TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nominate	on papers or declaration of candidacy for the office is filed)			rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes
	(name of officeholder to be recalled and office)		or 12 of the Wildenbin Condition and 9.7.10 o	the wisconsin statutes.
	S	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	for city, village, town, and school district officials, The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
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lack of committment to election integrity, blocking l	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the V	Wisconsin Elections Commission   P O Box 7984, Madison, WI 53707-7984   608-266	i-8005   web: http://dections.wi.gov   email elections@wi.gov	

TO: The Wisconsin Election Commission		RECALLIETITION		
	tion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele	ectors of the Assembly District 63	
petition for the recall of	Robin Vos		(jurisdiction or di	istrict of officeholder)
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	(name of officeholder to be recalled and office).		with the wife with the constitution and g.7.10	of the wisconsin Statutes.
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ELC170 (Rev. 2019-09) The information on this form is required	by Wis. Stats §§ 8 40 and 9 10. This form is prescribed by the W	of circulator) Visconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	900F hL. Lww //	
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		RECALLIBITION	Accomply District 63	
TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 65 (jurisdiction or dist	rict of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	Time wisconsin statutes.
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TO: The Wisconsin Election Commission		. We, the undersigned qualified elect		
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petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form is requi		Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-260	6-8005  web http://elections.wi.gov   email elections@wi.gov	

I Stadio Commission		We, the undersigned qualified elect	ors of the Assembly District of (jurisdiction or distric	et of officeholder)
O: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)			
	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	me wisconsin statutes.
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05/15/2024	(signa	ature of circulator) the Wisconsin Electrons Commission   P.O. Box 7984, Madison WI 33707-7984   608-	266-8005 web http://clections.wi.gov.lemail.elections@wi.gov	
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		RECALL PETITION	of the Assembly District 63	
		We the undersigned qualified elector	rs of the Assembly District (jurisdiction or district	of officeholder)
ΓΟ: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)	A C.1. VIII Section	12 of the Wisconsin Constitution and §.9.10 of the	he Wisconsin Statutes.
	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wissens	
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	certify	Treside at 12454 91	(circulator's residence - include number, street, and municipality)	and personally obtained each of
I Madison (D)	KEWOIT , coming	I reside at  I were a resident of this state, would not be disqualified from voting under ted by the officeholder named in this petition. I know that each person significant on its punishable under § 12.13(3)(a), Wis, Stats.	r Wis Stat. § 6.03. I personally circulated this recall petition	indicated opposite his or her
(name of circulator)	of Wisconsin, or a U.S. citizen, age 18 or older who, if	I were a resident of this state, would not be dely know that each person signed by the officeholder named in this petition. I know that each person signed by the officeholder named in this petition.	gned the paper with full knowledge of its content on the dar-	
the signatures on this paper. I know that the si	gners are electors of the jurisdiction or district represent	ing this certification is purishable under § 12/13(3)(a), Wis, Stats.		Page No. 1007
name   know their tespective residences by				
5/16/2029	(sign	nature of circulates y the Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-	-266-8005   web http://clections.wi.gov   email elections@wi.gov	
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		RECALL PETITION  We, the undersigned qualified electors	ors of theAssembly District 63	of officeholder)
The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)	Same of the pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of t	he wisconsin statutes.
(official with within home and	Robin Vos	from office pursuant to reserve		
etition for the recall of	(name of officeholder to be recalled and office)	FATEMENT OF REASON FOR RECALL eason must be related to the official responsibilities of the officeholder, ps from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall of	state, congressional,
	and school district officials. The	eason must be related to the official responsibilities of the officence		
The reason for recall must be stated on petitions to	of City, Village, to mi,	ps from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking to	ower prescription drug costs, and flagrant disrespect to t	nis own constiuents by calling them "whack-jobs, morons, and idiots."  UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA  STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no.	ME OF THE MUNICIPALITY OF RESIDENCE MUS	DATE OF
MANUAL PROPERTY AND	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SET	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
THE MUNICIPALITY USED FOR MAI	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	□ Town	05/20 200
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10. John Clar	John Nelson	Circulator 1/2	Pleasant Pla	1171 WI 53/87
1000	T 1 Dal-colf	Certification of Circulator	A VO	/ / / selined each of
Madisim	Jan Jener certify	I reside at  I were a resident of this state, would not be disqualified from voting und ted by the officeholder named in this petition. I know that each person ting this certification is punishable under \$ 12.13(3)(a). Wis state.	der Wis. Stat. § 6.03. I personally circulated this recall petition	n and personally obtained each of re indicated opposite his or her
(name of circulator)	of Wisconsin or a U.S. citizen, age 18 or older who, if	I were a resident of this state, would not be disquarried from the state of the sta	signed the paper with full knowledge of its content on the date	1000
I further certify I am either a qualified elector	gners are electors of the jurisdiction or district representations are their falsific	r: I reside at  I were a resident of this state, would not be disqualified from voting tine ted by the officeholder named in this petition. I know that each person string this certification is punishable under \$ 12.13(3)(a). Wis state.		Page No. 1008
name. I know their respective residences give	en. I support this recall petition.	ted by the officeholder named in this petition. I know that carrying this certification is punishable under \$12.13(3)(a). Wis stats.		
55/20/200	(signature)	y the Wisconsin Elections Commission   P.O. Box 7984, Madison, Wt. 53707-7984   60	18-266-8005   web: http://elections.wi.gov   email elections@wi.gov	
(date) ((date) () (date) (	required by Wis. Stats §§, 8,40 and 9.10. This form is prescribed b	y the Wisconsin Electronis Commission   100 Box   100 Bo		
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		RECALL FEITHOR	Cul Accombly District 63	
. The state Operation of the state of the st		We, the undersigned qualified elected	ors of the Assembly Blattot of (jurisdiction or district	et of officeholder)
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		Constitution and 8 9 10 of	the Wisconsin Statutes.
	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of	the Wigosiam States
petition for the recall of	5 CF 1 -1 don to be receiled and office)			
	(name of officerolder to be resulted as	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
Time to the control of the control o	or city village town and school district officials. The	reason must be related to the official responsibilities of the officenoider.	No statement of reason is required	
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legislative, judicial, or county officials.)  Robin Vae should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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lack of commitment to election integrity, blocking in	owar processpiles and	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA STREET & NUMBER OR RURAL ROUTE	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
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10. / 20 1/ 65	Tongela Brown	8661 comelet Tree	City STOTE VCIVI	131.1121
angles (Now)	Tanger Diani	Certification of Circulator	= 1 C= 1011 53:	> 1
1 11 11 2 - 1	11-11	LCG MILLCKEDIRAH	CRAFTON VVI 23	094
HNINEEN		I reside at 469 PITECKEST ROFFI	(circulator's residence - include number, street, and municipality)	and personally obtained each of
(name of circulator)	Wiccopsin 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 the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	red the paper with full knowledge of its content on the date	indicated opposite his or her
I further certify I am either a qualified elector of	ners are electors of the jurisdiction or district represent	ed by the officeholder named in this petition. I know that each person sig	ned the puper with term and the	
name. I know their respective residences given	. I support this recall petition. I am aware that falsifyi	ng this certification is punishable under § 12 13(3)(a), Wis. Stats.		Page No. 1009
1 1 1 1 1 2 1		// V		
	(sign	ature of circumtor) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	266-8005  web: http://elections.wi.gov   email elections@wi.gov	
FI -170 (Rev 2019-09) The information on this form is rec	quired by Wis Stats. §§ 8.40 and 9.10. This form is prescribed by	the Wisconsin Elections Commission (P.O. Box 7764, Madison, W. 3577)		
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TO: The Wisconsin Election Commission		We, the undersigned qualified e	electors of the Assembly District 63	
	ion papers or declaration of candidacy for the office is filed)	To, the discording to 4	(jurisdiction or distr	ict of officeholder)
	Robin Vos	from office pursuant to Article XIII Se	ection 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)	Tion office parsuant to 7 title 7 titl, 50		
	(name of officerolder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCF	o,	
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THI	E NAME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
SIGNATURES OF ELECTORS	TRIVIED NAME OF EDECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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Α	4 1.	Certification of Circulator	Dato GREETIN WI	53024
I ANDREW	Certify: I	reside at 469 HILL CROST	ROMI STRITTON	25027
(name of circulator)		in a California and the Alexander of the	(circulator's residence - include number, street, and municipality)	and personally obtained each of
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting un I by the officeholder named in this petition. I know that each person	signed the paper with full knowledge of its content on the date	indicated opposite his or her
the signatures on this paper. I know that the sign	lers are electors of the jurisdiction or district represented	whis certification is punishable under § 12.13(3)(a), Wis. Stats.	orBuse me behal titu tan mannage at the attention and and	
		The parionals and a 12 12 (-)(-), was stated		Page No. 1010
5/14/29				
(date) /	(signate	ne of circulator) e Wiscensin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   60	08-266-8005   web: http://elections.wi.gov.  email_elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requ	aired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by th	CIVISCRISHI ELECTRONS COMMINISSION   F. O. DOX 1764, Madraon, W1 33107-1764   O.		

		RECALL PETITION	C41 - Assembly District 63	
TO: The Wisconsin Election Commission		We, the undersigned qualified elected	ors of the Assembly District 03	t of officeholder)
TO: The Wisconsin Election Commission (official with whom nomination	n papers or declaration of candidacy for the office is filed)	A A A A A VIII Continu	12 of the Wisconsin Constitution and §.9.10 of t	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	112 of the wisconstit Constitution and 3	
	(name of officeholder to be recalled and office). ${f S}'$	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	state, congressional,
The reason for recall must be stated on petitions f	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeriorate	•	
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of tri	ps from the CCP, failure to protect Wisconsin farmiand from the OCF,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	platette Fr	SIGNING
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1 John Jacob		2124 Lake charefor	order Kausville	5-16-24
2. (Vos. 0 K) KX	CLARK DEGROOT	2124 Lake enert.	D Town	
3 Dan 2 Burg	Tammie Benson	24706 La Follette St	o city Kansasille	5-16-24
Junara Igure	TOURING DECISE	OUGLE LE ENLA HE AVE	U Village La Sasulle	5-16-24
1 Melian Lada	Toes Simonson	5213460 A FOLLOW A	Town Village WAL SOLD 1/12	15/10/2
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6 Xillo Wha Saith	Tabotha Scott	24930 OCCUSON ST	Derown	
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10 0-70	Allison lascher	24810 Quincy ave  Certification of Circulator  A	a CALETTON LOVE	23077
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I, A MOKEN TO			(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
I further certify I am either a qualified elector of	f Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person signs the certification is punishable under § 12.13(3)(a), Wis. Stats.	ned the paper with full knowledge of its content on the date	indicated opposite his or her
the signatures on this paper. I know that the sign	I support this recall petition. I am aware that falsifying	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1011
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(date)	Right	thre of circulator)  Wing a rain Florings Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005  web: http://clections.wi.gov   email elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is req	uired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by	ture of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2		

		RECALL PETITION	Assembly District 63	
		. We, the undersigned qualified elected	rs of the (jurisdiction or dist	rict of officeholder)
TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)	The state of the s	12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconstit Constitution 3	
petition for the recall of		OF REASON FOR DECALL		
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(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.		
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (COT), acceptance	bis gwn constituents by calling them "whack-jobs, morons, and idiots,"		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"  IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA  STREET & NUMBER OR RURAL ROUTE  STREET & NUMBER OF RURAL ROUTE	ME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
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THE MUNICIPALITY USED FOR MA	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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(name of circulator)	of Wisconsin, or a U.S. citizen, age 18 or older who, if	: I reside at  I were a resident of this state, would not be disqualified from voting under ted by the officeholder named in this petition. I know that each person significant in the believe of \$12.13(3(a)) Wis Stats.	ned the paper with full knowledge of its content on the da	ite indicated opposite his or her
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name. I know their respective residences give	n. I support this recall petition. I am aware that faisity	ing this certification is punishable under § 12.13(3)(a), Wis. Stats.		1012
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(flate)	in the Win State 88 8 40 and 9 10. This form is prescribed by	nature of circulator)  Machine Misconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266-8005  web: http://crections.wi.too.   chiair cross-sisses	
EL-170 (Rev 2019-09) The information on this form is re	equired by Wis Statis, 99 6 40 and 710 Time tolling pro-	THE TOWNS ACTION		

		RECALL PETITION	641- Assembly District 63	
		We, the undersigned qualified elect	ors of the Assembly District of (jurisdiction or district	t of officeholder)
O: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)			the Wisconsin Statutes.
	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	
etition for the recall of	c or -1-14es to be recalled and office)			
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THE MOTHER OF FLECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	Signing
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		Certification of Circulator	7/ 17 05020	
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(name of circulator)	f Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under do by the officeholder named in this petition. I know that each person sing this certification is punishable under § 12.13(3)(a), Wis. Stats.	med the paper with full knowledge of its content on the date	indicated opposite his or her
I further certify I am either a qualified elector of	ners are electors of the jurisdiction or district represente	d by the officeholder named in this petition. I know that each person significant the perso	Sinca the paper man of	
name I know their respective residences given	I support this recall petition. I am aware that falsifying	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1013
1111/011	20100	C/I A tomolesa		
2/17/24	(signif	ture of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266-8005   web http://elections.wi.gov   email elections@wi.gov	
(date)	quired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	the Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 33707-7964   000-		

	¥	RECALL PETITION  We, the undersigned qualified elector	rs of the Assembly District 63	s of officeholder)	
TO: The Wisconsin Election Commission	for the office is filed)	. We, the undersigned quantities of the	(jurisdiction or district	the Wisconsin Statutes.	
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)  Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of t	110	
petition for the recall of		TATEMENT OF REASON FOR RECALL	i dista the morall of	state congressional.	
	(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, which is a support 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, 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, and school district officials. The reason must be related to the official responsibilities of the officeholder.				
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Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of the	ips from the CCP, failure to protect Wisconsin farmland from the CCP,			
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10. March 1	- (NOUNCE DE LOKE)	Certification of Circulator	N 1 17 65020		
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5-17-24	- Leving	tature of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266-8005  web http://elections.wi.gov   email elections@wi.gov		
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		RECALL PETITION	cut Accomply District 63	
The stien Commission		We, the undersigned qualified elected	ors of the Assembly District 03 (jurisdiction or distric	et of officeholder)
TO: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)			the Wisconsin Statutes
	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of t	the Wildenian Status
petition for the recall of	( f officeholder to be recalled and office)			
	S'	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, congressional,
	or city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No suitement of reason to require	
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Robin Vos should be recalled for his tacit support of	the Chinese Communist Party (CCP), acceptance of the	ps from the CCP, failure to protect Wisconsin farmland from the CCP,		
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Lana (G-)	70	Certification of Circulator	1 92007	
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I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person sign this certification is punishable under \$ 12.13(3)(a), Wis. Stats.	ned the paper with full knowledge of its content on the date	indicated opposite his of her
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O: The Wisconsin Election Commission		• We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
etition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	•		
		STATEMENT OF REASON FOR RECALL		
	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
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THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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5. MM Yannin	Miny Robbin	1602 Pen Avenue	□ Town □ Village □ City □ Variety	Shulzel
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7 Vallin	Charles Williams	3309 Kentucky St	Town Willage City  City	5/14/24
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rurmer cernity I am either a qualified elector of View signatures on this paper. I know that the signe	wisconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	nd personally obtained each of ndicated opposite his or her
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web. http://elections.wii.gov | email | elections@wii.gov

The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63		
	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	,	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	he Wisconsin Statutes.	
etition for the recan of	(name of officeholder to be recalled and office)				
	S	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, congressional.	
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		his own constiuents by calling them "whack-jobs, morons, and idiots."			
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	DATE OF SIGNING	
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3. Jonaham	Lasmin Estobal	4201 Durandanie.	Town Dillage City MIT Pleasant	5-15-24	
I have Ir	Ashley Young	6433 Anforcot Lane	Dyllage Mt. Pleasant	5-15-24 .	
5	James Johns	3144 90th st	Toyn Stwevant	5-15-24	
6. Dan Dan	Dawn Jones	3144 90th St	Sturtevant Sturtevant	5-15-24	
7 Planol & State	SALNOLD RSCHATTNE	3120901h5+	Village SturtEVANT	5-15-26	
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(name of circulator)  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 person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					
the signatures on this paper it know that the signe name. I know their respective residences given	I support this recall petition. Lam aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.			
5 15-2624	her Co			Page No. 1017	
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EL-170 (Rev.2019-09) The information on this form is required by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web. http://elections.wi.gov | email. elections@wi.gov

O: The Wisconsin Election Commission		We, the undersigned qualified elected	ors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
etition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).			
	S	TATEMENT OF REASON FOR RECALL		
The reason for recall must be stated on petitions t	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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		RECALL PETITION  We, the undersigned qualified elector	rs of the Assembly District 63  (jurisdiction or district  Constitution and §.9.10 of the	of officeholder) he Wisconsin Statutes.
The Wisconsin Election Commission	apers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Constitution and	state congressional,
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(date)	s required by Wis. Stats §§. 8.40 and 9.10. This form is prescrib	eed by the Wisconsin Electrons Commission (**-		
EL-170 (Rev.2019-09) The information				

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	
(official with whom nomination	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	act of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	· ·	_	
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		RECALL PETITION	Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	(jurisdiction or distric	et of officeholder)
(official with whom nominate	ion papers or declaration of candidacy for the office is filed)	A .: I VIII Caption	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	112 of the Wisconsin Constitution and 3	
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		RECALL PETITION	Accomply District 63	
The stien Commission		We, the undersigned qualified elected	ors of the Assembly District of (jurisdiction or district	et of officeholder)
O: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)	a		
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ne signatures on this paper. I know that the signa	I support this recall petition. I am aware that falsifyin	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1022
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec	(jurnsdiction or district	et of officeholder)
(official with whom nomination	papers or declaration of candidacy for the office is filed)			
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	X	Contification of Circulator	- 01	
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I,	certify:	I reside at 50839 Kapplag Fee	(circulator's residence - include number, street, and municipality)	and personally obtained each of
(name of circulator)  I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under the officeholder named in this petition. I know that each person si	er Wis, Stat. § 6.03. I personally circulated this recall periods	indicated opposite his or her
the signatures on this paper. I know that the signa	ers are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person single this certification is punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with run knowledge of the content	
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1024
5/16/24				
(date)	(signa	ture of circulator) he Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608	-266-8005  web: http://elections.wi.gov   email   elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requ	ired by WIS Stats 00 0.40 and 9 10. This form is prescribed by t			

		RECALLIETITION	are of the Assembly District 63	
The Wisconsin Election Commission		. We, the undersigned qualified elected		et of officeholder)
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	Robin Vos	from office pursuant to Article XIII, Section	1 12 Of the Wisconsin Constitution and 3.2.2.2	
tition for the recall of	( Cofficeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	f state, congressional,
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turther certify I am either a qualified elector of	ners are electors of the jurisdiction or district represent	ed by the officeholder named in this petition. I know that each person sig	nod the paper of the same territory	
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	ing this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1025
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(date)	(sign	nature of circulator) the Wisconsin Flections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-7984	166-8005   web: http://elections.wi.gov   email elections@wi.gov	
(date)	quired by Wis Stats 86 8 40 and 9 10. This form is prescribed by	the Wisconsin Elections Commission (C.O. Box 1789), Mindiagon, W1 55707-7901	The state of the s	

		We, the undersigned qualified elect	ors of the Assembly District 63	
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)			
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10. AMM/	Ashley Wood	143 toxtrail Circle	ocity Durlington	10/20
Certification of Circulator 30839 Running Fox Train Burlington, WE 53105				
I, Certify: I reside at 30839 Running Fox Trail Locking for WE 53/05				
(name of circulator) (name of circulator) (name of circulated this recall petition and personally obtained each of				
the signed are this paper. I know that the signers are electors of the jurisdiction of district represented by the officenoider named in this petition. I know that the signer are electors of the jurisdiction of district represented by the officenoider named in this petition.				
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5/20/24				1020
(date)	(signati	ure of circulator) re Wisconsin Plectrons Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005   web http://elections.wi.gov   email elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats 38, 8, 40 and 9, 10. This form is prescribed by th	e Wisconsin Electrons Commission   C.O. Dox 7504, Madison, Wt 35707-7704   000-20		

RECALL PETITION

Assembly District 63

a testan		We, the undersigned qualified electo	rs of the Assembly District of (jurisdiction or district	t of officeholder)
O: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)			
	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of	THE WISCONSIN Statutes
etition for the recall of	C . Of the liter to be recalled and office)			
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I ///A// >/00/12				
(name of circulator)	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 and by the officeholder named in this petition. I know that each person signing this certification is punishable under § 12.13(3)(a), Wis. Stats.	wis, Stat. § 6.03. I personally circulated this recan personally circulated this recan personally circulated this recan personal with full knowledge of its content on the date	indicated opposite his or her
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name I know their respective residences given.	I support this recall petition. I am aware that falsifying	ng this certification is punishable under § 12.13(3)(a), Wis, Stats,		Page No. 1027
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(date)	(sign)	ature of circulator)	56-8005 web: http://elections.wi.gov   email_elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis Stats 88 8 40 and 9 10. This form is presembed by	ature of circulator) The Wisconsin Elections Commission+P.O. Box 7984, Madison, WI 53707-7984   608-20		

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

The Wisconsin Election Commission

TO:	The Wisconsin Election Commission		we, the didersigned quanties elect	(jurisdiction or distric	ct of officeholder)		
-	(official with whom nomination	n papers or declaration of candidacy for the office is filed)	A C A VIII C4'-	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
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(name of circulator)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certified in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signed each of I further certified in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her this person and the person each of the person experience of the person experience in the person experience of the person experience in the person experience of the person experience in the person experience of the person experience of the person experience of the person experience of the pers							
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		We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or district	of officeholder)
The Wisconsin Election Commission	C 114 C-the office is filed)			
(official with whom nomination	papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of t	he wisconsin Statutes.
petition for the recall of	Robin Vos			
	(name of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL	No at the second is required to initiate the recall of	state, congressional,
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I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person significant of the control	ned the paper with full knowledge of its content on the date	indicated opposite this of tier
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		RECALL PETITION	Accomply District 63		
TO: The Wisconsin Election Commission		We, the undersigned qualified ele	(jurisdiction or district	of officeholder)	
TO: The Wisconsin Election Commission (official with whom pomination	n papers or declaration of candidacy for the office is filed)	A A STATE OF A	ion 12 of the Wisconsin Constitution and §.9.10 of t		
	Robin Vos	from office pursuant to Article XIII, Sect	ion 12 of the wisconsin constitution and gard		
petition for the recall of	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officehold	er. No statement of reason is required to initiate the recall of	state, congressional,	
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name. I know their respective residences given.	I support this recall petition. I am aware that falsify	ring this certification is punishable under § 12) 3(3)(a), Wis. Stats.		Page No. 1031	
(datc)	(signal had be	naible of ortunior) who Wisconsim Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   6	08-266-8005  web: http://elections.vvi.gov   email: elections@wi.gov		
EL-170 (Rev 2019-09) The information on this form is he	uired by Wis. Stats §§ 8.40 and 9.10 This form is prescribed by	THE HAMMAN			

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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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 office holder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her				
name. I know their respective residences given.		this certification is punishable under § 2.13(3)(a). We. Stats.		Page No. 1032
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		RECALL PETITION	of the Assembly District 63	
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(date)	This form is prescribed by	ature of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WL 53707-7984   608-	200-8003 [Web. Inth Act Court	
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(name of circulator)	10 - 11 tel	Were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	Wis Stat § 6.03. I personally circulated this recall permon	indicated opposite his or her
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EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the

TO: The Wisconsin Election Commission

(official with whom nomin	nation papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele	ectors of the Assembly District 63	
petition for the recall of	Robin Vos		(jurisdiction or c	district of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS		NAME OF THE MUNICIPALITY OF RESIDENCE M MUNICIPALITY OF RESIDENCE	
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the signatures on this paper. I know that the signe name. I know their respective residences given.	Wisconsin, or a U.S. citizen, age 18 or older who, if I wer is are electors of the jurisdiction or district represented by I support this recall petition. I am aware that falsifying I	re a resident of this state, would not be disqualified from voting under y the officeholder named in this petition. I know that each person sign his certification is punishable under § 12.13(3)(a), Wis. Stats.	(curculator) residence include number, street, and municipality) " Wis. Stat. § 6.03. I personally circulated this recall petition led the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
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O: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	ct of officeholder)
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1 2/86	Merau Schroeder	34510 Walkurg Lave	Uvillage Surfactou	5-18-24
2 2	Shane Bonner,	308 Solusion St.	Uvillage Burlington	5-18-24
3 Deples	Jacob Heard	101 NKANEST	O Town O Village BURLINGTON OCity	5/18/24
4. Alexander	Alysha Harting	101 NKane St	O Village Burlington	3/18/24
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Christian Schre	eder certify: I	Certification of Circulator 245 North	Lake Street, Negrah, WI, 54	956
(name of circulator) further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality)  Wis. Stat. § 6.03. I personally circulated this recall petition at	nd personally obtained each of
		by the officeholder named in this petition. I know that each person signification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	areated opposite his of her
5/18/24	Christian	1 Schreedor		Page No. 1036
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web http://elections.wii.gov | email | elections@wii.gov |

10: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)			rnct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	
	(name of officeholder to be recalled and office)		3,5,100	t the Wisconsin Statutes.
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signatures on this paper. I because the telescor of W	isconsin, or a U.S. citizen, age 18 or older who, if I we	re a resident of this state, would not be disqualified from voting under W	/is. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of
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EL-170 (Rev. 2019-09) The information on this form is required by Wis. Stats. §§. 8.40 and 9.10 This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email. elections@wi.gov

		RECALL PETITION	C4L - Assembly District 63	
		We, the undersigned qualified elector	s of the	of officeholder)
TO: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)	VIII Costion	12 of the Wisconsin Constitution and §.9.10 of the	ne Wisconsin Statutes.
	Robin Vos	from office pursuant to Article XIII, Section	12 of the wisconsin constraint	
petition for the recall of		STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholder. It	No statement of reason is required to initiate the recall of s	state, congressional,
S	or city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the		
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I, (name of circulator)	certif	y: I reside at	Wis Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
I further certify I am either a qualified elector of the signatures on this paper. I know that the signature and the signature condition residences given	ners are electors of the jurisdiction or district represent a support this recall petition. I am aware that falsif	If I were a resident of this state, would not be disqualified from voting under need by the officeholder named in this petition. I know that each person sign ying this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1038
name. I know their respective residences given	(Writtelli)	Salle C		
(date)  EL-170 (Rev 2019-09) The information on this form is re-	quired by Wis. Stats §§. 8.40 and 9.10 This form is prescribed	ignature of circulator) by the Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-26		

	RECALL PETITION  115 1 1 to tark of the Assembly District 63	
	We the undersigned qualified electors of the (purisdiction or district of of	ficeholder)
The Wisconsin Election Commission  (official with whom nomination papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the W	Visconsin Statutes.
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(date) (date) This form is prescribed by the	e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53/01-1984   000-200-0005   1000-1000-1000-1000-1000-1000-1000-10	
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		RECALL PETITION	Assembly District 63	
		. We, the undersigned qualified elector	rs of the jurisdiction or district	of officeholder)
The Wisconsin Election Commission  (official with whom nomination	papers or declaration of candidacy for the office is filed)	o Consumption Article XIII Section	12 of the Wisconsin Constitution and §.9.10 of the	e Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Attole 7tm, source		
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EL-170 (Rev 2019-09) The information on this form is req	uired by Wis. Stats. §§. 8.40 and 9 10 This form is prescribed by	ature of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2		

TO.	The Wisconsin Election Co	mmission		. We, the undersigned qualif	ified electors	of the Assembly bis	(jurisdiction or distric	t of officeholder)
TO:	(official with w	hom nomination	papers or declaration of candidacy for the office is filed)	from office pursuant to Article XII	vv. G. 4'1	2 - faho Wiggongin (		
	for the recall of		Robin Vos	from office pursuant to Article XII	III, Section I	2 of the wisconsin C	Olistitution and 9.7.10 or	
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TO: The Wisconsin Election Commission		West		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele-		
petition for the recall of	Robin Vos	from a CC and a day of the Automatical Aut	(jurisdiction or distr	
•	(name of officeholder to be recalled and office).	Irom office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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I further certify I am either a qualified elector of W	isconsin or a LLS citizen age 18 or older who is I we	1 John Orlo John Oction	(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signers	are electors of the jurisdiction or district represented h	ore a resident of this state, would not be disqualified from voting under to by the officeholder named in this petition. I know that each person signs this certification is munishable under \$ 12 13(3)(c). We state	Vis. Stat. § 6.03. I personally circulated this recall petition ar	nd personally obtained each of
name. I know their respective residences given. I s	support this recall petition. Lam aware that falsifying t	by the officended named in this petition. I know that each person signs his certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
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EL-170 (Rev 2019-09). The information on this form is required	by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the V	Visconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	2005 hugh: http://dlast.org.com/	
		11 33/07-7964   008-200	-0005 [web. map //electrons/willpar   email: electrons(a)wilgov	

The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	,
etition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
· <del>-</del>	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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pistative, judicial, or county officials.)				
		ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
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2. Die Hollwar	TORI HITEMON	1311 Scott PR	O'STOWN MARKET MASKET	5/16/24
3. Wholfen	ANDREW HARBONS	47 1305 RAMUMA TR	Usilage MXALAGAN	5/6/24
4 Lough Markey	TOTI HOPINGUICZ	1305 Ramanalov	Village Mf ( Chant	516/24
5 Keggie Philes	Reginald Phiter	7952 DAVIE CT	Orlinge M. Aluhant	5/16/24
6. Emily Wentzer	GM More	254 Nevanda Ln Unit 204	Usiliage Mt. Pleaseurt	5/16/24
7. Mary William	Mary Willrams	1523 OLD Fancher Rd	Usual Town Williage Mr. Pleasant	5/16/14
* Kelly Bequent	C Ketty Begvegith	1540 old Farcher Rd	Joseph Mt. Pleascart	5/16/24
9 Josef gut	Jason Mouzes	1809 Old Fancher Rd	Village Mt. Placsent	5/16/20247
10.			☐ Town ☐ Village	
			□ City	
Webalamok	) ( , certify: I	reside at 4607 UN FRA A FAV MG GYL	Conculator's residence include number, street, and municipality)	
further certify I am either a qualified elector of View signatures on this paper. I know that the signer	Wisconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of indicated opposite his or her
ame. I know their respective residences given. I	support this recall petition. Jam aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1043
5 14 10 14	_ Juni	e of circulator)		1043
(date)	Csignatur	o or encountry		

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 FEITHOR	ors of the Assembly District 63	
		We, the undersigned qualified elect	jurisdiction or distr	act of officeholder)
The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)		n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	Robin Vos	from office pursuant to Article XIII, Section	in 12 of the wisconsin Constitution and 3	
petition for the recall of				
	(name of officeroder to be recalled and safe	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	of state, congressional,
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lack of committment to election integrity, blocking	lower prescription drug costs, and magratic are q	his own constiuents by calling them "whack-jobs, morons, and idiots."  UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N  STREET & NUMBER OR RURAL ROUTE	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
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		Certification of Circulator	1 C.7 AR (2521	<u>!</u> .
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(name of circums)	of Wisconsin, or a U.S. citizen, age 18 or older who, if	I reside at	igned the paper with full knowledge of its content on the da	te indicated opposite his or her
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name. I know their respective residences give	n. I support this recall petition. I am aware that falsify	ing this certification is punishable under § 12.13(3)(a), Wis. Stats.		rage 140 1044
3/13/data)		the Wisconsin Electrons Commission   P.O. Box 7984, Madison, WI 53707-7984   600	3-266-8005  web: http://clections.wi.gov   email elections@wi.gov	
Ex 170 (Rev 2019-09) The information on this form is r	equired by Wis Stats. §§ 8.40 and 9.10. This form is prescribed by	the Wisconsin Frections Commission (1 0 Box 750),		
EL-1/0 (1007 2017-07)				

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O: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	•
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL		
egislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder, ips from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall o	state, congressional,
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THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box of fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2. Ken botton	Key HoleTon	6727 L'INCOLNShire	Distribute Mt Pleas ant	5/6/24 ·
3. New Love	Poul A Gelmi	1323/06011	Utiliage City City City	5-16-14
4 Conne Soline	Connie Gelini	13231 010 Aw911 Stuat	Uslage MT Plesent	5-16-24
Courtneywolf	Courtney work	1009 white boulder	Uvillage Cache Grove	5-18-24
6 Jacoblutur	Jacob WOK	1659 White oak &	Drivillage Urion Grac	5-16-24
1 Part R much	Paul R. Marescalco	201-72 Ave	Ullage Kcnosta Somers	5/14/24
· Haco	Debra AKIV	205 72ndare	Urilage Somors-Kenorha	5/10/24
5 Ma	Jesse Aker	205 72 nd are	Utilage Sumers Conception	5-16-24
10.	Kristian Schwinson	20472 na ave	Urliage Somus Kensha	5/16/24
Richard TPorter	- TL , certify: I	Certification of Circulator reside at 3687458 Cave City 1	ER 72521	-
he signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented,	ere a resident of this state, would not be disqualified from voting under N by the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality)  Wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date in	nd personally obtained each of idicated opposite his or her
arne. 1 know their respective residences given. 1	support unis recait petition. 1 am awate that faisifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1045
-170 (Rev 2019-09) The information on this form is requir	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Fections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	5-8005  web: http://clections.wi.gov   email: elections@wi.gov	

# RECALL PETITION We the undersigned qualified electors of the

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nominat	non papers or declaration of candidacy for the office is filed)		Miles	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	,
	(name of officeholder to be recalled and office)			
(The reason for recall must be stated on petitions	for city village town and school district officials. The	STATEMENT OF REASON FOR RECALL		
registrative, partitude, or country officials,		reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		<del></del>
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
		Rural address must also include box or fire no.	Indicate Town, City, or Village	ŞIGNING
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2 Llysouthel)	Alipsa Harrandez	202 72nd Auc"C"	Uvillage City Covers	5/16/24
3 Haley Bel	1/mays. Bell	6119 1St WAY	o City Sombles	5/16/24
47118	Morsha Rose	6211 156 Wag	Urilage Somers	5/16/24
Bell	JASON (Bel)	6119 157 way	U Village Somer S	5/16/29
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1. Richard J Por	ter Tr certify: Ir	Certification of Circulator 58 Can	ve City AR 72521	
(name of circulator)				<del></del>
I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under W	Via Ctat C C 02 T	and personally obtained each of
		by the officeholder named in this petition. I know that each person signe this conflication is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date in	ndicated opposite his or her
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(date)	- John Manner	of circulator)		Page No. 1046
EL-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the V	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	-8005  web: http://elections.wi.gov   email elections@wi.gov	

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Α.		RECALL PETITION	Accomply District 63	
		. We, the undersigned qualified elector	rs of the Assembly District of (jurisdiction or distric	t of officeholder)
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(official with whom nomination	n papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of the	
etition for the recall of	Robin Vos			
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PYCHWG-10	777 07	the state would not be disqualified from voting under	T Wis Stat § 6.03 I personally circulated this recall petition	indicated opposite his or her
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5/17/24	Kicher	of your	and the state of t	
0////	(sign	ature of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-	266-8005  web   http://elections.wi.gov   email elections@wi.gov	
The information on this form is re	equired by Wis. Stats. §§ 8 40 and 9 10. This form is prescribed by	the Wisconsin Electrons Commission (1.		
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	RECALL PETITION	ors of the Assembly District 63	C. C. shalder
	RECALL PETITION  We, the undersigned qualified elected	ors of the Assembly District of (jurisdiction or district	of officeroider)
O: The Wisconsin Election Commission		12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.
O: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	112 01 the Wisconsis	
Robin Vos	TOP DECALL		
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I, Doug Bricker  (name of circulator)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if	ted by the ornicendider flamed in this period by the certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1048
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MAY 21, 2027	nature of circulator)  A viving a size Floritions Commission   P.O. Box 7984, Madison, WI 53707-7984   6	08-266-8005  web:	
name. I know their respective residences given. To py State September 21, 2024  (date)  EL-170 (Rev 2019-09) The information on this form is required by Wis State. §§. 8.40 and 9.10 This form is prescribed by	the Wisconsin Elections Commission		
EL-170 (Rev 2019-09) The information on this form is required.			

		RECALLIETTION	Assembly District 63	
O: The Wisconsin Election Commission		We, the undersigned qualified elector		
O: The Wisconsin Election Commission (official with whom nominatio	n papers or declaration of candidacy for the office is filed)	og Adial-VIII Saction	12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.
etition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	1 12 Of the Wilsonian Constitution	
ention for the recan or	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
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* 18088700 has	Patsy Warturie	1415 OHUS KU. #8	Town Village A DISASALIT	5-15-24
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10 Epren Josses	Efren Torres	1415 OAKOS Rd. #8	a city Ve TT F & C . Sec	J 13 1
	1 .	Certification of Circulator  1 reside at 877 Parkate Osa	N CLL TINESTATION	71840
I, Deniel Rous	~		(circulators residence - include mander, street and the recall petition	and personally obtained each
I further certify I am either a qualified elector o the signatures on this paper. I know that the signature. I know their respective residences given	ners are electors of the jurisdiction or district represented.  I support this recall petition. I am aware that falsifying	were a resident of this state, would not be disqualified from voting under and by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	ned the paper with full knowledge of the control	Page No. 1049
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(date)  (71 - 170 (8 es; 2019-09). The information on this form is rec	quired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	nure of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	con-sour free map // constitute in the factors	

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

TO: The Wisconsin Election Commission		we, the undersigned quantica ex	(jurisdiction or d	istrict of officeholder)
(official with whom nomination	n papers or declaration of candidacy for the office is filed)		.: 12 Cd. Wissensin Constitution and \$ 9.10	of the Wisconsin Statutes
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sect	tion 12 of the Wisconsin Constitution and §.9.10	of the wisconsin Statutes.
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TOUR VOS STOURS DE TESQUES SE LE	drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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I further certify I am either a qualified elector of \				
			signed the paper with rull knowledge of its content of the di	ate indicated opposite his or her
name. I know their respective residences given.				Page No. 1050
		and		Page No. 1050
5-15-2024				
(date)	(signs	iture of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   60	8-266-8005   web   http://elections.wi.gov   email elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8.40 and 9.10 Inis torm is prescribed by	ule Wisconsin Electrons Commission		

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with whom nominat	tion papers or declaration of candidacy for the office is filed)	,	(jurisdiction or distr	nct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	· ·	· ·	
(7)		STATEMENT OF REASON FOR RECALL		
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6 Loller Undan	Colleen Ynclan	5944 Regency HIlls Dr.	Ullage MT Pleasant	5-15-24
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(name of circulator)	certify: I	reside at 2154 RUGEN KD.	(circulator's residence - include number, afreet, and municipality)	WILLL "
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. 8 6.03. I personally circulated this recall petition a	nd personally obtained each of addicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
5-15-24		atth left		Page No. 1051
EL-170 (Rev.2019-09) The information on this form is require	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P O Sox 7584, Madison, WI 53707-7984   608-260	5-8005  web http://elections.wi.gov   email elections@wi.gov	

		RECALL PETITION  We, the undersigned qualified electory.	rs of the Assembly District 63 (jurisdiction or distri	ct of officeholder)
		We, the undersigned quantied electric	(jurisdiction of distri-	the Wisconsin Statutes.
O: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)	ST Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of	the Wisconstit States
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TUDITH	N to the certify	y: I reside at	er Wis. Stat. § 6.03. I personally circulated this recall petit	ata indicated opposite his or her
I, (name of circulator)		I were a resident of this state, would not be disqualified from voting die	igned the paper with full knowledge of its content on the d	ate minerior opposition
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		RECALL PETITION	District CO	
		. We, the undersigned qualified e	lectors of the Assembly District 63	strict of officeholder)
TO: The Wisconsin Election Commission	S-andidamy for the office is filed)		ction 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
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		. We, the undersigned qualified elected	ors of the Assembly District 63	
TO: The Wisconsin Election Commission				t of officeholder)
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I further certify I am either a qualified elector of	of Wisconsin, or a U.S. citizen, age to of older wite, if i	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with full knowledge of its content on the date	Abbana Abbana
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1-14				
(date)	(signa	ature of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266-8005   web http://clections.wi.gov   email elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is re	equired by Wis. Stats. §§ 8 40 and 9 10 This form is prescribed by	the Wisconsin Elections Commission   P.O. Box 7764, Manison, 47 5576		

		RECALL PETITION  We, the undersigned qualified electors	ors of the Assembly District 63	C (7 1 111 )
Theretion Commission		We, the undersigned quantitied elected	(jurisdiction or distri	ct of officeholder)
TO: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)	ar Article VIII Section	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	Robin Vos	from office pursuant to Afficie Affi, seedor	112 01	
petition for the recall of		TATEMENT OF REASON FOR RECALL		- Catata novaeassianal
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(The reason for recall mast be stated on p	The Post (CCB), acceptance of tr	ins from the CCP, failure to protect Wisconsin farmland from the CCP,		
Robin Vos should be recalled for his tacit support of	the Chinese Communist Party (CCP), acceptance of the	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of commitment to election integrity, blocking lo	wer prescription drug costs, and flagrant disrespect for	his own constituents by calling them "whack-jobs, morons, and idiots."  UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA  STREET & NUMBER OR RURAL ROUTE  Description of the property of the policy	ME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
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Quentin (00	++rell certify	: I reside at	(circulator's residence - include number, street, and municipality)	on and personally obtained each of
I, (name of circulator)	10 - Her who if	I were a resident of this state, would not be disqualified from voting under	TWis Stat § 6.03 I personally circulated this recall post-	te indicated opposite his or her
I further certify I am either a qualified elector of	f Wisconsin, or a U.S. citizen, age 18 or older who, it	I were a resident of this state, would not be disqualified from voting under ted by the officeholder named in this petition. I know that each person size the first the property of the state of the sta	gned the paper with full knowledge of the control	
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name. I know their respective residences given	111016	les Comments		
5-21-2024	(sign	nature of circulator)	266,8005 lweb http://elections.wi.gov   email_elections@wi.gov	
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i ii e talaa		We, the undersigned qualified elector	jurisdiction or district	t of officeholder)
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		G distinct and \$ 0.10 of t	he Wisconsin Statutes
(official with whom nomination		from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of t	the wisconsin statutes.
petition for the recall of	Robin Vos  (name of officeholder to be recalled and office)			
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL	of a factor is required to initiate the recall of	state, congressional,
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1, Madison J			(circulator's residence - include number, street, and municipality)	and personally obtained each of
(name of circulator)	f Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sig	ned the paper with full knowledge of its content on the date	indicated opposite his or her
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting under aby the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats	1/1	
name. I know their respective residences given	I support this recall petition. I am aware that falsify:	ng this certification is punishable under § 12.13(3)(a), Wis. Stats		Page No. 1056
Ban - 10 / 50	1		17	
(date)	(sign	ature of circulator) the Wisconsin Electrons Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-805   web http://elections.wi.gov   email elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is req	quired by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by	the Wisconsin Electrons Commission   Co. Box 7704, Madison, 112	I\	

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O: The Wisconsin Election Commission		We, the undersigned qualified elect-	ors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	· ·
etition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATEL CON FOR DECALI		
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(name of circulator)	Jahre Jewolf, certify: I		(circulator's residence - include number, street, and municipality)	1100
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- 1	I support this recall petition. I am aware that fulsifying	this certification is punishable under v 12 13(3)(a). Wis. Stats.		Page No. 1057
05/04/2024	If adis	n face of sex		1007
(date)	(signatu	re of circulator) Wisconsin Elections Commission   P O Box 7/84, Mindison, WI 53707-7984   608-266	5-8005  web: http://elections.wi.gov   email: elections@wi.gov	N
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con and the state of the state		We, the undersigned qualified elector	ors of the Assembly District 63 (jurisdiction or district	of officeholder)
O: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)		(Jurisdiction of discret	
	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of the	ne wisconsin statutes.
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(name of circulator)	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 9 0.03 I personally chediated this recall personal person	dicated opposite his or her
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		We, the undersigned qualified elector	ors of the Assembly District 03 (jurisdiction or dist	rict of officeholder)
The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		02.10	
		from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 o	THE WISCONSIN STATE
on for the recall of	Robin Vos  (name of officeholder to be recalled and office)	<del></del>		
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(datc)	(sign	nature of irreulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-2	66-8005  web http://elections.wi.gov   email elections@wi.gov	
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TO:	The Wisconsin Election Commission		We, the undersigned qualified election	(jurisdiction or distric	t of officeholder)
10	(official with whom nomination	papers or declaration of candidacy for the office is filed)	og Adiala VIII Socios	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
natition	for the recall of	Robin Vos	from office pursuant to Article XIII, Section	1 12 of the wisconstit Constitution and grant	
•		(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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name	I know their respective residences given	I support this recall petition. I am aware that falsifying	or this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1060
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-	7 (dak)	(signa	ature of circulator)	66-8005 lweb http://elections.wi.gov   email elections@wi.gov	
EL-170 (	Rev.2019-09) The information on this form is requ	ired by Wis. Stats. §§, 8.40 and 9.10. This form is prescribed by	ature of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2		

RECALL PETITION

We the undersigned qualified electors of the Assembly District 63

The Wisconsin Election Commission	A leading of condidacy for the office is filed)	. We, the undersigned qualified electrons		strict of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	of the wisconsin statute
on for the recall of	(name of officeholder to be recalled and office)	\$ 4 -04-70-70-70-70-70-70-70-70-70-70-70-70-70-		
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	for city village town and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder	No statement of reason is required to	ASSET A CONTROL OF THE CONTROL OF TH
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Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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(name of circulator)	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sing this certification is punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with full knowledge of its content on the d	ate indicated opposite his or l
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ne. I know their respective residences giver	n. I support this recall petition. I am aware that falsiful	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 106
(date)	(sign	ature of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608	-266-8005  web: http://elections.wi.gov   email elections@wi.gov	
to (Bay 2010 00) The information on this form is re	equired by Wis Stats §§. 8.40 and 9.10. This form is prescribed by	the Wisconsin Elections Collinission   1 O Box 775		

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
(The reason for recell must be stated as patitions		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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5 Penu By	Renew Gestin	1319 Oakes Rd Apt/6	Urillage City Prount Pleasunt	5-15-211
6. Stephing mount	Stefanie MIMBIOU	1319 DAKES RCI APTIBRACINEWIT	Ocity MONAP LEASON	C-15-24
Mariela Torres	Cabriela Topres	1319 oakes Rol Apt 11 Racine, WI	O Town Village Mount Plea Scut	5-15-24
8 KUDUW Index	Kulon Windson	1319 Octor (13#5	Urllage MI Plusant	511524
9 Elso	Adaina O Farris	1319 Oakes Rd #6	Uvillage MF. Pleassin F	5/15/24
10 AUG OSTAX	Alicecoporns	1425 warder CX , 100 &	U Village W HODS ADA	5/15/24
I, Josias /-	and a certify: I	Certification of Circulator 376 47H	Au Vo Beach FL 32966	í
I further certify I am either a qualified elector of V the signatures on this paper, I know that the signer	's are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition all ed the paper with full knowledge of its content on the date in	nd personally obtained each of dicated opposite his or her
name. I know their respective residences given. I	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1062
(date) L-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	e of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	-8005  web: http://clections.wi.gov   email elections@wi.gov	

RECALL PETITION

We the undersigned qualified electors of the Assembly District 63

O: The Wisconsin Election Commission		. We, the undersigned quantica election	Unisaletton of district	
O: The Wisconsin Election Commission  (official with whom nominati	on papers or declaration of candidacy for the office is filed)	A C 1. VIII Continu	12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.
	Robin Vos	from office pursuant to Article XIII, Section	112 of the wisconsin constant	
etition for the recall of	(name of officeholder to be recalled and office)	THE CENTE OF DEACON FOR DECALL		
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obin Vos should be recalled for his tacit support	of the Chinese Communist Party (COF), acceptance of a	"whack-iohs morons, and idiots."		
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I further certify I am either a qualified elector	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person sig	ned the paper with full knowledge of its content on the date i	indicated opposite his or her
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(date)	(Signi	nture of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005  web: http://elections.wt.gov   email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is re	equired by Wis. Stats §§ 8 40 and 9 10. This form is prescribed by	uic misconain erast and commission of the		

		RECALL PETITION  We, the undersigned qualified elected to the second sec	ors of the Assembly District 63	1000-000-000-000-000-000-000-000-000-00
The Wisconsin Election Commission		We, the undersigned qualified electric	Gurisdiction or distric	ct of officeholder)
(official with whom nomination	papers or declaration of candidacy for the office is filed)	S and Good pursuant to Article XIII. Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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petition for the recall of	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL	initiate the recall of	f state, congressional,
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The Million of Floriday Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	· ·
	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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70 100	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis, Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
the signatures on this paper. I know that the signa	are are electors of the jurisdiction or district represented	by the direcholder named in this petition. I know that each person sign	led the paper with full knowledge of its content on the date i	nuicated opposite his of her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12 13(3)(a), Wis. Stats.		Page No. 1065
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(date) (d	ired by Wis Stats, 88, 8, 40 and 9, 10. This form is prescribed by the	e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	56-8005   web http://elections.wi.gov   email elections@wi.gov	
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RECALL PETITION

We the undersigned qualified electors of the Assembly District 63

O: The Wisconsin Election Commission	* * * * * * * * * * * * * * * * * * *		(jurisdiction or dist	rict of officeholder)
(official with whom noming	ation papers or declaration of candidacy for the office is filed)	a or attached VIII So	ction 12 of the Wisconsin Constitution and §.9.10 o	
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		d by the officeholder named in this petition. I know that each person in this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1066
-170 (Rev 2019-09) The information on this form is	(signa required by Wis Stats §§ 8.40 and 9.10. This form is prescribed by t	ture of circulator) he Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   6	08-266-8005  web http://elections.wi.gov   email elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	(jurisdiction or district	t of officeholder)
(official with whom nomination	n papers or declaration of candidacy for the office is filed)		•	· ·
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of the	the wisconsin Statutes.
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TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	ors of the Assembly District 63		
TO: The Wisconsin Election Commission (official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or disti		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.	
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EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26			

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos  (name of officeholder to be recalled and office).	from office pursuant to Article XIII, Sect	tion 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
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the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sig	r Wis. Stat. § 6.03. I personally circulated this recall petition ned the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
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EL-170 (Rev 2019-09) The information on this form is require	ed by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P O Box 7984, Madison, WI 53707-7984   608-2	66-8005  web http://elections.wi.gov   email elections@wi.gov	

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-	(name of officeholder to be recalled and office)	from office pursuant to Article XIII, Sec	tion 12 of the Wisconsin Constitution and §.9.1	O of the Wisconsin Statutes
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		RECALL I LITTO.	C.I Accombly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)		
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petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wildonian Galance.
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RECALL PETITION

We the undersigned qualified electors of the Assembly District 63

		We, the undersigned	d qualified electors of the	strict of officeholder)
To: The Wisconsin Election Commission	ation papers or declaration of candidacy for the office is filed)		c 4:4-4: and \$ 0.10 c	of the Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form i	s required by wis States 33 on mile 2 to 1			

		We, the undersigned qualified	l electors of the Assembly District 63 (jurisdiction or distri	ict of officeholder)
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(official with whom nomination	on papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII. S	Section 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin Statutes.
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		We, the undersigned qualified elector	rs of the Assembly District 63 (jurisdiction or district	of officeholder)
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(datc)	/ Signa	nture of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005  web: http://elections.wi.gov   email elections@wi.gov	
EL-170 (Rev. 2019-09) The information on this form is req	uired by Wis. Stats. §§ 8 40 and 9 10. This form is prescribed by	uic wisconsin crouding commission		

		We, the undersigned qualified elector	ors of the Assembly District 63 (jurisdiction or district	t of officeholder)		
TO: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)		Constitution and 8 9 10 of t	the Wisconsin Statutes.		
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ГО:	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)	we, the undersigned quantica elect	(jurisdiction or distr	ict of officeholder)
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		(name of officeholder to be recalled and office).	Tom office parsually to Article Affi, Seetto	in 12 of the wisconsin Constitution and 9.5.10 of	the wisconsin Statutes.
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## 6

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
	(name of officeholder to be recalled and office)			
		STATEMENT OF REASON FOR RECALL		
	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
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2,	TENNIFE HORSLUND	6503 NORTHWESTERN Are	□ Town □ Village □ City	5/16/24
3 Jam G. hones	Lair EJONE	1623 NE Frontage RD Eg	Uvillage Starterant	@5/16/24
4 Alexander	Share Payland	56 St Freedy Ale	United World Pleasent	5/17/24
5. Barbara a Yus	t Barbara A Yust	5636 Freedy Ave	o Town o Village o City mb Pleasant	5/17/24
6 Madison Kouzes	madison thouses	209 clarence Ave	Docity	5-17-29
7 Shawner Steder	3 shaw no	2025 Frankie PL # 104	O Town O Village O City  Meint Pleasure	5/17/24
8.	JOSEPH LENG	1912 HOORE S	Uvillage RCCAR	5117/1
9 Para	Poula MoxXI)	738 Fox Pun Ln	Uvillage VI PORCA	5/17/04
10.	Vetonica Voleney	1019 Hun fee D1 461	Urillage Alf-Alf-Alf-Alf-Alf-Alf-Alf-Alf-Alf-Alf-	517.01
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name. I know their respective residences given. J	support this recall petition. I am aware that falsifying	this perturbation is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date if	idicated opposite his or her
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(date)	(signatur	of circulator)		1070
L-170 (Rev 2019-09) The information on this form is require		Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	5-8005 lweb http://elections.wi.gov.lemail.elections@wi.gov	

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TO: The Wisconsin Election Commission	f and ideas for the office is filed)			
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- u 1	or city village town and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate me verall eq	, ,
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I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under ad by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with full knowledge of its content on the date	mateatea opposite his of her
the signatures on this paper. I know that the signa	ers are electors of the jurisdiction or district represented	ng this certification is prinishable under § 12.13(3)(a), Wis. Stats.		Page No. 1079
name. I know their respective residences given.	I support this recall petition. I am aware that than I	THUV		1019
5/18/2024		ature of circulator)	email elections@wigov	
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		RECALLIBRITOR	C.1 Accombly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	ors of the Assembly District of (jurisdiction or distric	ct of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin statutes.
petition for the recan or	(name of officeholder to be recalled and office)	CERT CON FOR RECALL		
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(The reason for recall must be stated on petitions i	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 intimic the recent of	,,,
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CGP), acceptance of the	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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(name of circulator)	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
			ed the paper with full knowledge of its content on the date i	nuicated opposite itis of tief
name I know their 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. 1080
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EL-170 (Rev 2019-09) The information on this form is requ	rired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by a	ut of o (chiang) e Wiscomm Elections Commission   P O Box 7984, Madison, WI 53707-7984   608-26	6-8000 [web: mup //enertions.wi gan   email electrons@wi gov	
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		RECALLIBITION	1 Cult - Accombly District 63	
TO: The Wisconsin Election Commission	n	. We, the undersigned qualified	electors of the Assembly District 63	district of officeholder)
(official with whom nomi	ination papers or declaration of candidacy for the office is filed	1)		
	Robin Vos	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)			
		STATEMENT OF REASON FOR RECALL		
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lack of committment to election integrity, block	king lower prescription drug costs, and flagrant disrespe	ct for his own constiuents by calling them "whack-jobs, morons, and idiot	3.	
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		Certification of Circulator	Rn CAHENNI W/	YENE
1		tify: I reside at 461 HILLEREST		22000
I WORTH MAY	, cen	my: I reside at	(circulator's residence - include number, street, and municipality)	
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			on signed the paper with full knowledge of its content on the	nate indicated opposite his or her
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(date)		(signature of circulator)	1608-266-8005   web   http://elections.wi.gov   email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is	s required by Wis. Stats §§ 8 40 and 9 10. This form is prescribe	d by the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984	The same state of the same sta	

		. We, the undersigned qualified elec	etors of the Assembly District 63	
TO: The Wisconsin Election Commission	ation papers or declaration of candidacy for the office is filed)	. We, the undersigned quanties size	(jurisdiction or d	istrict of officeholder)
		from office pursuant to Article VIII Section	on 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)	Tom office pursuant to Article Am, seem	on 12 of the Wisconsin Constitution of	
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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legislative, judicial, or county officials.)	rt of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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(name of circulator)			(circulator's residence - include number, street, and municipality)	d
I further certify I am either a qualified elector of	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 petiti	on and personally obtained each of
the cignetures on this paper. I know that the sig	mers are electors of the jurisdiction or district represente	d by the officeholder named in this petition. I know that each person sig	med the paper with this knowledge of its content on the da	maientea opposite nis of her
name. I know their respective residences give	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12-13(3)(a), Wis. Stats.		Page No. 1082
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IL-170 (Rev 2019-09). The information on this form is re	quired by Wis. Stats. §§ 8 40 and 9 10. This form is prescribed by the	ne Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005 [web: http://elections.wi.gov.] email_elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nominate	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	nct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
	(name of officeholder to be recalled and office).	paradit to fitting book	on 12 of the Wisconsin Constitution and gistro of	the Wisconsin Statutes.
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		RECALL PETITION	4031	
ΓΟ: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	t of officeholder)
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)	and the state of t	ů .	·
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	me wisconsin statutes.
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. /A/IA	Jo Shac Johnson	1121 1St	Village Styrt CVG/	to 16 Toll
2. CANCELON	andrea Mua	TIAID Quiand and	Urilage □ City	Hlo-dody
3/10/	Randof Beater	13P Avarit Do	O'City Mt. Pleasant	5/16/24
4. MAITUNLA Brown	Maurisha Brown	924 hagerer St.	O Town Gacine	5/16
5 Anordall Warms	Senutal Williams	1801 Arlington Aul	U Village City	511024
6 (1)	Masse Gog bel	564c Tahoe Pr.	O Town O Village City	51/6/24
2/100	Jeffer S. Olsen	5726 Tahoe Dr.	Village Racin Mt. Pleasant	5-16-24
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9 July	Rosely Rich oo	3224 Elwood DV.	Original Mount Pleasant	5/6/4
10. (Amout onto	Rosa Contreva	3224 Elwood Dr	Uvillage Mount pleoisant	5/16-124.
Larry Gratingkis certify: I reside at Certification of Circulator 7th Hace Phosphix AZ 85020				
(circulator's residence - include number, street, and municipality) (name of circulator) (nam				
the signatures on this paper. I know that the signe name. I know their respective residences given.	ers are electors of the jurisdiction or district represented	this certification is punishable under § 12.173)(a). Wis. Stats.	ed the paper with the knowledge of the content of the date in	Page No. 1084
5-16-24 (date)	(Signate	e Wisconstn Election Commission   P.O. Box 7984, Madison, W1 53707-7984   608-26	6-8005  web http://elections.wi.gov   email elections@wi.gov	

		RECALL PETITION  . We, the undersigned qualified elect	tors of the Assembly District 63	
TO: The Wisconsin Election Commission	e 1 er : 61-1\			
(official with whom nomination	n papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos			
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name. I know their respective residences given	f Wisconsin, or a U.S. citizen, age 18 or older who, if the same electors of the jurisdiction or district represent a support this recall petition. I am aware that falsifying	Certification of Circulator  I reside at  I were a resident of this state, would not be disqualified from voting under ed by the officeholder named in this petition. I know that each person sing this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include humber, street, and municipality) or Wis. Stat. § 6.03. I personally circulated this recall petition gned the paper with full knowledge of its content on the date	n and personally obtained each of e indicated opposite his or her Page No. 1085
5 - 16 - 24 (date) EL-170 (Rev 2019-09) The information on this form is req	puired by Wis. Stats. §§. 8.40 and 9.10 This form is prescribed by	nature of chulator, the Wisconsin Plections Commission   P.O. Box 7984, Madison, W1 53707-7984   608	-266-8005  web: http://elections.wi.gov   email: elections@wi.gov	

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

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	PATEMENT OF DEACON FOR DECALL		
egislative, judicial, or county officials.)	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholde ps from the CCP, failure to protect Wisconsin farmland from the CCP,	r. No statement of reason is required to initiate the recall of	state, congressional,
		nis own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES. WHEN DIFFERENT THAN MI	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
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1-Nelreul Smith	Delazian Smith	1628 Russet St	D Village Lacine	05/19/24
2. Mah	Mikhail Bocker	3841 Glencoedr.	D Village M+ Plessan	5/19/24
3/19/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Michael La Cariello Beila	3841 Glencoens	Orillage MA Pleasant	5/19/24
Brown Carel	RosemanPariello	5747 Wilthou	O Town O Village O City Plasari	7 19/21
5. C. Carl	Charles Harris	5821 Wishrop Are	Oity Mt Pleasont	5/19/24
6 Left Donat	JEFF DEMET	2808 Oregon ST	□ Town □ Village □ City  Rocin Q	5/19/24
7. (20)	David Denat	2808 Otegon St	O Town O Village O City	5/19/29
8.	Jen Donadina	2830 argun 5+	O Town O Village City	5/19/24
9 Kny Byrner	Kim Freuer	4406 Devand are and	Drivinge Not pleasant	5/19/24
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Larry	Grafanakir , certify: Ir	Certification of Circulator 7th Place	e Phoenia AZ 850 20	
(name of circulator) further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality)  Wis, Stat. § 6.03. I personally circulated this recall petition a ned the paper with full knowledge of its content on the date in	nd personally obtained each of indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis Stats		
5/19/24	Leery	Softward In	Marin .	Page No. 1086
170 (Rev 2019-09) The information on this form is require	red by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-20	66-8005  web http://elections.wi.gov   email elections@wi.gov	

TO: The Wisconsin Election Commission		We, t	he undersione	ed qualified elect	ors of the	Assembly District 63			
(official with whom nominati	ion papers or declaration of candidacy for the office is filed)		ne andersign	ea quannea elect	013 01 111		(jurisdiction or distri	ct of officeholder)	
petition for the recall of	Robin Vos	from office n	ursuant to Ar	ticle XIII Section	n 12 of th	ne Wisconsin Constitu	*		tutos
•	(name of officeholder to be recalled and office)		as buttle to 1 ii	tiolo 7tiii, Bootio	11 12 01 11	ie wisconsin Constitu	mon and g.z.10 of	the wisconsin stat	.utes.
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170 (Rev. 2019-09). The information on this form is require	ed by Wis Stats 86, 8,40 and 9,10. This form is prescribed by the	Visconsin Floations Commission ID O. Bau	7004 34-3: 110	. 52707 7004   600 066	20051 1 1	200 3100			

EL-1

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63			
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
	(name of officeholder to be recalled and office)					
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I, Quentin Cottrell Certification of Circulator Control Contro						
(name of circulator)	*(4)		(circulator's residence - include number, street, and municipality)			
the signatures on this paper. I know that the signer	visconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented.	ere a resident of this state, would not be disqualified from voting under V	Wis. Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date is	and personally obtained each of		
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EL-170 (Rev 2019-09) The information on this form is require	ed by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	-8005  web: http://elections.wi.gov   email elections@wi.gov			

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(date) EL-170 (Rev 2019-09) The information on this form is require		re of circulator) : Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	6-8005  web http://elections.wi.gov   email elections@wi.gov	3	

TO: The Wisconsin Election Commission		We the understand qualified along	to Cil. Accombly District CO	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec		
petition for the recall of	Robin Vos	C	(jurisdiction or distr	
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EL-170 (Rev 2019-09) The information on this form is required	d by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the V	Visconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	8005   web: http://elections.wi.upv.lemail.elections@wi.gov	

TO: The Wisconsin Election Commission		RECALL PETITION		
	ation papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec-	ctors of the Assembly District 63	
petition for the recall of	Robin Vos		(jurisdiction or dis	strict of officeholder)
	(name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 c	of the Wisconsin Statutes
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
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(name of circulator)	, certify: I re	Certification of Circulator, eside at 2522 S. 7454 She	boyen, WI 53081	
I further certify I am either a qualified elector of W the signatures on this paper, I know that the signers	isconsin, or a U.S. citizen, age 18 or older who, if I were	e a resident of this state, would not be disqualified from voting under W. v the officeholder named in this petition. I know that each person signed		nd nearest to the last of the
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EL-170 (Rev 2019-09) The information on this form is required	by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the W	of circulator) Seconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-8	1005 lweb: http://elections.rui and langid elections	1001
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Settlement

TO, The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	,
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The reason for recall must be stated an actitions	Granita villa	STATEMENT OF REASON FOR RECALL		
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me. I know their respective residences given. I	support this recall petition. I am aware that falsifying t	his certification is punishable under § 12.13(3)(a), Wis. Stats.	the paper with full knowledge of its content on the date inc	icated opposite his or her
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170 (Rev 2019-09) The information on this form is required	d by Wis Stats §§. 8.40 and 9.10. This form is prescribed by the V	Visconsin Elections Commission   P.O/Box 7984, Madison, Wt 53707-7984   608-266	-8005  web: http://clections.wi.gov   email: elections@wi.gov	9

TO: The Wisconsin Election Commission		. We, t	the undersigned qualifi	ied electors of the	Assembly District 63	
	ion papers or declaration of candidacy for the office is filed)				(jurisdiction or dis	trict of officeholder)
petition for the recall of	Robin Vos	from office p	oursuant to Article XII	I, Section 12 of th	e Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
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	lower prescription drug costs, and flagrant disrespect for					
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, Mraison Jus	certify:	I reside at	44181 av +	Wasen +	's residence - include number, street, and municipality)	08
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 no	ot be disqualified from voti	ing 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 sign	ers are electors of the jurisdiction or district represented	d by the officeholder named in this po	etition. I know that each pe	erson signed the paper	r with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is punishable unde	er § 12.13(3)(a), Wis. Stats	2		
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(tate)	(signal	ure of circulator)	ov 7090 Madison WI 53707-79	984   608-266-8005 lweb	http://elections.wi.gov   email_elections@wi.gov	

TO:	The Wisconsin Election Commission		RECALL PETITION		
		ation papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec	tors of the Assembly District 63	
petit	ion for the recall of	Robin Vos		Committee Commit	die - C C 1 11 2
		(name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.1	district of officeholder)
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			7, 11 33 101-1984   608-266-800	web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		RECALL PETITION		
(official with whom noming	ation papers or declaration of candidacy for the office is filed)	We, the undersigned qualified e	electors of the Assembly District 63	
petition for the recall of	Robin Vos			
	(name of officeholder to be recalled and office)	from office pursuant to Article XIII Se	cursdiction or (jurisdiction or constitution and §.9.10	district of officeholder)
ATTI I		CTE A TEXTS	ection 12 of the wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
(The reason for recall must be stated on petition legislative, judicial, or county officials.)  Robin Vos should be recalled for his tacit suppose	is for city, village, town, and school district officials. Th	STATEMENT OF REASON FOR RECALL the reason must be related to the official responsibilities of the officeho trips from the CCP, failure to protect Wisconsin farmland from the CCP		
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	to presented by the Wis	sconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984 1608-266	1-8005 July July July 1	1015
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TO: The Wisconsin Election Commission		RECALL PETITION		
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petition for the recall of Robin Vos	andacy for the office is filed)	. We, the undersigned qualified el	ectors of the Assembly District 63	
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TO: The Wisconsin Election Commission		RECALL FEITHON		
	ation papers or declaration of candidacy for the office is filed)		ctors of the Assembly District 63	
petition for the recall of	Robin Vos	Par		on or district of officeholder)
promote for the recall of	(name of officeholder to be recalled and office).	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.	.9.10 of the Wisconsin Statutes.
(The reason for recall must be stated on petition legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit suppor	s for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholde trips from the CCP, failure to protect Wisconsin farmland from the CCP.		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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	and serior Time form is prescribed by the v	of circulator) Visconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	8005  web http://elections.wi.gov   email elections@wi.gov	7-

The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	was undersigned quanticular	-A-X-2-2-0	strict of officeholder)
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	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL	v	
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Terry Book	Terry Zook	340 Lewis ST	O Town O Village Bullington	5-18,24
8 Milole Gueen	Melle Karinen	251 W. aughtst.	O Town O Village O City	5-18-24
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10 Linda Johnson	Linda Sohrach	369 Milionickee Aug	U Town U Village U City	5-18-19
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(name of circulator)	certify: I	reside at 28866 W. Pioneer Gr	ove Rd. Cary, 12	60013
urther 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				
e signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content on the date indicated opposite his or her land the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its conte				
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(date) (signature of circulator)  70 (Rev 2019-09) The information on this form is required by Wis State 58 8 40 and 0.10. This form is required by the Wisser 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.www.gov | email | elections@wi.gov |

O: The Wisconsin Election Commission		Wind		
(official with whom nominat	tion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec-	ctors of the Assembly District 63	
etition for the recall of	Robin Vos	etaktionis ()	(jurisdiction or dis	trict of officeholder)
	(name of officeholder to be recalled and office).	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	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	STATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholde		
gislative, judicial, or county officials.)	The series of th	e reason must be related to the official responsibilities of the officeholde	No statement of reason is required to initiate the recall	of state, congressional,
obin 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,		
ick of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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Signatures on this paper. I know that the signary	isconsin, or a U.S. citizen, age 18 or older who, if I we	re a resident of this state, would not be disqualified from voting under W	/is. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained such of
e. I know their respective residences given. I	Support this recall petition. Law every that following	re a resident of this state, would not be disqualified from voting under W y the officeholder named in this petition. I know that each person signed his certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date in	id personally obtained each of
6-19-2014	sapport and recail petition. I am aware that falsifying the	nis certification is punishable under § 12 13(3)(a), Wis. Stats.	i di	residence opposite ins or lief
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(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				

		RECALLTETITION		
TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	
(official with whom nominate	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	,
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	<del></del> 5		
		TATEMENT 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 officeholde	r. 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 tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUST	Γ ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
SIGNATURES OF ELECTORS	***************************************	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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D. Repol (	Porter certify: I	Certification of Circulator reside at 28866 W. Proneer	Grove Rd Cary 14	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 w	ere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition at	nd personally obtained each o
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition, I know that each person sign	ned the paper with full knowledge of its content on the date in	dicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1100
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