HEMBROCK	333 EDWARD ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Burlington	4/4/24
	EXSARON JOHNSON	265 S PERKINS BLVD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Burlington	4/4/24
	JENNIFER OLLÉ	2235 OLD FANCHER RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Racine	4/4/24
	RICHARD STANTON	2116 OLD FANCHER RD.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Mt. Pleasant	4-4-24
	SARA STANTON	2116 OLD FANCHER RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Mt. Pleasant	4-4-24
	MEGAN SMITH	9301 MILLSTONE DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Mt. Pleasant	4-4-24
	TOM HIGHBANKS	9337 TAMARACK CT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Mt. Pleasant	4/4/24
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		

I, Grace Huff, certify: I reside at 50377 Oakview Dr. Chesterfield, MI 48047  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-4-24   
(date) (signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nomination 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, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

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<i>Sally Marek</i>	Sally Marek	1107 Stratford Ct.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-5-2024
<i>Joanne Miles</i>	JOANNE MILES	1014 STRATFORD CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-5-24
<del><i>Jennifer Moreno</i></del>	<del>JENNIFER MORENO</del>	<del>984 STRATFORD CT</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <del>MT PLEASANT</del>	<del>4/5/24</del>
<i>Jennifer Moreno</i>	JENNIFER MORENO	984 STRATFORD CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4/5/24
<i>Selma Stevens</i>	Selma Stevens	1052 Bedford Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-5-24
<i>Mary Jane Anderson</i>	Mary Jane Anderson	1074 Bedford Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-5-24
<i>Vin Pagliaro</i>	Vin Pagliaro	5321 Douglas Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/5/24
<i>Bobbie Slagg</i>	Bobbie Slagg	1076 Stratford Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
<i>Margaret Bader</i>	Margaret Bader	1103 Stratford Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
<i>Grace Murphy</i>	Grace Murphy	1104 Bedford Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24

I, Grace Huff  
(name of circulator)

certify: I reside at

5037 Oakview Sq. Dr., Chesterfield, MI 48047  
(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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-5-24

(date)

*Grace Huff*  
(signature of circulator)

Page No. 33



# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

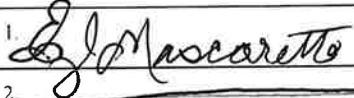
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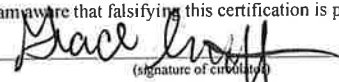
**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

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	ELLEN MASCARETTE	6615 Spring Hill	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-5-24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Grace Huff, certify: I reside at 50377 Oakview Sq. Dr. Chesterfield, MI 48047  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-5-24  
(date)

  
(signature of circulator)

Page No. 34

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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	CAROL VANCE	5855 Kinzie Ave <sup>unit</sup> 38	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/6/2024
	Barbara Mizer	6618 Primrose Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/2024
	Mike Zigas	6547 Parkway Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4-6-2024
	Robin Zigas	6547 Parkway Cir-	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
	Kennedy Park	16410 Rain tree	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
	CAROL J. CORNEJO	6528 Neitay Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4/6/24
	David Pahn	9701 S 27 <sup>th</sup> ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklyn	4/6/24
	ALAN REESOL	207 S SUMMIT ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24

I, Grace Huff, certify: I reside at 50377 Oakview Dr, Chesterfield, MI 48047  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-6-24   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, 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, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.  
(official with whom nomination papers or declaration of candidacy for the office is filed) (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 constituents 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Dianna Nienhaus	748 Crestwood Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-2-24
	tony watson	508 N Pine St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-2-24
	BEN SANTORI	524 PARK AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-2-24
	Diane Santori	524 Park Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-2-24
	Michael Bever	1501 Sun Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/2/24
<del>6. _____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>7. _____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>8. _____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>9. _____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>10. _____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>

I, Ambriel Six, certify: I reside at 50345 oakview Dr. Chesterfield MI 48047  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/24  
(date)

(signature of circulator)

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	ROGER CICHOCKI	124 DUANE ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4/4/24
	MARY CICHOCKI	124 Duane St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4/4/24
	SUSAN GITZOWAMO	116 W. HICKMAN DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4-4-24
	KEN MORAN	372 Edward St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-4-24
	ROBERT LUARD	324 EDWARD ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4.4.24
	DUANE HAAGENSEN	1717 Old Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-4-24
	DEBORAH J. KAMP	1640 Old Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/4/24
	DIANNE ANDERSON	8822 Arbor Hill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-4-24
	BRIAN	8841 Arbor Hill Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-4-24
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Ambriel Six, certify: I reside at 50345 Oakview Drive Chesterfield MI 48047  
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4/4/24   
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<i>Donald Ciesielski</i>	DONALD CIESIELSKI	125 W. GROVE BURLINGTON, WI 53105	<input checked="" type="checkbox"/> City <u>Burlington</u>	4-2-2024
<i>Alan Kuehn</i>	Alan Kuehn	528 Bridge St Burlington	<input checked="" type="checkbox"/> City <u>Burlington</u>	4-2-24
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>

I, Ambriel Six, certify: I reside at 50345 Oakview Dr. Chesterfield MI 48047  
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-2-24 *Ambriel Six*  
(date) (signature of circulator)



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	SUZANN M REICHLLEY	956 HASTINGS CT	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
	ORVILLE JOHNSON	955 HASTINGS CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
<del></del>	<del>Constance Luedtke</del>	<del>1081 Hastings Ct</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant</del>	<del>4-5-24</del>
	Kathryn A Han	1054 Bedford ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
	Kathleen Makowka	1124 Bedford CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
	Joseph T Makowka	1124 Bedford Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
	LUCY MARTINEZ	6520 PRIMROSE WAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-5-24
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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I, Ambriel Six, certify: I reside at 50345 oakview Drive Chesterfield MI 48047  
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1. <i>Mary Moran</i>	MARY MORAN	5851 Deerfield Rd	<input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	MT. Pleasant, WI 4-6-24
2. <i>Amanda Quella</i>	Amanda Quella	6619 Primrose Way	<input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	MT Pleasant 4/6/24
3. <del><i>Con Ly</i></del>	<del>ARON LONG</del>	<del>6334</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. <i>Con Ly</i>	ARON LONG	6334 Spring MEADOW Lane	<input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	MT. Pleasant 4/4/24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

1. Ambriel Six certify: I reside at 50345 Oakview Dr Chesterfield MI 4804  
(name of circulator) (circulator's residence - include number, street, and municipality)

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4/6/24 Ambriel Six  
(date) (signature of circulator)

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	Cheryl Tortkilsen	1031 S. Emmertsen Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/2/2024
	Jay Tortkilsen	1031 S. Emmertsen Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-2-2024
	TIM YORGAN	1441 PHEASANT RUN DR #202	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-20-2024
	OLE Staversbol	520 Newman Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-2-2024
	Jen Thordson	520 Newman Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-2024
	Ruth Peplinski	5951 Greenleaf Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-2-2024
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

### Certification of Circulator

I, Jeffrey S. Jensen, certify: I reside at 2041 Erie St. Racine Wisconsin 53402  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/2024  
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Page No. 41

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1.	Justin Peterman	8307 Creek View Lane	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant.	4/15/24
2.	Cathy Champion	2603 Maple Grove Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/15/24
3.	James L. LaBelle	8033 <del>Creek View Lane</del> Creek View Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/15/24
4.	Lindsay Todd	8130 E. Red Pine Cir.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-15-24
5.	Julia Severson	8313 Whitetail Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-15-24
6.	DONALD J. SEVERSON	8313 WHITETAIL DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-15-24
7.	HEATHER WOLTER	8215 Whitetail Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-15-24
8.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	

1. Moura Round , certify: I reside at 15872 N 18th St Phoenix Az 85024  
(name of circulator) (circulator's residence - include number, street, and municipality)  
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**THE MUNICIPALITY USED FOR MAILING 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Annette Rook	1500 11th Ave #45	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/16/24
	JoAnn Begun	1410 11th Ave #31	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-16-2024
	Christine Zold	1470 11th Ave #16	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-16-2024
	David Willison	1410 11th Ave #26	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-16-2024
	Patrick McCarthy	1401 11th Ave #55	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-16-2024
	Jamie Niesen	1401 11th Ave 57	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-16-2024
	Garry Stanley	1401 11th Ave #58	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-16-24
	PAUL SHACKLETT	1401 11th Ave #61	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/16/24
	Aaron Carter	1003 50th Rd #206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Urban Grove	4/16/24
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

1. Moira Rounds

(name of circulator)

certify: I reside at

15872 N 18th Phoenix AZ 85022

(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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-16-2024

(date)

(signature of circulator)

Page No. **43**



# RECALL PETITION

TO: The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Richard E Rubach</i>	RICHARD E RUBACH	27141 PLANK RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	April 17, 2024
<i>Mary Alice Rubach</i>	MARYALICE RUBACH	27141 PLANK RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	April 19, 2024
<del><i>[Signature]</i></del>	<del>28424 PLANK RD</del>	<del>28424 PLANK RD</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<i>Cinda Johns</i>	Cinda Johns	28424 Plank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/19/24
<i>Tom Linneman</i>	Tom Linneman	28511 Plank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/17/24
<i>James Glivos</i>	JAMES GLIVOS	28839 Wagon Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/17/24
<i>Michelle Mast</i>	Michelle Mast	29420 Plank Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	4/17/24
<i>Satcha</i>	SATCHA HANESABHI	30000 Old HWY A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4-17-24
<i>Alan Wagner</i>	Alan Wagner	17116 50th Rd (50th Rd)	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Konkrville</u>	4.17.2024
<i>Mary Rose</i>	MARY ROSE	506 Junie Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4.17.2024

**Certification of Circulator**

Molva Rounds certify: I reside at 15872 N 18th St Phoenix AZ 85022  
(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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/17/24  
(date)

Molva Rounds  
(signature of circulator)

*1111*

# RECALL PETITION

TO: The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nomination 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, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Seth Scott	30201 PLANK RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-17-24
2.	James Robbers	13265 Carlin Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-17-24
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Moira Rounds, certify: I reside at

(name of circulator)

**Certification of Circulator**

15872 N 18th St. Phoenix AZ 85022

(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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4.17.2024

(date)

(signature of circulator)

Page No. **45**

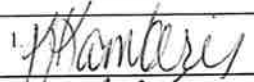
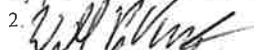
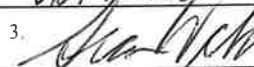
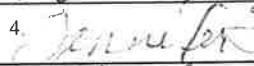

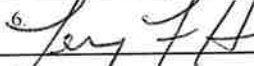
# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Katherine Kambers	125 S. Main St Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/3/24
	WILLIAM KAMBERS	125 S MAIN ST BURLINGTON	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/3/24
	SEAN WELCH	2073 STONEGATE RD B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/3/24
	Jennifer Joyce	202 W. Jefferson Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	04/03/24
	Robin Hamm	2024 S. Teul Rd Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/3/24
	Terry Hamm	2024 S. Teul Rd Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/3/24
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Daniel Roubanis, certify: I reside at 877 Private Road 2220 Hartman AR 72840  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-3-2024   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
 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)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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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."

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1.	Anderson Parker	1223 Main Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	04/4/24
2.	Joe Jeff Imburgin	1304 York St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	04/4/24
3.	Margaret Schwab	29314 River View	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/4/24
4.	Alan Schwab	29314 River View Pkwy	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-4-24
5.	Kevin Shaw	22812 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-4-24
6.	CARLOS Centeno	5708 Cambridge #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-4-24
7.	Mercedes Centeno	5709 Cambridge #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-4-24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

### Certification of Circulator

I, Daniel Roundberry, certify: I reside at 877 Pelunka Road 2220 Hartman AR 72840  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-4-2024   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
 (official with whom nomination papers or declaration of candidacy for the office is filed)  
 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)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	James Johnz	11 Ave 1401 S7	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24
	Destiny Bradley	1701 Packard Ave #153	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-5-24
	Janie Squires	1900 13 <sup>th</sup> Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-5-24
	Shawn Tarsen	1701 W Beaumont Ave W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	4-5-24
	Corwin M. Gilman	4239 16 <sup>th</sup> Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-5-24
	Jake Beatra	17500 Durand Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/5/24
	Dan Shinske	709 main st Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/5/24
	Robert L. Dutton Jr	718 1 <sup>st</sup> Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-5-24
	John Moran	1151 Shagbark Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-5-24
	Tom R. Rizzari	1250 Shagbark Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/3/24

### Certification of Circulator

I, Daniel Reumers, certify: I reside at 877 Private Road 2220 Hartman Ave 72840  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-5-2024   
(date) (signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission \_\_\_\_\_ We, the undersigned qualified electors of the Assembly District 63 \_\_\_\_\_  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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1. <i>[Signature]</i>	Vicki Christensen	1204 Mulberry Lane → Union Grove WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/5/24
2. <i>[Signature]</i>	Marie C. Muste	10311 Ave → Union Grove WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/5/24
3. <i>[Signature]</i>	R. P. Knutson	1446 Groves La → Union Grove, WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/5/24
4. _____	Roberta Halstead Knutson	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

### Certification of Circulator

I, Daniel Rounbanis \_\_\_\_\_, certify: I reside at 877 Palante Road 2220 Hartman AR 72840 \_\_\_\_\_  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-5-2024  
(date)

*[Signature]*  
(signature of circulator)

Page No. **49**

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Keshal Patel	1102 NSUNNY Slope Dr #203	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	04/06/24
	David L. Peterson	1216 N. Sunnyslope Dr. #104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	04/06/24
	Toni R. Malik	1415 Oakes Rd #4 Mt P	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	04/06/24
Jean Hoffman	Jean Hoffman	1208 N. Sunnyslope Dr. #205	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	04/06/24
	TOM KIRKORIAN	1051 SUNNYSLOPE RD. #103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/6/24
	TOM CLAZMER	1057 N Sunnyslope #104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
	Dolores CLAZMER	1057 N Sunnyslope #104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
	David J. Peterson	1111 N Sunnyslope #103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
	Mary JANE P.	1133 N. Sunnyslope Dr #104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	GARY C. PETERSON	1133 N Sunnyslope Dr #203	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24

### Certification of Circulator

I, Daniel Reardon, certify: I reside at 877 Private Road 2220 Hartman Ave 72840  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-6-2024  
(date)

(signature of circulator)

# RECALL PETITION

TO: 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 (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
	Louis E Parsley	21 Oregon Street	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant 4/2/24
	Verlon Johnson	631 S Greenbay Rd #12	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant 4-2-24
	Linda Farley	6015 16th St #104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant 4/2/24
	Thomas L. Smith	5820 Lincoln U. Hwy C.P. Mount Pleasant W. 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant 4/2/24
	MATHEW A. SCHMIDT	4410 YATES #105 MOUNT PLEASANT 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT 4-2-24
	Darlene Gallego	1016 Hastings Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT 4/2/24
	MARK LOHMOLLER	11214 LOUIS SØRENSEN MOUNT PLEASANT WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT 4/2/24
	EUGENE A. MCCLUSKEY	7045 PARKSTONE TER. MOUNT PLEASANT WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleas 4/2/24
	Donald Cannestra	7211 N. Franklin St Mount Pleasant 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant 4/2/24

**Certification of Circulator**

I, LYDIA MONTOYA (name of circulator) certify: I reside at 5 ARNOLDSBURG RD., CONWAY AR 72032 (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Lydia Montoya (signature of circulator)

APRIL 2, 2024 (date)

# RECALL PETITION

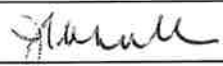
TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Joan Cannestra	2216 N. Emmertsen	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Mt Pleasant</u> <input type="checkbox"/> City	4/2/24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, LYDIA MONTOYA, certify: I reside at 5 ARNOLDSBURG RD., CONWAY AR 72032  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

APRIL 2, 2024   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
 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) (jurisdiction or district of officeholder)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Audrey Mascheri</i>	AUDREY MASCHERI	755 Fortral Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4-3-24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, LYDIA MONTOYA, certify: I reside at 5 ARNOLDSBURG RD., CONWAY AR 72032  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/3/24  
(date) *[Signature]*  
(signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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	Kendra Westmoreland	528 3 mile road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE	4/4/24
	E. PHILLIPS	7521-5-MILE RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FRANKLIN	4-4-24
	Steve Hardy	1510 YOUT ST RACINE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	4-4-24
	David Tello	1808 Grange Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine wt	4-4-24
	Ben Adrian	8711 Maplecrest	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-4-24
	RJ Rose	8729 Cloverleaf Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-4-24
	Lynsie Michel	8740 Cloverleaf Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-4-24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, LYDIA MONTOYA, certify: I reside at 5 ARNOLDSBURG RD., CONWAY AR 72032  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-4-24  
(date)

(signature of circulator)

Page No. 54

## RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Alaina Beaska	17500 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>YORKVILLE</u>	4/5/24
2.	MARK EVANSON	1110 MAIN ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>UNION GROVE</u>	4/5/24
3.	Jennifer Royse	1570 11th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>UNION GROVE</u>	4/5/24
4.	Brent Wasser	1570 11th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4/5/24
5.	Jacquie Londre	21818 9TH ST. LOT 24	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4/5/24
6.	Douglas M Brandler	1445 GROVES LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Venue Grove</u>	4/5/24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, LYDIA MONTAYA, certify: I reside at 5 ARNOLDSBURG RD., CONWAY AR 72032  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-5-24  
(date)

(signature of circulator)

Page No. 55

# RECALL PETITION


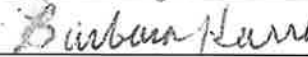

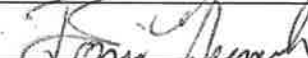





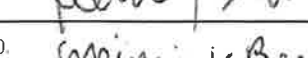
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Glen Luxem	2937 N. Emmertsen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24
2. 	Barbara Harris	5920 Wynbrook RD. #R T	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24
3. 	Joseph P. Boticki	5811 PILGRIM WAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOUNT PLEASANT	4-2-24
4. 	Bonnie Nummela	2732 Chapel Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24
5. 	Mark G Platzer	4942 Indian Hills Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24
6. 	Esther Malacca	2117 Oak Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24
7. 	Evelyn Paige	5024 Cambridge Lane unit 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24
8. 	Tyson Hempel	2800 Wexford Rd #53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24
9. 	KATHERINE BENNETT	5513 CARRIAGE HILLS DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4-2-24
10. 	Minnie K. Beadles	1120 W. Colonial Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24

I, Loren Justice, certify: I reside at 16920 RAINES ROAD LR AR 72210  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-24   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

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

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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)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Mike HYDUKE	5632 Cambridge Lane #2	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE	4/2/24
	Jessica Dittart	307 Cherry Hill Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/24
	Andeja Goh	3925 S. PARK DRIVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-2-24
	TAMARA THOMPSON	5925 Joanne Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-2-24
	Todd Vance	718 Hunter Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-2-24
	Elizabeth Joyce	1442 Pheasant Run Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4.2.24
	Haley Briggs	5321 16 <sup>th</sup> Street #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4.2.24
	Isaiiah Lambert	5915 Margery Drive #204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4.2.24
	Franky Peña	5030 OSCOLA BLVD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7.2.2024

### Certification of Circulator

I, Wen Justice, certify I reside at 16900 RAINBOW ROAD LRAM 72210  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-24  
(date)

(signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
 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)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Maria F Jaimes	308 Dardis Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/4/24
	Neptali Hernandez	325 Lincoln Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/4/24
	Matilde Grif	552 Orchard Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/4/24
	Jhonana Sanchez	336 N. Kendrick Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-4-2024
	DEAN FRASCH	204 CHURCH STREET	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4-4-24
	Laura Flores	308 Dardis Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-4-24
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. Loren Justice certify: I reside at 16920 KANES RD UR AL72210  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-4-24 (signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	DARLENE BRUNN	1222 HIGH STREET	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE WI	4/5/24
	Seth Peters	1313 Oak Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/5/24
	Joe FitzPatrick	1708 center street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-5-24
	Molly Frasher	1305 Center Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-5-24
	William Hall	1402 Center Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24
	Hayden Hall	1312 71st Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/5/24
	Alex Guardola	1111 8th Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/5/24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Lois Justice certify: I reside at 10920 KAINES RD URUK 72210  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-5-24  
(date)

(signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Derek R. Neuman	2904 95th st	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
	Mike Augerborcht	9624 87th st	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
	Angela Henry	9717 Park Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
	Jesse Rodriguez	9708 Park ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-15-24
	Russell Seitz	3423 94th ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
	Pastor Londa Cabel	1741 waenick way apt 3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
	Sanjivana Prasad	6005 Joanne Dr. Apt 10	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-13/24
	Scott Higgins	3021 95th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
	Liz Feltz	3024 94th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
	Amber Olson	3036 94th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24

I, D. RGED Porter, certify: I reside at 28866 W. Pioneer Grove Rd. Cary, IL, 60013  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-13-2024  
(date)

(signature of circulator)

Page No. 60

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
1. <i>[Signature]</i>	Pam Rossman	1775 N Newman Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant 4-2-24
2. <i>[Signature]</i>	KURT BAUGHMAN	4840 INDIAN HILLS DR #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant 4-2-24
3. <i>[Signature]</i>	Pamela Oates	5702 Carriage Hills Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant 4-2-24
4. <i>[Signature]</i>	Jean Boticki	5811 Pilgrim Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant 04-02-2024
5. <i>[Signature]</i>	Fred Nummelä	2732 Chapel Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant 4/2/24
6. <i>[Signature]</i>	Cynthia K. Erbe	5572 Carriage Hills Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant 4-2-24
7. <i>[Signature]</i>	Rose Grauwels	4552 Galway Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant 4-2-24
8. <i>[Signature]</i>	Angela Giles	2117 Gala Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant 4-2-24
9. <i>[Signature]</i>	Cynthia Tolson	2337 Rivershore Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant 4-2-24
10. <i>[Signature]</i>	Lisa M. Hempel	2800 Wexford Road	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant 4/2/24

### Certification of Circulator

I, Jarret Paquette, certify: I reside at 128 Holland Lane Lake Rock Arkansas 72223  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-2024 Jarret Paquette  
(date) (signature of circulator)

# RECALL PETITION

TO: 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, Section 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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<i>Rick Kilps</i>	RICK KILPS	5908 PILGRIM WAY	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MT PLEASANT</i>	4/2/24
<i>MB Pearson</i>	Kay Pearson	4249 South Circle Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT PLEASANT</i>	4/2/24
<i>Marilyn Holbus</i>	MARILYN HOLBUS	5738 SANDY LANE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MOUNT PLEASANT</i>	4/2/2024
<i>Sean Malone</i>	MALONE, SEAN	1019 HUNTER DRIVE UNIT 66	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT PLEASANT, WI</i>	04-02-2024
<i>BB Bissett</i>	Bernie Bissett	4619 Spring St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT PLEASANT, WI</i>	4-2-24
<i>Darnota Smith</i>	Darnota Smith	5942 Joanne Drive #202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant, WI</i>	4-2-24
<i>Mary Genrich</i>	Mary Genrich	1517 MARGRAVE CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant, WI</i>	4-2-24
<i>Nancy Blasius</i>	NANCY BLASIUS	435 Cherry Hill Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant WI</i>	4-2-24
<i>Sally Larrin</i>	Sally Larrin	317 Newmarket Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mt. Pleasant</i>	4-2-24
<i>Candace Radojevic</i>	Candace Radojevic	603 Calvin Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MT PLEASANT</i>	4-2-24

I, Janet Paquette, certify: I reside at 128 Holland Lane Little Rock, Arkansas 72223  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-2-2024  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
 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).

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	Brook Perkins	1400 South Emmertsch Road Mount Pleasant, WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	04/02/2024
	Pedro Rodriguez	5570 MARCO BLVD PR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	04/02/2024
	Ottolea Niterauer	227 Indigging Point WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/2/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jesset Paquette, certify: I reside at 128 Abigail Lane Little Rock, Arkansas 70223  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.



# RECALL PETITION

TO: 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 (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
1. <i>[Signature]</i>	Luke Jacobson	488 S. Kane Street <sup>outh</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington 4-3-24
2. <i>[Signature]</i>	Jennifer Boss	300 Mcherry Street 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington 4-3-24
3. <i>[Signature]</i>	Jazzmine Spiner	300 Mcherry Street 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington 4-3-24
4. <i>[Signature]</i>	Raymond Ross	300 Mcherry St #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington 4/3/24
5. <i>[Signature]</i>	TJ Kir-Keony	300 Mcherry St. #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington 4-3-24
6. <i>[Signature]</i>	RUTH TAYLOR	5649 BREUER RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON 4-3-24
7. <i>[Signature]</i>	DAVID TAYLOR	5649 BREUER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington 4/3/24
8. <i>[Signature]</i>	Anne Belcher	432 S Kane St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington 4/3/24
9. <i>[Signature]</i>	Amy Nalber	318 Mcherry St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington 4/3/24
10. <i>[Signature]</i>	Christina Converset	225 S Kane St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington 4/3/24

1. Janet Paquette (name of circulator) certify: I reside at 128 Holland Lane Little Rock, Arkansas 72223 (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4/13/2024 (date) Janet Paquette (signature of circulator)

# RECALL PETITION

TO: 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)  
 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 (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 constituents 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.		MUNICIPALITY OF RESIDENCE		DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	Indicate Town, City, or Village	
1. <i>[Signature]</i>	Karen McKusker	409 Edward	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/4/24
2. <i>[Signature]</i>	Jeffrey R. Hogan	10032 Camelot Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/4/24
3. <i>[Signature]</i>	Glen Jaskulske	2747 N. Fancher rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/4/24
4. <i>[Signature]</i>	Alex Unrein	2705 N. Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-4-24
5. <i>[Signature]</i>	Patricia N. Tilley	2227 Old Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/4/24
6. <i>[Signature]</i>	ADAM TOUTANT	2227 OLD FANCHER RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/4/24
7. <i>[Signature]</i>	Daniel S. Petersen	1705 OLD FANCHER RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/4/24
8. <i>[Signature]</i>	Ryan Bequeath	1540 Old Fancher Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/4/24
9. <i>[Signature]</i>	Erik Nielsen	9247 millstone dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-4-24
10. <i>[Signature]</i>	Christa Nielsen	9247 m. llstone Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-4-24

I, Janet Paquette (name of circulator), certify: I reside at 128 Holland Lane Little Rock, Arkansas 72223 (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/4/2024 (date)  
Janet Paquette (signature of circulator)  
 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](mailto:elections@wi.gov)

## RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	KIM Halsted	6503 Bradley Dr <sup>Mount Pleasant</sup> 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/2/24
2.	John M Steinmetz	6221 Lincolnshire Dr. 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4/2/24
3.	Cindy L. Van Ezen	3829 Pinehill Blvd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/2/24
4.	LaDonna F. Moniz	3030 Hamlin Ave <sup>Mt. Pleasant</sup> 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City mt. Pleasant	4/2/24
5.	Julie Nielson	5745 Foxthill Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/2/24
6.	Patricia J Jensen	3943 Pinehill Blvd. 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-2-24
7.	CHARLES HARTMAN	3107 BRADCOM RD 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-2-24
8.	RANDALL C. WESSEL	4424 WOOD RD 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4.2.24
9.	SCOTT R Becker	5817 EVARIT DRIVE 33406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4.2.24
10.	Debra A. Adams	6524 Green Ridge Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-2-24

1. certifies: I reside at 128 HOLLAND LN., LITTLE ROCK, ARKANSAS 72223  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-24  
(date)

(signature of circulator)

## RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office).

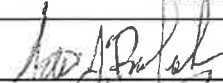
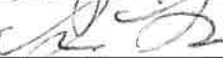


### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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,

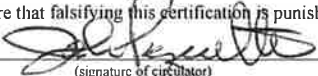
lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

**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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Adam J. Boedeker	6431 Biscayne Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/2/24
	DARREN J RODRIGUEZ	4911 S GREENBAY RD 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4/2/24
	Cynthia Barlow	4911 S Green Bay Rd 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/2/24
	Nancy Shumway	1430 Maryland Ave 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/2/24
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, John Paquette, certify: I reside at 128 HOLLAND LN, LITTLE ROCK, ARKANSAS 72223  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-24   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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THE MUNICIPALITY USED FOR MAILING 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Patricia Coleman	409 Donald Dr #3 <sup>Burl 53105</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
2.	Brianna Gagnon	401 Donald Dr 2 Burlington <sup>53105</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
3.	Kylie High	417 Donald Dr Burlington WI <sup>53105</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
4.	Diana Flores	<del>409</del> E Market St #114	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
5.	Nallein Flores Garcia	209 E Market St #114	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/24
6.	Yuni Dominguez	<del>209</del> E Market St #112	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, John Paroette, certify: I reside at 125 Holliston Ln, Littleton, CO 80120  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-3-24   
(date) (signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jonathan Thomas</i>	<i>Jonathan</i>	<i>357 E. Market St. #161</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/4/2024</i>
2. <i>Colleen Skott</i>	<i>Colleen Skott</i>	<i>20816 Durand Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Union Grove</i>	<i>4/4/24</i>
3. <i>Jamal Senn</i>	<i>Jamal Senn</i>	<i>330 Mill Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Union Grove</i>	<i>4/4/24</i>
4. <i>John Moorehead</i>	<i>John Moorehead</i>	<i>361 Mill Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Union Grove</i>	<i>4/4/24</i>
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. * _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, John Lavette, certify: I reside at 128 HOLLAND LN, Little Rock, AR 72223  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-4-2024 *John Lavette*  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	CURT BROHMER	1323 HIGH ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24
	CASSANDRA LYONS	1414 CENTRAL ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24
<hr/>			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<hr/>			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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<hr/>			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<hr/>			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, John Paquette, certify: I reside at 128 HOLLAND LN, Little Rock, AR 72223  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-5-2024   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
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(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	JAMES Gates	5702 Cawing Hills Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/24
	EUGENE Harris	5926 W. WARD COURT	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/24
	MAMIE Jennings	1929 Menomonee Avenue	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
	STEPHEN J. ERBE	5512 CARRIDGE HILLS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
	Cheryl Baxter	5501 Cambridge Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
	Nicolette Brongel	2114 RIVERIA DRIVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	<del>53406</del> 4-2-24
	MARY KILPS	5908 PILGRIM WAY	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	<del>53406</del> 4-2-24
	JUDITH H. MURPHY	5137 INDEPENDENCE RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	<del>VAR</del> 4-2-24
	JOYCE LEVANDOWSKI	4249 S CIRCLE DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-2-24
	Jody Pease	505 INDIAN HILLS DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-2-24

1. Maura Rounds, certify: I reside at 15872 N. 18th St. Phoenix Az 85022  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/2024   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
 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)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mary Bernal Geiss</i>	MARY BERNAL-GEISS	1401 N. Green Bay Road	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-2-24
2. <i>Richard Geiss</i>	RICHARD GEISS	1401 N Green Bay Road	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-2-24
3. <i>Robin A Nikolau</i>	Robin A Nikolau	5820 CAMBRIDGE LANE #1	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
4. <i>Shane DeHart</i>	Shane DeHart	307 Cherry Hill Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
5. <i>Carl Weigelt Sr</i>	Carl Weigelt Sr	1430 Truman Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
6. <i>Dennis Powers</i>	DENNIS POWERS	6638 Casper Court	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-2-24
7. <i>Tammy Davidovic</i>	TAMMY DAVIDOVIC	1401 Oakes Road Unit 12	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-2-24
8. <i>Marge Nelson</i>	MARGIE NELSEN	5805 16th Street #116	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-2-24
9. <i>Christina Mori</i>	Christina Mori	5940 16th street	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/2/24
10. <i>Bobby Ayler</i>			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Moira Rounds, certify: I reside at 15872 N 18th St Phoenix Az 85022  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4/2/24 *Moira Rounds*  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Sebastian Stephens	1703 Wiese Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	4-2-2024
	Nevin Kreuser	1430 Woodchuck Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	4 <sup>2</sup> 24
	Yolanda Gung	5915 Morgan Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	4/2/24
	Wendy Molina	5030 Graceland <del>Blvd</del> <sup>Boulevard</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	4/2/24
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>

I, Moira Rounds, certify: I reside at 15872 N 18th St Phoenix Az 85022  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/2024 Moira Rounds  
(date) (signature of circulator)





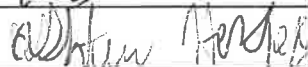
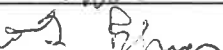
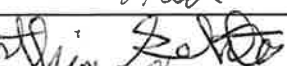
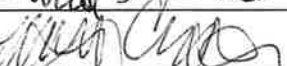
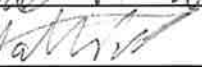

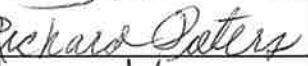
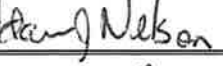
# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

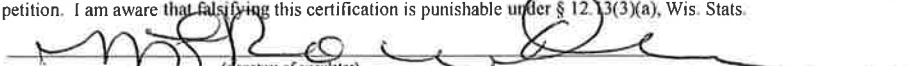
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	HARRIETE MARX	332 N Kendrick Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/2024
2. 	Connor Shrum	24922 67th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Salem	4/3/2024
3. 	Ashton Hensley	348 N Kendrick Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/2024
4. 	Brian L. Breuckman	157 West State	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/2024
5. 	Cynthia Gahleit	157 West State St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/2024
6. 	MARY CRIST	552 ORCHARD ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beerlington	4/3/2024
7. 	Matthew Faltek	240 S Oakland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
8. 	Kathy Pieters	456 Orchard St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
9. 	RICHARD PIETERS	456 Orchard St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
10. 	Adam Nelson	313 Lincoln St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24

I, Maira Rounds, certify: I reside at 15872 N 18th St Phoenix Az 85022  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/3/2024   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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<i>Rebecca Ivkovic</i>	Rebecca Ivkovich	317 Garfield St. Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.3.2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Moira Rands, certify: I reside at 15872 N 17th St Phoenix AZ 85027  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/3, 2024 *Moira Rands*  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
 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)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Kenneth Stockero</i>	Kenneth Stockero	4220 Lake Street Burlington WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
<i>Larry Berrett</i>	Larry Berrett	30048 Mt Tom Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
<i>Nancy Bast</i>	Nancy Bast	1711 S Browns Lake Dr Burlington WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-2-24
<i>Thomas Pivninger</i>	Thomas Pivninger	33100 Yahnce Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/2/24
<i>Gayle Glass</i>	Gayle GLASHAN	33100 YAHNKE RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-2-24
<i>Jordan Carter</i>	Jordan Carter	1917 62nd ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha, WI 53143	4/2/24
<i>Robin Woods</i>	Robin Woods	1507 Fox Hill Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/2/24
<i>Katherine L. Hoff</i>	Katherine L. Hoff	28524 Durand Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/2/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Linda C. Torio, certify: I reside at 2220 Willard Drive, Conway, AR 72034  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-24 (date)  
Linda C. Torio (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
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(name of officeholder to be recalled and office)

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1. <i>Marilyn Seitz</i>	MARILYN SEITZ	347 MEADOWBARK DR. #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON WIS.	4/2/24
2. <i>Alan Cordova</i>	Alan Cordova	432 S Kendrick AVE #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington Wis	4-3-24
3. <i>Robert S. Tenhagen</i>	Robert S. Tenhagen	193 S. Kendrick Ave Apt 2	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI, 53105	4/3/24
4. <i>Jeffrey Hughes</i>	JEFFREY HUGHES	193 S. KENDRICK AVE #3	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/3/24
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Amanda C. Iorio, certify: I reside at 2220 Dillard Drive Conway AR 72034  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-03-2024 Amanda C. Iorio  
(date) (signature of circulator)

Page No. 77

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Linda Halstead</i>	Linda Halstead	1523 - 92nd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-4-24
2. <i>Terrie Curtis</i>	Terrie Curtis	313 E MKT ST #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-4-24
3. <i>Kendall Brown</i>	Kendall Bergemann	313 E Market St #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/4/24
4. <i>Jennifer Johnson</i>	Jennifer Johnson	357 E Market St #111	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/4/2024
5. <i>Daniel N Smith</i>	Daniel N Smith	22631 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Agnessville	4-4-24
6. <i>Christy Smith</i>	Christy Smith	22631 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-4-24
7. <i>Cherr Fransen</i>	Cherr Fransen	390 Mill Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/4/24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Linda C. Torio, certify: I reside at 2220 Dillard Drive Conway AR 72034  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-4-2024 *Linda Torio*  
(date) (signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission 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, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
(name of officeholder to be recalled and office)

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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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
1. <i>Susan J. Depp</i>	Susan J. Depp	7948 Santee Mary Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant
2. <i>Elyse Crittonis</i>	Elyse Crittonis	7807 35th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA
3. <i>Autumn McGuff</i>	Autumn A McGuff	8202 Old Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant
4. <i>Michaela Trossen</i>	Michaela Trossen	8208 Old Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant
5. <i>Nathaniel Hutchison</i>	Nathaniel Hutchison	8345 Old Spring St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant
6. <i>Sherri Skuhra</i>	Sherri T. Skuhra	8515 Old Spring St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City " "
7. <i>Raymond L Nowak</i>	RAYMOND L NOWAK	405 Quail Pt. Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant
8. <i>Jean Borkhus</i>	Jean Borkhus	405 Quail Pt Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant
9. <i>William Hardin</i>	WILLIAM HARDIN	404 GREEN VALLEY DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT. PLEASANT
10. <i>Cathy Lamers</i>	Cathy Lamers	494 Green Valley	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant

I, Linda C Iorio certify I reside at 2220 Dillard Drive Conway, AR 72034  
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-05-2024 (date) Linda C. Iorio (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
(official with whom nomination papers or declaration of candidacy for the office is filed)

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)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	Mir H. Azam	6508 Kingsview Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	04/05/24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Linda C. Iorio, certify: I reside at 2220 Hilland Drive Conway, AR 72034  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.~~


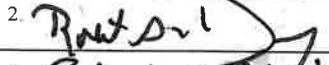

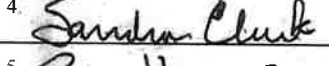
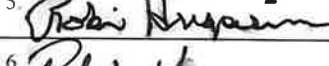

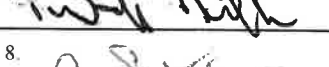
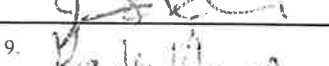
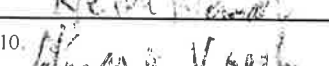
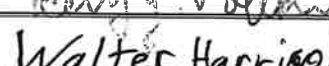
4-05-2024 Linda C Iorio  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

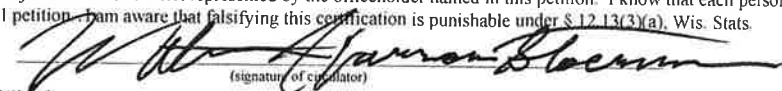
## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village*</small>	DATE OF SIGNING
	mark Schemm	6980 w. meck ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4-2-24
	Robert S. Doady	29849 circle dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/2/2024
	Steve Clark	35020 Ridge Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4-2-24
	Sandra Clark	35420 Ridge Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	04/02/2024
	Robin Huganin	3122 Fischer Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington Wis	4/2/2024
	Robert Huganin	3122 Fischer Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/2/24
	TIMOTHY BECKER	2225 KALCELOT DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/2/24
	Kerth Klemm	3034 Cottonwood Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/2/24
	Kerth Klemm	3034 Cottonwood Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/2/24
	Henry J. Voelken	3202 Wash. Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington Wisc.	4-2-24

I, Walter Harrison Stoermer certify: I reside at 36 Hampshire Cir. Little Rock, AR 72212  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-24   
(signature of circulator)

# RECALL PETITION

TO: 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 (name of officeholder to be recalled and office)  
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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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 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."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kathy Ritzman	29915 Ketterhagen Rd	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/24
	Thomas Iglinski	2111 CROSSWAY RD	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/24
	Amy L Erdmann	33220 S. Honey Lake Rd	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/24
	Mary Kay Rybicki	8020 Wheatland Rd	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/24
	Katy Kaminsky	8020 Wheatland Rd	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Walter Harrison Stoermer (name of circulator), certify: I reside at 36 Hampshire Cir. Little Rock, AR 72212 (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
Walter Harrison Stoermer (signature of circulator)  
 4-2-24 (date)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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	ROBERT GUTIERREZ	900 Midwood Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington Wis</u>	<u>4-3-24</u>
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Walter Harrison Stoermer, certify: I reside at 26 Hampshire Cir, Little Rock, AR 72212  
(name of circulator) (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 of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Walter H. Stoermer 4-3-24  
(date) (signature of circulator)



# RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Rebecca Villegas	865 Ridgement Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	City Burlington 4-3-24
2. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. Walter Harrison Stoermer certify: I reside at 36 Hampshire Cir Little Rock, AR 72212  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-3-24   
(date) (signature of circulator)

# RECALL PETITION

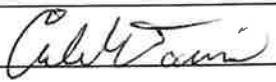
TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Caleb Davis	2900 91st street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, D. REED Porter, certify: I reside at 28866 W. Pioneer Grove Rd. Cary, IL 60013  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-13-2024  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
 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) (jurisdiction or district of officeholder)

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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.**

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	David Nale	2630 Dover Ln, Mt Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant, WI	4/2/2024
	Joseph Hoberger	2735 Deer Creek Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant, WI	4/2/2024
	Joshua R. Ward	9325 MILLSTONE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/2024
	Ryan Stein	8309 Amber Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	04/02/24
	Paul Gillette	8703 Shadycrest Trl	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/2/24
	SCOTT WOOD	6590 S R. W. DELL HILL	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4/2/2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, STAN SASSON, certify: I reside at 10929 WASHLAND WAY AVONDALE AZ 85392  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/2024   
(date) (signature of circulator)

## RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

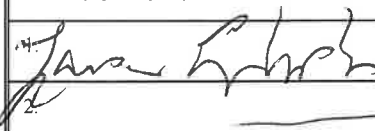
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	JANE EDWARDS	4608 SCHOEN RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION BROVE	4/2
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, STAN SISSON, certify: I reside at 10929 WASHLAND WAY, AVONDALE, AZ, 85392  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/2024   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Andrea Peacock	1780 New St. Union Grove	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4.3.24
	RANDALL BREY	432 <sup>5</sup> Kendrick #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.3.24
	Amber Ramsey	417 Donald #10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.3.24
	Melane Amman	480 sunset pr #14	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-23
	Keith Casson	209 E Market St Apt 203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-23
	Jacob Jones	209 E Market APT 213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
	Hannah Willem	209 E Market St. Apt 213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-24
	THOMAS HACK	17437 58 RD. Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CANTON GROVE	4.3.24
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, STAN SISSON, certify: I reside at 10929 W ASHLAND WAY AVONDALE AZ, 85392  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/13/2024   
(date) (signature of circulator)



## RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
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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)

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	Benson Cantu	357 East Market St #108	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.4.2024
	Eric Wundendag	357 EAST MARKET #106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.4.2024
	Paul Rosario	357 E. Market St #205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.4.2024
	Ignacio Gonzalez	357 E. Market St #206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.4.2024
	Elizabeth Meinen	357 E. Market St #208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.4.2024
	Ashley Velling	117 East Market St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	7/4/2024
	Breanna Velling	117 east market st.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/4/2024
	James Arsell	2910 S Browns Lake Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/4/24
	Kathryn Koebel	141 N Pine Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/4/24
	Nichole Monroe	180 Bridge St 411	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/04/24

#### Certification of Circulator

I, STAN SASSON, certify: I reside at 10929 W ASHLAND WAY AVONDALE, AZ, 85392  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/4/2024  
(date)

(signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.  
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	ARICH VERBEUT	357 E MARKET ST #207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/4/2024
	JULIA TYREE	213 E Market St. Apt A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/4/2024
	SCOTT EARL JR.	213 E. Market Apt C	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/4/2024
	CHRISTINE KLATT	213 E MARKET APT D	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/4/2024
	MARY WEHNER	201 MEADOWLAND DR #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/4/2024
	Mary Wehner ← (cannot see so well)		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	MICHAEL GIBBS	460 MILL AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	4/4/24
8. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, STAN SISSON, certify: I reside at 10929 W ASHLAND WAY AVONDALE, AZ, 85392  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4/4/2024   
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
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1. <i>[Signature]</i>	Vincent P. Lambrechts	6431 SOUTH DRIVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4/2/24
2. <i>[Signature]</i>	Cecilia G. Lambrecht	6431 South Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/2/24
3. <i>[Signature]</i>	Gary Nielson	5745-Foothill Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/2/24
4. <i>[Signature]</i>	Patricia Magruder	5615 Garden Grove Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-2-24
5. <i>[Signature]</i>	Deborah Alvarado	6209 Lincolnshire Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
6. <i>[Signature]</i>	Patricia Ontko	6532 Autumnwood	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-2-24
7. <i>[Signature]</i>	Kathleen E Metz	6015 Biscayne Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-2024
8. <i>[Signature]</i>	MICHAEL H. SILICH	3217 MEACHER RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-2-2024
9. <i>[Signature]</i>	PAULA J. SILICH	3217 MEACHER RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-2-2024
10. <i>[Signature]</i>	Debra C. Johnson-EVANS	3621 Keisty CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/2/2024

I, Gary DeWayne Tobar, certify: I reside at 74 Gum Street Turrell AR 72389  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-2024 *[Signature]*  
(date) (signature of circulator)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	MICHAEL DEUING	3057 Royal Park Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT WI, COUSHD	4-2-24
	Tammy Stormoen	6435 Carnation Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-2-24
	Leorn Stormoen	6435 Carnation Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/2/24
	DONALD ZINNER	4012 Lakeside Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
	ROMAN PAEBLE	7202 1st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-2-24
	Maria Santiago	3040 Packard Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
	Cynthia Ingraham	2121 CLARK ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-2-24
	Sandra Kitt	2121 CLARK ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-2-24
	ROBERT UNSWORTH	4540 CLOVERDALE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-2-24
	MARCO A. VALLE	6034 BISCAYNE AVE. 53400	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-2-24

### Certification of Circulator

I, Gary DeWayne Tobar, certify: I reside at 74 Gum street Turrell AK 72384  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-2024  
(date)

(signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

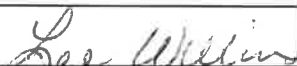
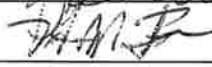
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	Lee Williams	3078 Hamlin Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-2-24
	Patrick Fagan	3943 Pinehill Blvd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-2-2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Gary Dewayne Tobar, certify: I reside at 74 Gum Street Towell, AL 37238  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-2024   
(date) (signature of circulator)



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	Clint J. Pospischal	273 Chapel Ter #30 Burlington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	04/03/2024
	Tesla Tibbals	273 Chapel Ter #20 Burlington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	04/03/24
	Ashley Roberts	275 Chapel Ter #22	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	04-03-24
	Arturine He Williams	273 Chapel terrace #24	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-03-24
	Kennedy Mortensen	273 chapel terrace #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-03-24
	Dawn Valek	273 Chapel Terrace #8	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
	Gina Sivalotti	273 Chapel terrace 11	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Gary Dewayne Tobar, certify: I reside at 74 Gum street Knoxville, TN 37384  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-3-2024  
(date)

(signature of circulator)

## RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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1.	Alexandra Matson	609 Calvin Ln. 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/4/24
2.	Stan Kessenich	6054 Kinzie Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/4/24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Gary DeWayne Tabar, certify: I reside at 74 Gen St. Torrell, WI 72384  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-4-2024 Gary Tabar  
(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](mailto:elections@wi.gov)

## RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
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	MICHAEL GRIFFEN	1640 96 <sup>TH</sup> ST #85	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT WI	4-2-24
	NANCY BALOW	3141 Buckingham St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	4-2-24
	Elie Laurence	2929 87th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	4-2-24
	Elma Ynocencio	3233 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24
	Mark T. Hindman	9325 Chandler Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24
	Anthony Serrano	1721 Wisconsin	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24
	Michelle Tenisek	8501 Kingsway Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24
	James Tenisek	8501 Kingsway	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-2-24
	Jo Ellen Jansel	8501 Kingsway	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-2-24
	Sacchale Dean	2820 93rd St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24

#### Certification of Circulator

I, Jonathan Korte, certify: I reside at 118 S. Washington St. #115B Green Bay WI 54301  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-24

(date)

(signature of circulator)

Page No. 96

## RECALL PETITION

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	Cindy Dietsch	9666 Grayce Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/02/2024
	Theresa Kister	9700 Rayne Rd. Unit 3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/2/24
	Kenneth G. Block	9700 Rayne Rd. Unit 3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24
	Edward D. Malinowski	9506 Hawthorne Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/2/24
	Kurt Ledhammer	999 Gage St #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/2/24
	JASON B. MATELSKI	9146 Chicory Creek Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/2/24
	Gracie Schaff	3549 S Kennedy	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24
	Nathalie Haider	3704 9th Pl	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4.2.24
	JoAnn Galica	8509 Westbrook Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24
	Regina Scheff	8600 Citel del Ferre	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-2-24

#### Certification of Circulator

I, Jonathan Korte, certify: I reside at 118 S. Washington St. #115B Green Bay WI 54301  
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-2-24  
(date)

(signature of circulator)

Page No. 97

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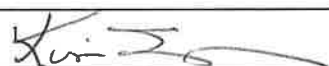
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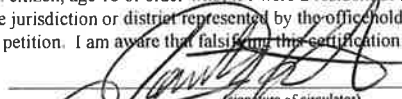
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	Kim Injasoulian	9438 Jasmine Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	4-2-24
2. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. _____			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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4-2-24 (date)  (signature of circulator)



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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	DAVID REESER	207 S. SUMMERSET Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-6-2024
	LOIS Redmond	214 S. Summerjet Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
	SHAWN KLAUS	1710 GORTON LAKE #101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/6/24
	Matt Knuesel	1722 Gorton Ln #201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/6/24
	Clinton Buchanan	3501 <del>CEPDA</del> Gertraud Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/6/24
<del></del>	<del>SARA ROSENTHAL</del>	<del>3501 GERTRAUD Ct.</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City YORKVILLE</del>	<del>4/6/24</del>
	SARA ROSENTHAL	3501 GERTRAUD Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City YORKVILLE	4/6/24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Grace Huff, certify: I reside at 5037 Oakview Sq. Dr., Chesterfield MI 48047  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-6-24  
(date)

(signature of circulator)

## RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination 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 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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 constituents 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Deanna Keesey	4112 LAKE ST Burlington, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	3 4-3-24
	Julie Stocken	4220 Lake St. Burlington, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/3/24
	Tyler Peter	801 s Browns lake Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/3/24
	Rose Jauregui	801 Browns Lake Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
	Ruth Drobek	801 Browns Lake Dr #210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
	Sherry Pope	833 Browns Lk. Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
	Mark Campbell	1549 Serena Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-4-24
	Peggy Cannon	30730 Ketterhagen Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-3-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jonathan Korte, certify: I reside at 118 S. Washington St. #115B Green Bay WI 54301  
(name of circulator) (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 falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-3-24  
(date)

(signature of circulator)