

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jon Jonsson	3225 92nd St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Travis [unclear]	2920 90th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Barbara Telle	3125 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Brady Lang	3110 Buckingham Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Esther Johnston	3300 S. Kennedy Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Cody Eller, certify: I reside at 1252 Caleb RD Bible Grove WI 62858
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/14/24 Cody Eller
(date) (signature of circulator)

Page No. 1001

RECALL PETITION

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We, the undersigned qualified electors of the Assembly District 63
(jurisdiction or district of officeholder)

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	DANIEL GRAHAM	1052 Bedford Ct	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	5-15-24
	Robert Muntz	1623 1/2 Frontage Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/15/24
	Marie Kerron-Muntz	1623 Frontage Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/15/24
	Robin A Decker	1205 Timberline	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant</u>	5-15/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Cathy Eller
(name of circulator), certify: I reside at 1252 Caleb RD Bible grove IL 62857
(circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/15/24
(date)

(signature of circulator)

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	SANDRA PALUCKA	353 SETTLEMENT DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/16/24
	DAVE BOUMEISTER	427 PINE GROVE AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5-16-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Cody Eller, certify: I reside at 1252 Caleb RD, Bible grove IL 62737
(name of circulator) (circulator's residence - include number, street, and municipality)

I hereby certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/16/24 Cody Eller
(date) (signature of circulator)

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1. <i>[Signature]</i>	Yvette Quiñones	1724 Milldrom st Apt #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-17-24
2. <i>[Signature]</i>	Karen George	1736 Milldrom #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-17-24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

Certification of Circulator

I, Cody Eller, certify: I reside at 1252 Caleb RD Bible Grove WI 62858
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/17/24 Cody Eller
(date) (signature of circulator)

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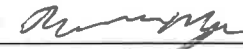






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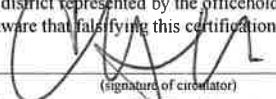
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	Jon Garrow	1720 West Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	5-22-24
	Terrie Gillett	1420 West Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	5-22-24
	Robbie Morris	643 Meadow Ln #111	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5/22/24
	Cody Melanthy	218 Madison St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5/22/24
	Ashley Bakke	599 Edgewood Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5/22/24
	Joseph Kroll	632 Meadow Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5-22-24
	Joanna Ley	700 Meadow Lane Apt 22	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5-22-24
	Robin Pence	700 Meadow Lane #26	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5-22-24
	Casey Ahler	273 Chapel Terrace #23	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5-22-24

I, Chris Hull certify: I reside at 4526 46th St. NW, Washington DC 20016
(name of circulator) (circulator's residence - include number, street and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

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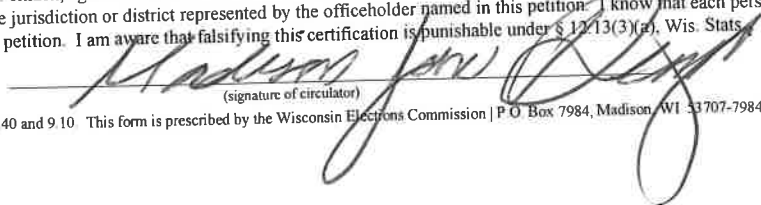
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1. <i>Traci J Benish</i>	<i>Traci J. Benish</i>	<i>10009 Spring St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT. Pleasant</i>	<i>05-15-24</i>
2. <i>Sarah Castaneda</i>	<i>Sarah Castaneda</i>	<i>11816 Washington Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mt. Pleasant</i>	<i>5-15-24</i>
3. <i>Ann P Floch</i>	<i>Ann P Floch</i>	<i>6751 Mariner Dr Unit A1</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>5-15-2024</i>
4. <i>Kristine Barwinski</i>	<i>Kristine Barwinski</i>	<i>7902 Daniel Ct.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mt. Pleasant</i>	<i>5-15-2024</i>
5. <i>Steve Perone</i>	<i>Steve Perone</i>	<i>7102 - Danie Ct</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT. Pleasant</i>	<i>5-15-24</i>
6. <i>Carolyn Koken</i>	<i>CAROLYN KOKEN</i>	<i>1136 Timmer Ln</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>5-15-24</i>
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Madison Jane DeWolf, certify: I reside at 12454 41st ave Pleasant Prairie, WI 53158
(name of circulator) (circulator's residence - include number, street, and municipality)

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05/15/2024
(date)

(signature of circulator)

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	Chase Brent	5143 Biscayne ave 105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Samantha Sutton	250 Veranda Ln #112	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Parker Wedig	256 Veranda Ln #109	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Pamela Kauth	336 Veranda Ln #210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Reeta Thomas	9313 Tamarack Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24
	Kevin Doe	9238 Millstone Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Valeria Malfavon	8322 Dora Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Timothy Benish	10009 Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Jessica Benish	10009 Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Traci J Benish	10009 Spring Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24

I, Madison Dewolf (name of circulator), certify: I reside at 12454 91st ave Pleasant Prairie WI 53158 (circulator's residence - include number, street, and municipality)
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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.				
1. <i>[Signature]</i>	Justin Lee	30810 Weiler Rd.	<input type="checkbox"/> Town	Burlington		05/20/2024
2. <i>[Signature]</i>	Silla Dolgaard	155 Victoria Circle	<input type="checkbox"/> Village	Union Grove		5/20/24
3. Andrew Maeld	Andrew Mallet	1782 main St	<input type="checkbox"/> City	Union Grove		5/20/24
4. <i>[Signature]</i>	Alyssa Maves	1401 11th ave #75	<input type="checkbox"/> Town	Union Grove		5/20/24
5. <i>[Signature]</i>	Ema Cavaliere	3005 Edwards Blvd	<input checked="" type="checkbox"/> Village	Lake Geneva		5/20/24
6. <i>[Signature]</i>	Brett Maves	11929 250th	<input type="checkbox"/> City	TREVOIR		5/20/24
7. <i>[Signature]</i>	Brett Maves	1401 11th ave	<input type="checkbox"/> Town	Union Grove		5/20/24
8. <i>[Signature]</i>	Brennan Routhaux	1401 11th ave	<input type="checkbox"/> Village	Union Grove		5/20/24
9. <i>[Signature]</i>	Brett Maves	1004 MA.W ST	<input type="checkbox"/> City	Union Grove		5/20/24
10. <i>[Signature]</i>	John Nelson	6000 16th St	<input type="checkbox"/> Town	Racine		5/20/24

Certification of Circulator

I, Madison Jane DeWolf certify: I reside at 124 5th 41st ave Pleasant Prairie WI 53158 (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Page No. 1008

[Signature] (signature of circulator)

05/20/2024 (date)

RECALL PETITION

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

TO: 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 Wisconsin Statutes.

petition for the recall of Robin Vos
(name of officeholder to be recalled and office)

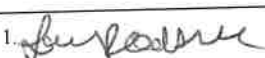


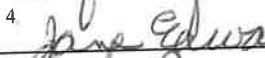
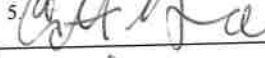
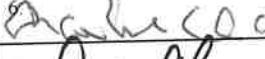
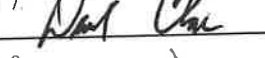

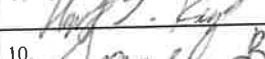

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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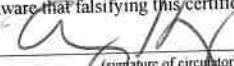
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Laura Rodbro	8317 Broadway Sturtevant, WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5/14/24
	Amanda N Conner	8533 Broadway Drive Sturtevant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5.14.24
	Jamie Barrera	3425 Kensington Square Rd Sturtevant, WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24
	JANE Edwards	3236 93rd Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24
	Curtell Gamell	2133 Queensbury Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24
	CHARLIE CLARK	8624 QUEENSBURY LN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5/14/24
	David Clark	8624 Queensbury Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24
	Susan Savnar	3918 Princeton Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24
	Harpreet S. Roprai	8417 Camelot Trce	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24
	Tangela Brown	8661 Camelot Trce	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24

Certification of Circulator

I, ANDREW HOY, certify: I reside at 469 MILLCREST ROAD GRAFTON WI 53024
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/14/24
(date)


(signature of circulator)

RECALL PETITION



TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

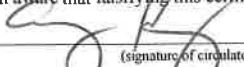
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Stefan Radicevic	8516 Kingsway Lane	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-14-24
2. 	Scott Pipe	8433 Kingway Lane	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

Certification of Circulator

I, ANDREW MOY, certify: I reside at 469 HILLCAST ROAD GRAFTON WI 53024
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/14/24
(date)


(signature of circulator)

Page No. 1010

RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office).

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>		MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Mary Bellochio	2425 Lake Shore Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kansasville	5/16/24
	CLARK DEGROOT	2124 Lakeshore Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kansville	5-16-24
	Tammie Benson	24706 La Follette St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kansville	5-16-24
	Melissa Ladevete	24810 La Follette Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kansasville	5-16-24
	Joe Simonson	24346 La Follette St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kansville	5/16/24
	Tabetha Scott	24930 Jackson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kansasville	5/16/24
	Janice Braden	24915 Jackson St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Dover	5-16-24
	Christian Heider	2720 Marshall Sq	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Dover	5/16/24
	Andrew Kiedrowski	2617 Marshall Sq	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Dover	5/16/24
	Allison Taseher	24810 Quincy ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Dover	5/16/24

I, ANDREW HOY, certify: I reside at 469 MILLCREEP RD GRAFTON WI 53024 (circulator's residence - include number, street, and municipality)
(name of circulator)
 I certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/16/24 (date) (signature of circulator)

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

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	SACOB Muller	31531 BEAR ARBOR DR ^{apt 105}	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05/14/2024
	Garry Hayes	649 Fox Tree Cir #3	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05/14/24
	Irma Jaramillo	649 Fox tree cir #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05/14/24
	Erik Reballar	648 fox tree cir #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
	Kayla Klinker	648 Foxtree Cir #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
	Rhonda Ann Cox	273 Chapel Ter Apt 10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
	Cynthia Farmer	1032551095 Beulah Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	5-14-24
	David Le Couck	556 n. Greenfield Dr. Freeport IL	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Freeport IL	5-14-24
	William Figarella	657 Foxtree Cir. apt 5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
	VICTOR STROUCKS	4223 LAKE ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/14/24

Certification of Circulator

I, Larry Grafanakis (name of circulator) certify: I reside at 9818 N. 7th Place, Phoenix AZ 85020 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/14/24 (date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Karla Raymond	654 Foxtree CV #1	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05/14/24
	Domingo M.P.	654 Foxtree Cir #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05/14/24
	Solvi	654 Foxtree APT 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	05/14/24
	Clementine	654 Foxtree APT 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	05/14/24
	Nereida Najera	648 Foxtree APT 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05-14-24
	Jose Regalado	648 Foxtree APT 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05-14-24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

Certification of Circulator

I, Larry Grafanakis certify: I reside at 9818 N. 7th Place, Phoenix AZ 85020
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/14/24 Larry Grafanakis
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Megan Katzman	2924 Fischer dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-17-24
	Madelyn Wuori	724 Meadow Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-17-24
	Amy Schneider	2101 Ravenswood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-17-24
	John Govreaz	4935 North Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-17-24
	Susan Adler	1539 Dietrich Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Twin Lakes	5-17-24
	Jennifer Adler	1539 Dietrich DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Twin Lakes	5-17-24
	Kris Schaefer	1529 Lewis D Walker	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukegan	5-17-24
	Blake Sarver	N5950 Aspen Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-17-24
	Thomas Horst	133X Ker Edge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5/17/2024

I, Larry Grafanakis (name of circulator), certify: I reside at 9818 N. 7th Place, Phoenix AZ 85020 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(signature of circulator)

5-17-24 (date)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	Puja Raychura	6204 lorchmeulen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Reunopresent	05/14/24
2. <i>[Signature]</i>	Ryszard B. Jask Hovorka	1439 Grange Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-14-24
3. <i>[Signature]</i> wife	Krishna Hans	11439 ^{Sam C} Grange Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	5/14/24
4. <i>[Signature]</i>	Patrick Ventura	1006 grand ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/14/24
5. <i>[Signature]</i>	Peggy J. Sessotti	1421 OAKS ROAD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/14/24
6. <i>[Signature]</i>	Senina Brown	1415 oaks rd 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/14/24
7. <i>[Signature]</i>	Kristina Schmidt	6620 Mariner St Unit 103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/14/24
8. <i>[Signature]</i>	Felicia Walker	1130 S. Memorial Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/14/24
9. <i>[Signature]</i>	Janasia Walker	1130 S Memorial Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/14/24
10. <i>[Signature]</i>	Edward Jones	1411 Wauville Way #201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/14/24

I, Quentin Cottrell, certify: I reside at 5185 Carlsbad, CA 92008 (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Page No. 1015

5-14-2024 (date) *[Signature]* (signature of circulator)

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	Charles Lott	1523 De MCKing Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/14/2024
	Russell Ledigle	1732 Orchard St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/14/2024
	Morgan Fox	1228 English Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/14/2024
	Doreen Thomas	3517 Lindenwood Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	5/14/24
	1200 Prairie View Mrs. Robin	1802 Park Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/14/24
	Cecily Shain	6634 Dufford Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	5/14/24
	Charles Williams	3309 Kentucky St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>mt Pleasant</u>	5/14/24
	Angie Annun	2227 Thor Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	5/14/24
	Nancy Murillo	1181 Villa St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>RACINE</u>	5/14/23
	Fittmy Graf	2870 E Field St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	5/14/24

Certification of Circulator

I, Quentin Cottrell, certify: I reside at 5185 Carlsbad, CA 92008
(name of circulator) (circulator's residence - include number, street, and municipality)

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(date) (signature of circulator)

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	A N Honrada	1758 Raintruo Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-15-24
	Nick Tuscany	6570 Williamsburg Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant Mt Pleasant	5-15-24
	Jasmine Escobar	4301 Durand Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-15-24
	Ashley Young	6433 Anforcot Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
	James Jones	3144 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-15-24
	Dawn Jones	3144 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-15-24
	ARNOLD R SCHATTNER	3120 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-15-24
	BARB SCHATTNER	3120 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-15-24
	Dan Eckblad	3228 93rd St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-15-24
	Joseph Gustin	257 Venada Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/15/24

Certification of Circulator

certify: I reside at 5185 Crisbee Rd, Carlsbad, CA 92008
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-15-2024
(date) (signature of circulator)

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	BYRON GILLETT	9119 FLORENCE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-14-24
	Autumn Heide	1513 92nd St Unit 50	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Phil J. Fellner	1513 92nd St unit 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/14/24
	ROBERT W HOPKINS	1511 92nd st #63	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-14-24
	George Wikstrom	1661-Wisconsin #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant St.	5-14-24
	Anna Sivola	273 chapel terrace	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
	Haili Strockis	273 Chapel terrace	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
	Teresa Gillett	9119 Florence Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-14-24
	Willie Gregory	1661 Wisconsin st - unity	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City sturtevant	5-14-24
	Lynda Halstead	1523 - 92nd St Unit 114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24

Certification of Circulator

I, Josias Andujar, certify: I reside at 376 4th Ave Van Buren 53296
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-14-24
(date)

(signature of circulator)

RECALL PETITION

We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)

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

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

Petition for the recall of Robin Vos
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	Indicate Town, City, or Village	
1. <i>[Signature]</i>	Conway Barba	2225 Clark St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/22/24
2. Maria Avila	Maria Avila	6830 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/22/24
3. <i>[Signature]</i>	Rogelia Zuniga	3218 Hickory Grove Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/22/24
4. <i>[Signature]</i>	Jennifer Batayneh	1220 HARMONY DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/22/24
5. <i>[Signature]</i>	Abdallah Batayneh	1220 HARMONY DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-22-24
6. <i>[Signature]</i>	Shekariah Walters	2185 Frankie place *	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-22-24
7. <i>[Signature]</i>	Edipe Garcia	2105 Frankie place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/22/24
8. <i>[Signature]</i>	D.W. Rogan	1450 WESTRIDGE CT *	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/29/24
9. Sandra Lee	Sandra Lee	5809 16th St #225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/22/24
10. Annette Davis	Annette Davis	1343 Albert St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Carlsbad, CA 92008	

Certification of Circulator

I, Guertin Cottrell, certify: I reside at 5185 Carlsbad Blvd

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

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-22-2024

[Signature]
(signature of circulator)

(date)

RECALL PETITION

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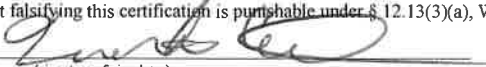
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	JOE BURNETT	1138 T H A K O A K	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TOWN PLEASANT	5-16-2024
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Quentin Cottrell, certify: I reside at 5175 Carlsbad, CA 92008
(name of circulator) (circulator's residence - include number, street, and municipality)

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5-16-2024
(date)


(signature of circulator)

Page No. 1020

RECALL PETITION

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(jurisdiction or district of officeholder)

TO: The Wisconsin Election Commission

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

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(name of officeholder to be recalled and office)

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	Curtis Grove	6341 Biscayne Biscayne Ave, Mt. Pleasant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/17/2024
	Ty Gray	8419 Corliss Ave Sturtevant, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/17/2024
	David Wilson	6553 Park ^{Kpayne} Roseway	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/17/2024
	Dennis Jarrett	1612 10 th AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Whitch Grove	5/17/2024
	Keith Jackson	1010 11 th AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/17/2024
	Michelle Bivert	1010 11 th AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/17/2024
	Cheryl Well	712 Ohio St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/17/24
	Solomon Well	718 Ohio St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/17/24
	Redelia Bryant	1405 S. Emmertsen Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/17/24
	Theresa Reed	1815 Deane Blvd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/17/24

I, Quentin Cottrell, certify: I reside at 5125 Carlsbad, CA 92008 (circulator's residence - include number, street, and municipality) Blue Carlsbad, CA 92008

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5-17-2024

(date)

(signature of circulator)

Page No. **1021**

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RECALL PETITION

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Theresa Mahalic	Theresa Mahalic	2064 Golf Avenue	MT. Pleasant Pleasant	5/18/24
2. Patricia Kama	Patricia Kama	3325 Kentucky Street	Mount Pleasant	5/19/2024
3. Kesha Hustin	Kesha Hustin	1523 92 nd St	Shutewant WI	5/19/24 775172
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Quentin Cottrell, certify: I reside at 5185 Carlsbad, CA 92008 (circulator's residence - include number, street, and municipality)
Carlsbad Blvd, Carlsbad, CA 92008

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-19-24
(date)

[Signature]
(signature of circulator)

RECALL PETITION

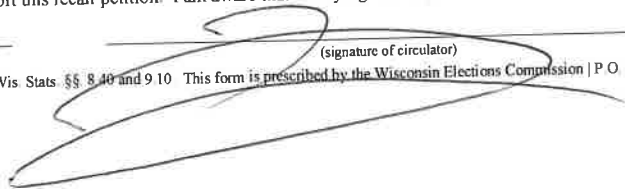
TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
1. <i>Allen Honaker</i>	ALLEN HONAKER	6307 DURRANT AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT
2. <i>Gerardo B Segura Sr</i>	GERARDO B SEGURA SR	6439 Durand Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant
3. <i>Melody Morris</i>	Melody Morris	1345 Oakes Road	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant
4. <i>Tamela Hill</i>	TAMELA HILL	1311 Oakes Rd Apt #15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant
5. <i>Frankie Cooper</i>	Frankie Cooper	Bill Gates Rd Apt #15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant
6. <i>Justin May</i>	Justin May	1319 Oakes Rd Apt #10	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant
7. <i>Anthony Sanders</i>	Anthony Sanders	1319 Oakes Rd Apt #14	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant
8. <i>Asia Rogers</i>	Asia Rogers	1311 Oakes Rd #12 WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant
9. <i>Ashley Johnson</i>	Ashley Johnson	1319 Oakes Rd #7 WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant
10. <i>Sharon G Hill</i>	SHARON G HILL	1415 OAKES RD #3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant

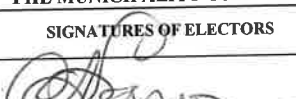
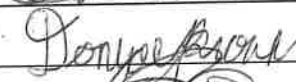

I, MATT SNOOKS (name of circulator), certify: I reside at 30839 Running Fox Trl Burlington WI 53105 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/16/24 (date)  (signature of circulator)

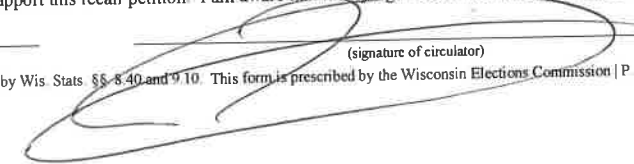
RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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	C.A. LARSON	1421 Oakes Rd #7	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	5/16/24
	Donyae Brown	1421 Oakes Rd #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	5/16/24
	Tina Reams	1345 Oakes Rd #11	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/16/2024
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	
 	 	 	 	

I, MATT SWOREK, certify: I reside at 30839 Kunning Fox Tr Burlington, WI 53105
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/16/24 
(date) (signature of circulator)

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	Isabelle Busby	409 N English Settlement Apt A	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	5-18-2024
	Nancy Cooper	1033 Virginia Str	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-18-24
	Rick J. ...	3822 Regency Hills Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine Mt. Pleasant	5-18-24
	WARD HARBOR	625 ENGLISH ST WARD HARBO	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	5-18-24
	Jamie DuVall	2820 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-18-24
	Skyler DuVall	2820 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-18-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, MATT SWOREK (name of circulator), certify: I reside at 30839 Running Fox Trl Burlington, WI 53105 (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/18/24 (date)
 (signature of circulator)

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1. <i>Linda North</i>	Linda North	207 S. WATER STREET	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	5/20/24
2. <i>Lance Pellmann</i>	Lance Pellmann	207 S. WATER STREET	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	5/20/24
3. <i>Ray Lois</i>	Ray Lois	512 N. Browns Lk. Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	5/20/24
4. <i>Becky Lois</i>	Becky Lois	512 N. Browns Lk Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	5/20/24
5. <i>Eli Lois</i>	Eli Lois	111 N. Teut Road	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	5/20/24
<i>Richard Bannert</i>	Richard Bannert	302 N Browns Lake Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	5-20-24
7. <i>Sylvia Ksobiech</i>	Sylvia Ksobiech	26535 Dover Line Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norway	5-20-24
8. <i>Tatum Luatke</i>	Tatum Luatke	1502 Park St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-20-24
9. <i>Dina Crofts</i>	Dina Crofts	W138 WILAC Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Bloomfield	5-20-24
10. <i>Ashley Wood</i>	Ashley Wood	743 Foxtrail Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-20-24

Certification of Circulator

I, MATT SNOOK, certify: I reside at 30839 Running Fox Trail Burlington, WI 53105
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/20/24
(date)

[Signature]
(signature of circulator)

Page No. 1026

RECALL PETITION

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	Kevin Mayfield	304 18th Ave Apt #2	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	05/20/24
	Katherine Volk	304 18th Ave Apt #5	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	6/20/24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, MATT SNOOK (name of circulator), certify: I reside at 30839 Rolling Fox Trail Burlington 53105 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/20/24 (date) (signature of circulator)

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	Lisa Pylkas	3247 Kennsington Sy Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-15-24
	Angel Cazares	1504 Lathrop Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-15-24
	ANNA BURRELL	2886 W. Ribble Cir.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-15-24
	Mark Mercier	8021 Linden CT	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-15-24
	Jake Febrigon	2888 E Fieldstone way	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-15-24
	Frances Schriener	8437 Westheimer Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/15/24
	Lori Hastreiter	24850 Wilson St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/15/24
	Jane Gross	24850 Wilson St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/15/24
	Bill Gross	24850 Wilson St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/15/24
	Nicole Williams	24809 Wilson St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/15/24

Certification of Circulator

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

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/15/24
(date)

(signature of circulator)

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1.	Kaitlyn Mitchell	24620 Wilson Street	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5-15-24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

I, JAY Schmeder, certify: I reside at 1295 N. LAKE ST. NEENAH WI 54956
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.3(3)(a), Wis. Stats.

5/19/24
(date)

(signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Tyler Tobias	8824 Carliss Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Stoughton</u>	5-16-24
	Amber Torres	3424 93rd St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Stoughton</u>	5-16-24
	ASAM KUHNEN	1200 1st St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Nathaniel Vaughns	8710 Westbrook Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Stoughton</u>	5-16-24
	Sherrita	2246 Linc Ln	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	5/16/24
	Sherrita	8607 Westbrook Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Stoughton</u>	5/16/24
	Judy	1132 Kildee Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Reese</u>	5/16/24
	LeBell Byrd	1310 Quincy Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Reese</u>	5/16/24
	Catherine Byrd	1310 Quincy Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Reese</u>	5/16/24

Certification of Circulator

I, JAC Schroeder (name of circulator), certify: I reside at 1295 N. Lake St Neenah WI 54956 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,
 lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1	ARIO Smith	6710 MEADOW LANDS CIRCLE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PLEASANT PRAIRIE	5-16-24
2 Denette Cataldo	Denette Cataldo	2332 Gilman St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-16-24
3 Paul Lu	Paul Lu	3324 28th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-16-24
4 Danish Thibault	Danish Thibault	6300 44th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	5-16-24
5	Auburn Andes	4324 Chekanoff Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-16-24
6	Adam Foulk	3031 Trudeau Trce	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	5-16-24
7	Jeffrey Pengrahn	1408 10th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-16-24
8	Ralph Holst	3321 Harrison St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plover	5-16-24
9	Brad Melby	24124 Lois St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	5-16-24
10	Jacqueline Robinson	3310 Eagle Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	5-16-24

I, JAY Schroeder certify: I reside at 1295 N. LAKE ST. NEENAH WI 54956
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Page No. 1031

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Melissa Huckabee	3716 Contessa Ct Sturtevant WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Village of Sturtevant	5/17/2024
	Benito Hernandez	8709 Citadel Sturtevant WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Village of Sturtevant	5/17/24
	Alice Parham	1573 S. Green Bay Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant MT PLEASANT	5/17/24
	W. Christoforos	1605 S Green Bay Rd # 3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	MAY 17 2024
	Reinga Rueder	5942 Joanne Dr #103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	May 17/24
	Juan Cruz	5942 Joanne Dr 164	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/17/24
	Jos Lopez	4459 Sheridan rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	5/17/24
	COURTNEY JACKSON	5946 JOANNE DR #108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT WI	5/17/24
	Jayson D. Huff	5835 Margery DR #201	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant WI.	5/17/24
	Kartik Kodunuri	5833 Margery # 205	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. pleasant. WI	5/17/24

I, JAY Schroeder, certify: I reside at 1295 W. LAKE ST WISCONSIN 54956
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/17/24
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Margie Neel</i>	<i>Margie Neel</i>	<i>5728 Cambridge Circle #24</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5/15/24</i>
2. <i>Charles & Jacob</i>	<i>Charles & Jacob</i>	<i>5946 Mt. Vernon Way</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5/15/24</i>
3. <i>[Signature]</i>	<i>Angie Com</i>	<i>5545 Mt. Vernon Way</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5/15/24</i>
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Christian Schroeder, certify: I reside at 1295 North Lake Street, Neenah, WI, 54956 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/15/24 (date) Christian Schroeder (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	GRANT Gustafsson	222 N Maple St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/16/24
	Lisa Lewis	7705 Mcherry St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-16-24
	Megan Girader	7705 Mcherry St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-16-24
	Steve Miller	34351 Monroe Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/16/24
	Catherine Beck	8045 Ridgeway Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/16/24
	RYAN WARREN	8235 Summit Pl	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/16/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Christian Schroeder (name of circulator) certify: I reside at 1215 North Lake Street, Neenah, WI, 54956 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/16/24 (date) Christian Schroeder (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission

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

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

petition for the recall of Robin Vos

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jo Aschauer	1799 18 th street	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/17/2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Christian Schroeder certify: I reside at

(name of circulator)

Certification of Circulator 1295 North Lake Street, Meenah, WI, 54956

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

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/17/24

(date)

Christian Schroeder

(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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	Megan Schroeder	34510 Walkburg Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
	Shane Bonner	308 Johnson St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
	Jacob Heard ^{Heard}	101 N KANE ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5/18/24
	Alysha Hartung	101 N Kane St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/18/24
	Heather Neundorff	473 McHenry St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Christian Schroeder, certify: I reside at 1245 North Lake Street, Neenah, WI, 54956
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/18/24
(date)

(signature of circulator)

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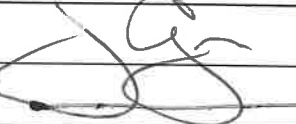
RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office) (jurisdiction or district of officeholder)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Melanie Ammon	480 sunset Dr #14 Burlington WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-19-2024
2. 	JEFFREY GREEN	116 N. KANE ST 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5-19-2024
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Christian Schroeder certify: I reside at 1295 North Lake Street, Neenah, WI, 54956
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/19/24 Christian Schroeder
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>
<i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Municipality]</i>

I, Christian Schroeder (name of circulator) certify: I reside at 1295 North Lake Street, Menasha, WI 54956 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/21/24 (date) *[Signature]* (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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1. <i>[Signature]</i>	Laxminarayan LN MISHRA	3809 Blossom Dr, mt. Pleasant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/24/24
2. <i>[Signature]</i>	KL MISHRA Kruti	3809 Blossom Dr. Mt. Pleasant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/24/24
3. <i>[Signature]</i>	VICTORIA ORLANDI	3819 Blossom Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/24/24
4. <i>[Signature]</i>	FATIMA BEARDEN	3834 Blossom Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/24/24
5. <i>[Signature]</i>	MICHAEL J. JAWORSKI	5951 REGENCY HILLS DR., MT. PLEASANT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-24-24
6. <i>[Signature]</i>	KELLY J. JAWORSKI	5951 REGENCY HILLS DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-24-24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Christian Schroeder (name of circulator), certify: I reside at 1295 North Lake Street, Neenah, WI, 54956 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/24/24 (date) *[Signature]* (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>[Signature]</i>	Sandra Lutze	4221 Taylor Harbor E6	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
<i>[Signature]</i>	JAMES MOUND	4440 Yates 108 Apt 108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
<i>[Signature]</i>	Susan Hetzel	4520 Yates Apt 104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
<i>[Signature]</i>	Alex Zamiatowski	4520 Yates Dr Apt 202	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
<i>[Signature]</i>	CONNOR WATERMAN	4510 YATES DR APT 103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
<i>[Signature]</i>	Kimmarie Giebel	4510 Yates Dr. Apt. 212	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/15/24
<i>[Signature]</i>	Olga Reynoso	8536 County Line	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/15/24
<i>[Signature]</i>	NATHANIEL GRANDERR	1308 1/2 VILLA ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE	5-15-24
<i>[Signature]</i>	Doreen Smith	1026 Villa Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-15-24
<i>[Signature]</i>	Phil Lem	1026 Bedford	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5-15-24

Certification of Circulator

I, Teresa Campbell, certify: I reside at 4507 Ortega Farms Circle Jax. FL 32210
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/15/24 *[Signature]*
(date) (signature of circulator)



RECALL PETITION

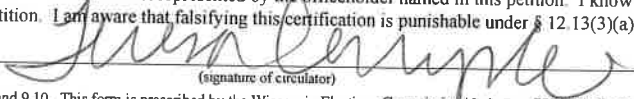
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office) (jurisdiction or district of officeholder)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Tannen Harsla	4520 Yates Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5-15-24
	Daniel Loeber	4440 Yates Dr 204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5-15-24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
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_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Terisa Campbell (name of circulator), certify: I reside at 4507 Wright Park Circle, Jacksonville, FL 32210 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/15/24 (date)  (signature of circulator)

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

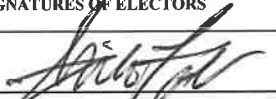
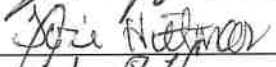
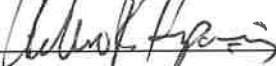
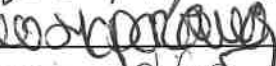
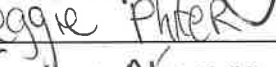
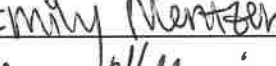


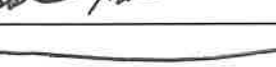
RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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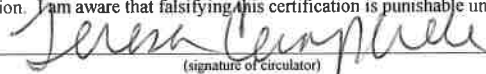
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	MIKE FORK	1702 Timmie Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	TORI HITTMAN	1311 SCOTT DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/16/24
	ANDREW HAPROWSKI	1305 Ramona DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	TORI HAPROWSKI	1305 Ramona DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Reginald Phifer	7952 Daniel Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/16/24
	Emily Mentzer	254 Veranda Ln unit 204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/16/24
	Mary Williams	1523 Old Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
	Kelly Bequeith	1540 Old Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/16/24
	Jason Mouzes	1809 Old Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/16/2024

Certification of Circulator

Teresa Campbell certify: I reside at 4507 Ortega Farming Circle, Jay, WI 53210
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03 I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/16/2024
(date)


(signature of circulator)

Page No. 1043

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Apolonia Pine A.	8536 County High Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/15/24
	Larry Page	6027 Deerfield Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/15/24
	Solomon Osborne	2411 Dover Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/15/24
	Olivia Rojas	1029 Bedford Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/15/24
	Quia Simanek	1000 Echo Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/15/24
	Dustin Esch	4440 Yates Dr Apt 211	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/15/24
	Fabiana Maltonardo	4440 Yates Dr Apt 202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/15/24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Richard J Porter Jr (name of circulator) certify: I reside at 3687 AR 58 Cave City AR 72521 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/15/24 (date) (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Steven Herck	10721 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/16/24
	Key Adleton	6077 Lincolnshire	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/16/24
	Paul A Gelmi	13231 Old Newell St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-16-24
	Connie Gelmi	13231 Old Newell St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-16-24
	Courtney Wolf	1009 White Oak Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE Union Grove	5-18-24
	Jacob Wolf	1609 White Oak Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-18-24
	Paul R. Marescalco	701-72 Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha/Somers	5/16/24
	Debra Aker	205 72nd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers-Kenosha	5/16/24
	Jesse Aker	205 72nd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers Kenosha	5-16-24
	Kristian Schweinsberg	204 72nd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers Kenosha	5/16/24

Certification of Circulator

I, Richard J Porter Jr, certify: I reside at 3687 AR 58 Cave City AR 72521
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/16/24
(date)

(signature of circulator)

Page No. 1045

RECALL PETITION

8

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Lisa LaBarre	202-74th Ave "A"	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	5/16/24
	Atissa Hernandez	202 72nd Ave "C"	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	5/16/24
	Haley Bell	6119 1st Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	5/16/24
	Marsha Rose	6211 1st Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	5/16/24
	JASON BELL	6119 1st way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	5/16/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Richard J Porter Jr, certify: I reside at 3687 AR 58 Cave City AR 72521
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/16/24
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,
 lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	M. MERK	790 288 th AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON WI	5/17/24
	KEN PORTER	27809 1 st ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRIGHTON	5/17/24
	KATHARINE MEYERS	27625 1 st ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRIGHTON	5/17/24
	JEWEL ERICKSON	27209 1 st ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRIGHTON	5/17/24
	LAURA ROCKLEY	4123 NORWOOD DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	5/17/24
	TIMOTHY MCGOWAN	456 NORWOOD DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	5/17/24
	DAVID CHURCH	4157 MAY ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	5/17/24
	RON ANDERSON	4158 MARY ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	5/17/24
	REBEKAH MAREK	27025 Sherwood Forest Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	5/17/24
10.				

Certification of Circulator

I, Richard J Porter Jr (name of circulator) certify: I reside at 3687 NR 58 Cave City WI 72521 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/17/24 (date) (signature of circulator)

RECALL PETITION

We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 of 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, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		MUNICIPALITY OF RESIDENCE		DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	Indicate Town, City, or Village <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	
	TIM BELL	511 AVE TRLR 63	<input checked="" type="checkbox"/> City UNION GRAY WI	5-21-2024
	Charles Hankma	3107 MBAC HEM RD	<input checked="" type="checkbox"/> City MT. PLEASANT, WI	5-21-2024
	Bonny Soud	1654 Perry Ave	<input checked="" type="checkbox"/> City <u>Farm, WI</u>	5-21-24
	Jack Sneller	8933 3 mile rd	<input checked="" type="checkbox"/> City <u>Franklin</u>	5/21/24
	John HANCOCK	2206-176th AV	<input checked="" type="checkbox"/> City <u>Keosauqua</u>	5-21-24
	Christina Hardy	3501 Sunnyslope Dr	<input checked="" type="checkbox"/> City Burlington	5-21-24
	TRY LESSARD	1705 CROSSWAY Rd	<input checked="" type="checkbox"/> City Burlington	5/21/24
	Nancy Hest	1514 Linden Ct	<input checked="" type="checkbox"/> City <u>Bristol</u>	5/21/24
	Heather Blosson	8209 199th Ave	<input checked="" type="checkbox"/> City <u>Keine</u>	5-21-24
	Luisa Yoderovic	518 Hamilton St		

I, DOUG BRICKER (name of circulator), certify: I reside at 1877 FRUITWOOD AVE (circulator's residence - include number, street, and municipality) BATAVIA, IOWA 52533
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
MAY 21, 2024 (date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Theresa Lemes</i>	TERESA TORRES	1441 Oakes Rd #5 Mt. Pleasant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant, WI	5-15-24
2. <i>Egda m. oropesa</i>	Egda m. oropesa	1441 Oakes Rd #5	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant WI	5-15-24
3. <i>Talon Masciotti</i>	Talon Masciotti	1235 Prairie Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-15-24
4. <i>Susan Verheyen</i>	Susan Verheyen	6601 Mariner #3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-15-24
5. <i>Stephane Ziegler</i>	Stephane Ziegler	6520 Mariner Dr #201	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-15-24
6. <i>Richard Buchowski</i>	Richard Buchowski	1621 Krigger Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-15-24
7. <i>Patsy Marturic</i>	Patsy Marturic	1415 OAKES Rd. #8	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
8. <i>Kauveh KIRANG</i>	Kauveh KIRANG	1311 OAKES RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
9. <i>Debra J Walker</i>	Debra J Walker	1319 OAKES Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
10. <i>Ehren Torres</i>	Ehren Torres	1415 OAKES Rd. #8	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-15-24

Certification of Circulator

I, Daniel Roudakis (name of circulator), certify I reside at 877 Private Road 2220 Hudson WI 52040 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

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

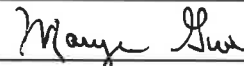
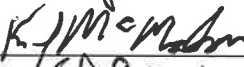
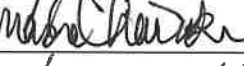
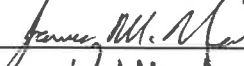
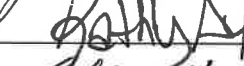

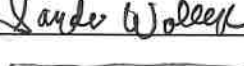
RECALL PETITION

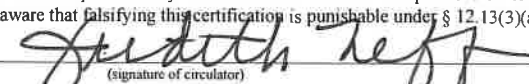
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Maryann Given	5718 Weston Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant, WI	5/15/24
	Kevin McManis	5825 TAYLOR DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant WI	5/15/24
	Marsha Charukien	3705 Providence Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant, WI	5/15/24
	James M. Nielsen	4010 Pinehill Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant, WI	5-15-24
	Kathy Ayala	6153 Biscayne Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant, WI	5-15-24
	Colleen Yncian	5944 Regency Hills Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-15-24
	Sandra Woller	3521 Ascot Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	5-15-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, JUDITH NEFF, certify: I reside at 2154 RUGEN RD. UNIT A. GLENVIEW, ILL 60024
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5-15-24 
(date) (signature of circulator)

RECALL PETITION

We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
 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)

STATEMENT OF REASON FOR RECALL

The reason for recall must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*

The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	Indicate Town, City, or Village	
1.	Calyn Kittrell	3018 meadow dr, Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24
2.	Mark Hammes	30225 Sunac Dr, Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24
3.	Kasey Niel	2410 Renzak Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24
4.	MARY STRYCKER	2908 Circle NW	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24
5.	Jacob Sorvold	3013 Meadow Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/2024
6.	Carrie L. Tipple	3309 Fischer Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24
7.	Leticia Aguirre	3018 Fischer Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24
8.	John Leiken	29434 Pinewood Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24
9.	Sierra Leiken	29834 Pinewood Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24
10.	Erin Elmer	29815 Pinewood Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/17/24

1. JUDITH NEFF certify: I reside at 2154 RUGEN ROAD, UNIT A, GLENVIEW, IL 60026 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
5/17/24 (date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Erin Bordenick</i>	Erin Bordenick	29915 Woodlawn Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/17/24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, JUDITH NEFF (name of circulator), certify: I reside at 2154 RUGEN RD., UNITA, GLENVIEW, IL 60026 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/17/24 (date) *Judith Neff* (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,
 lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Gary Rozlowski	832 9 th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-19-24
	BRUCE CHARTIER	4915 Schoen RD lot 84	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-19-24
	KEITH JACKSON	1010 11 th ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-19-24
	Alyssa Coleman	5827 Emston Hills	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/19/24
	Denise Campbell	1429 Oakes Rd unit 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-19-24
	Ray Hunter	1441 Oakes Rd unit 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-19-24
	Tania Hayes	1441 1441 Oakes Rd unit 10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-19-24
	Justin Crawford	1441 Oakes Rd unit 10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-19-24
	John Trenta	3248 monarch dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-19-24
	Reggie Davis	4250 Taylor & Herbert v. # 8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-19-24

Certification of Circulator

I, Quentin Cottrell (name of circulator) certify: I reside at 5185 Carlsbad, CA 92007 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Quentin Cottrell (signature of circulator)
 5-19-24 (date)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
1. <i>Delores Shellough</i>	Delores Shellough	3047 86th St, Apt 20 8	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant 05/21/2024
2. <i>Tom Nevala</i>	TOM NEVALA	1634 N. GREEN BAY RD 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT 5/21/2024
3. <i>Gale Nevala</i>	Gale Nevala	1634 N Green Bay Rd 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant 5/21/24
4. <i>Joe Nevala</i>	JOE NEVALA	1817 SPRING MEADOW LN 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT 5/21/24
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City

I, Quentin Cottrell (name of circulator), certify: I reside at 5185 Carlsbad, CA 92008 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03 I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5-21-2024 (date) *Quentin Cottrell* (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Christian Sipl	10315 7 mile rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Caledonia WI</u>	5-20-24
	Wally Morgan	6944 Honey Creek Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington WI</u>	5-20-24
	Brandon Freitag	15730 KR County Line Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant WI</u>	5-20-24
	Adam Freitag	15730 KR County Line Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant, WI</u>	5-20-24
	Harrison Brochal	1742 Milldium st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	5-20-24
	Jacob Bick	15730 KR County Line Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant WI</u>	5-20-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Madison Jane DeWolfe (name of circulator) certify: I reside at 12454 41st ave, Pleasant Prairie, WI, 53158 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
05/20/2024 (date) (signature of circulator)

copm

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
	Sheryl Stein	7535 E. Windlake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norway	5/21/24
	Gary Stein	7535 E. Windlake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norway	5/21/24
	Amanda Hartman	705 248th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/21/24
	Ryan McCarty	1570 11th ave unit 104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union grove	5-21-24
	Terry Weis	28503 Duval Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-21-24
	Noah Marchese	1005 58th Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/21/24
	Bha Cannon	4734 Schoen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5-21-24
	Jenni Mathis ^{Mathie}	102 State St Deer Creek Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove UNION GROVE	5-21-24
	PATRICIA HAWLEY	2727 DEER CREEK DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/21/24
	Jennifer Howard	2825 Ruby Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/21/24

I, Madison Jane Dewolf, certify: I reside at 12454 41st ave, Pleasant Prairie WI, 53188
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

05/21/2024
(date)
(signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,
 lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Paula Hernandez</i>	Paula Hernandez	1415 Jean Ct. Union Grove, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE, WI	5/17/24
<i>Brian Carlson</i>	Brian Carlson	6111 State St. Unit #1040 Union Grove, WI 53178	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE, WI	5/17/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JANNENE BARNES, certify: I reside at 3214 N. PINNACLE, MESA, AZ 85215
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/17/24 *Jannene Barnes*
(date) (signature of circulator)

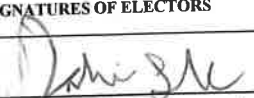
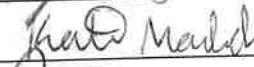




RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

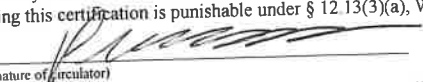
STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	John Schuch	542 Fox River Hills Dr WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Waterford</u>	5/22/24
	Kate Mauldin	4915 Schoen Rd. Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	5/22/24
	Joseph Mauldin	4915 Schoen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	5/22/24
	Craig North	27610 Washington Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dover</u>	5/22/24
	Chris Rose	2521 Meau Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Dover</u>	5/22/24
	Ryan Strueder	25819 Dover Lyne	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Dover</u>	5/22/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Patrick Howley certify: I reside at 32 Coventry Lane in Avon, CT 06001
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.


(signature of circulator)
5/22/24
(date)

RECALL PETITION

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(official with whom nomination papers or declaration of candidacy for the office is filed) (name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Laura Albert</i>	Laura Albert	28600 Martha Ct Waterford	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	5-17-24
<i>Terrance Schmitt</i>	Terrance Schmitt	1748 Milburn Street apt 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-17-24
<i>Steve Wozniak</i>	Steve Wozniak	5818 3rd Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville	5-17-24
<i>Maria Boboda</i>	Maria Boboda	1222 State Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/17/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Noah Zimmerman, certify: I reside at 1314 Monroe St B Eau Claire WI 54602
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/19/24 (date) *[Signature]* (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	Dane Isermann	425 Walnut Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	05-18-24
2. <i>[Signature]</i>	Carlos Gonzales	226 North Dodge St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	05/18/24
3. <i>[Signature]</i>	Katrina M...	521 ... Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ...	05/18/24
4. <i>[Signature]</i>	Shirley Bonner	23550 Plank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/18/24
5. <i>[Signature]</i>	Bry Weiss	3940 ...	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mary	5/18/24
6. <i>[Signature]</i>	Farrakh Sommenberg	2408 6th Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/18/24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

Certification of Circulator

I, Neah Zimmermah (name of circulator), certify: I reside at 151 Monroe St B 60202 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/18/24 (date) *[Signature]* (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder) petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. (name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	TYLER C DONOVAN	6601 MARINER DR #7 MOUNT PLEASANT WI 53406	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-15-24
	BOB KULAK	6621 MARINER DR MOUNT PLEASANT WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-15-24
	Shawn Willett	5402 Mariner Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-15-24
	Tiffany Chackowski	11631 Kuiper Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-15-24
	Renee Griffin	1319 OAKES RD APT 16 MOUNT PLEASANT WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-15-24
	Stefanie Mironov	1319 OAKES RD APT 10 Racine WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-15-24
	Gabriela Torres	1319 oakes Rd Apt 11 Racine, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-15-24
	Ruby Windsor	1319 OAKES RD #5	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5/15/24
	Adajha Ferris	1319 oakes Rd #6	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	5/15/24
	Alice Stroszek	1425 Waverly Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	5/15/24

I, Josias Andjar (name of circulator), certify: I reside at 376 47th Ave Kro Beach FL 32966 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5-15-24 (date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
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	Khalilah Hunter	1411 oakes rd #6 #53406	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/15/24
	Sarah Bebo	1429 oakes rd #12 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	5/15/24
	Sarina Bebo	1429 oakes rd #53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	5/15/24
	Danielle Jones	1411 oakes rd #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	5/15/24
	Richard H Obuchowski	1631 Kuiper Ln.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	5/15/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Josias Andujar, certify: I reside at 876 47th Ave Viro Beach FL 32966
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5-15-24
(date) (signature of circulator)

RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	Zariah Daniei	8800 Coriuss Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/16/24
2. <i>[Signature]</i>	KENNY BUKER	1333 OAKES RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-16-24
3. <i>[Signature]</i>	Tamsheria Garm	1333 oakes rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-16-24
4. <i>[Signature]</i>	Tracy Rubin	1333 oakes rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-16-24
5. <i>[Signature]</i>	Kendal Sue	1345 OAKES RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-16-24
6. <i>[Signature]</i>	Marialah martinez	1333 oakes rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-16-24
7. <i>[Signature]</i>	Pamelle Hazle	1429 Oakes Rd #6, 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/16/24
8. <i>[Signature]</i>	Patsy Martiner	1415 OAKES Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/16/24
9. <i>[Signature]</i>	Margaret Ihediwa	1435 Oakes Rd #4 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/16/24
10. <i>[Signature]</i>	M DUU	1421 oakes Rd #9	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/16/24

Certification of Circulator
 I, Josias Andjar, certify: I reside at 976 47th Ave Wau Beach WI 53946
(circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

[Signature]
(signature of circulator)

5-16-24
(date)

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

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office).

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Marquise H.</i>	Marquise Hagan	1116 Nelson Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/16/2024
2. <i>Xander Maigh</i>	Xander Maigh	1921 Oakes rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	16/5/2024
3. <i>Jennifer Wendlick</i>	Jennifer Wendlick	1407 Oakes rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	05/16/2024
4. <i>Pam Niesen</i>	Pam Niesen	1407 Oakes Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/16/2024
5. <i>Emily Benson</i>	Emily Benson	1401 oakes rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/16/24
6. <i>Toni Posey</i>	Toni Posey	1343 OAKES Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/16/24
7. <i>Nina Hsu</i>	Nina Hsu	1401 Oakes Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/16/24
8. <i>Rachellang</i>	Rachellang	1149 OAKES ROAD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	05/18/24
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Josias Andujar, certify: I reside at 876 4th Ave Kenosha WI 53146
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-16-24
(date)

Josias Andujar
(signature of circulator)

Page No. 1065

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office).

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Marcella Vail	3241 96th st. sturtevant	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/15/24
	Ashton Coolidge	9908 Caro lawn dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/15/24
	DAW SIENKOWIAK	3047 98TH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5/15/24
	Bobbi Klein	3105 98th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/15/24
	Eugene Repinski	9316 Carol Ann Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/15/24
	Rebecca Repinski	9316 Carol Ann Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/15/24
	Mike Chlebos	4380 Pineridge Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/15/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Noah Zimmerman, certify: I reside at Stamondale St B Evanston IL 60202
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/15/2024
(date)

(signature of circulator)

RECALL PETITION


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

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(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Tom Kemp SR	1749 new ST Union Grove	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	5-17-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Moah Zimmerman, certify I reside at 1319 Monroe St B Evanshwn IL 60202
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/17/24 
(date) (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
Lynnette Binninger	Lynnette Binninger	3110 Shady Ln Twin Lakes WI 53181	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes WI	5-15-24
2. Chad Binninger	Chad Binninger	31403 Lake St Burlington WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
3. Lynnette Binninger	Lynnette Binninger	31403 Lake St Burlington, WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
4. Beverly Umeda	Beverly Umeda	31531 Bear Arbor Dr 105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
5. Diana Peralta	Diana Peralta	833 Browns Lake Dr ^{APT 110} WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
6. Brenda Klebka	Brenda Klebka	175 Waters Edge Cir.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
7. Silvia Peralta	Silvia Peralta	176 waters edge cr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-2024
8. Christine Kowalski	Christine Kowalski	1168 Waters Edge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-2024
9. MARY KOWALSKA	MARY KOWALSKA	108 Waters Edge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
10. WILLIAM MATUSCAK	WILLIAM MATUSCAK	6622 BREUER RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5-15-24

Certification of Circulator

I, Larry Grafanakis, certify: I reside at 9818 N. 7th Place, Phoenix AZ 85020
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-15-24
(date)

Larry Grafanakis
(signature of circulator)

Page No. 1068

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	SERVANDO ALBURQUE	3018 FISCHER DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5-15-24
	LETICIA AGUIRRE	3018 FISCHER DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5-15-24
	Yammim Borona	665 FOX TRL Cir	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
	Betty Piccolo	4316 Marine Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
	Anthony Piccolo	4316 MARINE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

I, Larry Grafanaki's, certify: I reside at 9818 N. 7th Place, Phoenix AZ 85020
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-15/24
(date) (signature of circulator)

Page No. 1069

RECALL PETITION

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

by 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 Wisconsin Statutes.

petition for the recall of Robin Vos
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		MUNICIPALITY OF RESIDENCE		DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	Indicate Town, City, or Village	
	ROBERT STRUTTON	35 th WARDING AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5-16-24
	Luanne Bondar	24710 Church Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5-16-24
	STEVE SOFTENKA	3710 OAK Knoll rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rockton	5-16-24
	Grey Volbrecht	35704 5 th ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-16-24
	Diane Baltscheit	25308 Church Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville, WI.	5-16-24
	Conner Madrow	719 Cox Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville WI	5-16-24
	Daniel S. Hansen	25 Sunnyside Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5-16-24
	Penny Zabler	808 Sunnyside Pr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville/Dover	5-16-24
	Teudy Mohrbacker	444 S Cox Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville, WI	5-16-24

Certification of Circulator

I, Gail Golec, certify: I reside at 15225 N. 100th St #2203 Scottsdale AZ 85260
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Gail Golec
(signature of circulator)

5-16-24
(date)

RECALL PETITION

TO: The Wisconsin Election Commission
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Assembly District 63
(jurisdiction or district of officeholder)

petition for the recall of Robin Vos
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials, legislative, judicial, or county 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, or federal officials.*)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Joseph E Mohrbracker	444 S. Cox Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/16/24
	Kaden Shepard	248 Wilson St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/16/24
	CHRISTOPHER HISEY	2818 Sheard Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/16/24
	Wiley Bauer	3322 Sheard Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/16/24
	Pam Bauer	3322 Sheard Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Dover	5/16/24
	Matt Bauer	3322 Sheard Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/16/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Gail Golec
(name of circulator), certify: I reside at 15225 Nicolet St # 2203 Scottsdale AZ 85260
(circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-16-2024
(date)

(signature of circulator)

RECALL PETITION

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

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Richard A. Bondar</i>	RICHARD A. BONDAR	24710 CHURCH Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>DOVER</u>	5-17-24
<i>Martha S. Gaethke</i>	MARtha S. Gaethke	3021 S English Settlement Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5-17-24
<i>Greg Maerzke</i>	GREG MAERZKE	2421 MEALY Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WATERFORD</u>	5-17-24
<i>Randy Flintrop</i>	Randy Flintrop	2424 Mealy Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u>	5-17-24
<i>Kenee D. Beguhl</i>	Kenee D. Beguhl	2401 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kansasville</u>	5-17-24
<i>Rasuel Nelson</i>	Rasuel Nelson	2439 Dover Line Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u>	5-17-24
<i>Mark Nelson</i>	MARK NELSON	24139 DOVER LINE Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WATERFORD</u>	5-17-24
<i>Amy Schlie</i>	Amy Schlie	24406 Dover Line Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u>	5-17-24
<i>Brian Schlie</i>	Brian Schlie	24408 Dover Line Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u>	5-17-24
<i>Rebecca Witt</i>	Rebecca Witt	3011 Jacobs Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u>	5-17-24

Certification of Circulator

I, Gail Golec, certify: I reside at 15025 N. Loop St #2203 Scottsdale AZ 85260 (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-17-2024 (date) Gail Golec (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
1.	Jacob Garcia	4245 Pennington Lane	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant
2.	E. Salinas	3767 ST ANTHONY AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City

I, Jessica Campbell (name of circulator), certify: I reside at 4507 Orange Grove Circle, Wake Forest NC 27150 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/16/24 (date) Jessica Campbell (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	David Ramirez	1618 Main St.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove, WI	5/17/24
2.	Daniel Letizia	1619 State St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove, WI	5/17/24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

1. Jeilisa Campbell (name of circulator), certify: I reside at 4507 Ortega Farms Gln, Oak Fl 32210 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/17/24 (date) Jeilisa Campbell (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jenna Lynn Berzinski	1930 240th Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/23/24
	Hanky Brill	607 N River Rd Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/23/24
	N. Holly Denmark	W 527 State road 20	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City East Troy	5/23/24
	Erik William Vahm	30450 76th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Salem	5/23/24
	Rebekah Ouyun	421 A North 6th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waterford WI	5/23/24
	Carmine Cavelli	4915 Schoen Rd Lot 92	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-23-24
	HARRY HAYES	357 Roberts Run	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-23-24
	Megan Townsend	1501 Arthur Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-23-24
	Laura Diguaxido	2200 Romayne	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/23/24
	Yadyra Estrada	201 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/23/24

I, Josias Anduja certify: I reside at 876 4th Ave Van Buren IL 32464
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5-23-24
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

SIGNATURES OF ELECTORS		PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>		Susan Geiss	5736 Ridgely crest	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
2. <i>[Signature]</i>		Mercedes Haun	4442 Wood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
3. <i>[Signature]</i>		Hector Perez	5825 Braun Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/16/24
4. <i>[Signature]</i>		Sue Gundersen	2747 Fancher Rd #103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24
5. <i>[Signature]</i>		Matvina Griffin	2747 N Fancher Rd #20F	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24
6. <i>[Signature]</i>		Jarmin Flores	2004 main st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24
7. <i>[Signature]</i>		Fabiola	812 Belmont	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24
8. <i>[Signature]</i>		LOIS ANGEL	2004 N Fancher St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24
9. <i>[Signature]</i>		sherril shaver	2136 Airline Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24
10. <i>[Signature]</i>		MASON ERIC	8007 Creek View Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24

Certification of Circulator

I, Chris Hume (name of circulator), certify: I reside at 4536 46th St. NW Washington DC 20016 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/16/2024 (date) *[Signature]* (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	Michelle Miller	2006 Settlement Trail	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant WI 53410	5/14/2024
2. <i>[Signature]</i>	Adaire Daphne	9356 Florence Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant WI	5/16/2024
3. <i>[Signature]</i>	Cameron Erickson	2716 Lincoln Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover WI	5/16/2024
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Claire Hull (name of circulator), certify: I reside at 4536 46TH ST. NW, WASHINGTON DC 20016 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03 I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/16/2024 (date) *[Signature]* (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Christopher Murphy	9430 Luane Dr. 53406 Racine	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine Mt Pleasant	5/16/24
	Jennifer Hoeglund	6503 NORTH HWESTERN AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/16/24
	Larry E Jones	1623 NE Frontage Rd Ea	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Startevant	5/16/24
	Share Paylad	56 51 Freedy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/17/24
	Barbara A Yust	5636 Freedy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/17/24
	Madison Kouzes	209 Clarence Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-17-24
	Shawna Stephens	2025 Frankie Pl #106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/17/24
	Joseph Long	1512 Hagers St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/17/24
	Paula Moxon	738 Fox Run Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/17/24
	Yecenia Perway	1019 Hunter Dr #61	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-17-24

I, Chris Hull, certify I reside at 4536 46TH ST. NW, WASHINGTON DC 20016
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/17/2024
(date)

(signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office)
 from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Chris Ryan Furry	2739 Red Fawn Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT. PLEASANT	5/18/24
	Reyan Altawek	2728 Red fawn ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT. Pleasant	5/18/24
	LISA Torres	1735 Franklin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/18/24
	Dave Ritte	1749 Red oak Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant	5/18/24
	EFrenu Cedilla	3324 - 8th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/18/24
	Patty Garner	2529 Delaware	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/18/24
	Karen Drewe	2321 Webster	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/18/24
	Regina Makowsky	4400 4 Mile Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/18/24
	Paul Chulch	4909 Tangewood Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/18/24
	Bruce Bossma	8014 Creek view Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Clout Pleasant	5/18/24

I, CHRIS HULL (name of circulator), certify: I reside at 4536 46th St. NW, WASHINGTON DC 20016 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5/18/2024 (date) (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Gerald Verwey	1019 Hunter Dr #61	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/17/24
	Nick Ostermann	2517 Olive St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	5/17/24
	Gary Harry	5610 Freed Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/17/24
	JOAI FIDLER	943 HUNTER DR #54	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant WI	5-17-24
	Donald R Hebricki	445 S Emmetson Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant WI	5-17-24
	STEVE GOSTOMSKI	3522 CHIPPECOTTON ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	5/17/24
	Carrie Walker	5745 Ridgecrest Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/17/24
	Dan Walker	6745 Ridgecrest Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/17/24
	FREDERICK GEISS	5736 RIDGECREST DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5/17/24
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Chris Hull, certify: I reside at 4536 46th St. NW, WASHINGTON DC 20016
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/17/2024
(date)

(signature of circulator)

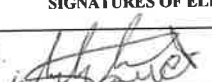
RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
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(name of officeholder to be recalled and office)

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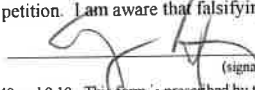
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Janet Ahmed	401/3 eri 3mill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	19 May 24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

I, Audrey May, certify: I reside at 469 HILLCREST RD WAUKESHA WI 53024
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/19/24 
(date) (signature of circulator)

RECALL PETITION

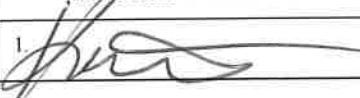
TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,
 lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

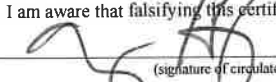
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kristene Vega	24815 Quincy Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5-16-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ANDREW HOY , certify I reside at 409 HILLCREST RD GRAFTON WI 53024
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/16/24 
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	KEVIN MCNAMARA	23046 MCNAMARA RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/19/24
2.	Emily Battish	23603 Church Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/19/24
3.	Michael Barrera	1252 Laverne Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/19/24
4.	Mike Hegorter	1223 Laurel Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/19/24
5.	Josh Koerber	1243 Linden Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/19/24
6. ALBERTO P.	ALBERTO	1243 LAVENDER D	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/19/24
7.	Jen Thomas	9132 Angelica Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/19/24
8.	America Meeks	3648 91st Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/19/24
9.	Tony Ellingson	3666 91st Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/19/24
10.	Harold Duerkop	3672 91st Place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-19-24

Certification of Circulator

I, ANDREW HOV, certify I reside at 969 MILCREEP ROAD GRIFFIN WI 53024
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/19/24
(date)

(signature of circulator)

Page No. 1083

RECALL PETITION

TO: The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

petition for the recall of

Robin Vos

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

(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jo Shua Johnson	4307 1121 1st lot 4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	Apr 16 2024
	Annika Mullan	2120 Avianca dr apt	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5/16-2024
	Randall Pecker	1207 Fawcett Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	5/16/24
	Maurisha Brown	924 Hagerer St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5/16
	Sequita Williams	1801 Arlington Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5/16/24
	Malisse Geibel	5640 Tahoe Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5/16/24
	Jeffrey S. Olsen	5726 Tahoe Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine Mt. Pleasant</u>	5-16-24
	James R. Olsen	5726 Tahoe Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	5-16-24
	Rosely Pichonoc	3224 Elwood Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	5/16/24
	Rosa Contreras	3224 Elwood Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	5/16-24

Certification of Circulator

I, Larry Gratanakis, certify: I reside at 9818 N. 7th Place Phoenix AZ 85020
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.173(a), Wis. Stats.

5-16-24

(date)

(signature of circulator)

Page No **1084**

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

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1. <i>Hannah Miles</i>	Hannah Miles	148 Waters Edge Circle Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/16/24
2. <i>Bonita UBL</i>	BONITA UBL	189 PARKSIDE NORTH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5/16/24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Larry Gratanakis certify: I reside at 9818 N. 7th Place, Phoenix, AZ 85020
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Larry Gratanakis
(signature of circulator)

5-16-24
(date)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

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	Delyziah Smith	1628 Russet St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	05/19/24
	Mikhail Becker	3841 Glencoe dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	Michaela Carriello Beider	3841 Glencoe Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	Rosemary Parriello	5747 Winthrop	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	Charles Harris	5821 Winthrop Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	JEFF DEMET	2808 Oregon ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/19/24
	David Demet	2808 Oregon St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/19/24
	Jan Chadone	2830 Oregon St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/19/24
	Kim Brewer	4406 Duward Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	Jonita Cummings	4406 Duward Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24

Certification of Circulator

I, Larry Gratanakis, certify: I reside at 9818 N. 7th Place, Phoenix AZ 85020
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/19/24
(date)

(signature of circulator)

Page No. 1086

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office) (jurisdiction or district of officeholder)

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Sean Hein	1108 87 th Ave APT#2	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers / Mt Pleasant	5-11-24
	Geraldine Reyes	1133 Villa St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-16-24
	R Coates	702 210 th Racine	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/16/24
	DEMOST CLARK	5315 Biscayne	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/16/24
	Bernice Jones	1232 Layerd Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/16/24
	An Niyah Golden	2827 E Fieldstone way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/16/24
	Nicky Morales	5432 Windward Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/16/24
	Tanisha Ahmad	5107 Blvd Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/16/24
	Namee	3122 - Beck Linneman	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/16-24
	Renee Beck	8923 Carliss Ave Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/16/24

I, Quentin Cottell, certify: I reside at 5185 Carliss Blvd, CA 92008
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-16-2024
(date)

(signature of circulator)

Page No. 1087

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Jessica Miller</i>	Jessica Miller	1420 Park Place Union Grove WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-18-24
<i>Michael Brucatt</i>	Michael Brucatt	1440 Park place Apt 5	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City union grove	5-18-24
<i>Carol Smith</i>	Carol Smith	919 Park Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-18-24
<i>Irving J Smith</i>	Irving J Smith	919 Park Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-18-24
<i>Jerome Boyer</i>	Jerome Boyer	1380 Park Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-18-24
<i>Eric Richter</i>	Eric Richter	712 central st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-18-24
<i>Riley Matj</i>	Riley Matj	9925 Durand Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-18-24
<i>M. Poole</i>	Micheala Poole	7040 Mariner Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-18-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Quentin Cottrell, certify: I reside at 5175 Carlsbad, CA 92008
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-18-2024
(date)

Quentin Cottrell
(signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
Howard Mack	Howard Mack	5201 Marbro Ar	MT Pleasant	5/21/24
Bill Nansen	Bill HANSEN	PO BOX 495 8748 Cloverleaf Dr	started art	5/21/24
Annette M. Thomas	Annette M. Thomas	645 S Greenbay Rd	Mount Pleasant	5/21/24
Samuel A. Alford	Samuel A Alford	645 S Greenbay Rd	Mount Pleasant	5/21/24
Brittany Sadlon	Brittany Sadlon	1422 Lawndale Ave	MT Pleasant	5/21/24
Jenny Jungwirth	Jenny Jungwirth	6445 Bradley Rd Ave	MT Pleasant	5/21/24
Victor Zertuche	Victor Zertuche	1906 N Emmertsen Rd	MT Pleasant	5/21/24
Leonard Scott	Leonard Scott	5730 Embassy Dr	MT Pleasant	5/21/24
Rory Olson	Rory Olson	118A Waters Edge Circle	Burlington	5/21/24
Fredricka Hwater	Fredricka Hwater	1441 Oaks Rd #10	MT Pleasant	5/21/24

I, Quentin Cottrell, certify: I reside at 5185 Carlsbad Blvd Carlsbad, CA 92008
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-21-2024
(date)

Quentin Cottrell
(signature of circulator)

Page No. **1089**

RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office) (jurisdiction or district of officeholder)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Sandra K Nordstrom	1102 N Sunnyslope Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/16/24
	Felix Miroles	1108 N Sunnyslope Dr #101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/16/24
	Mark Mathis	1211 N Sunnyslope Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-16-24
	Jodi L Wolf	1105 N Sunnyslope #104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-16-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Patrick Howley, certify: I reside at 32 Coventry Lane in Avon, CT 06001
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/16/2024
(date) (signature of circulator)

Settlement

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	
	TRACY ARNESON	2080 90 th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stuktevant	5/23/24	
	Hannah Wheeler	9010 Morgan Court	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Frankville	5/23/24	
	Serenoy Ali	3026 Heartland	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	5/23/24	
	Richard Shaw	2040 N 115 th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Dauwatawa	5/23/24	
	JUSTIN ANDERSON	909 MELVIN AVE.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RACINE	5/23/2024	
	Steph Proud	1528 Quincy Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	5-23-24	
	Nick Rutkowski	2538 Hodder Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	5-23-24	
	Mike Cozzetta	27189 Town Line	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	5/23/24	
	Rick Rosario	417 Killdeer Ct Burlington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/23/2024	
	Wisse Jensen	405 Del 405 State St apt. A	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rockchester	5/23/24	

I, Madison Jane Dewolf, certify: I reside at 12454 41st Ave Pleasant Prairie, WI 53157
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
05/23/2024
(date)

(signature of circulator)

RECALL PETITION

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

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


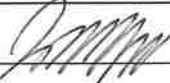
STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

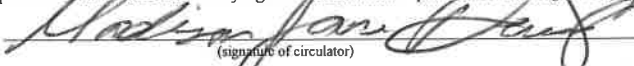
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Robyn Wiss	26932 SUMMER LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WATERFORD</u>	5/23/24
2. 	Joey Wiss	26932 S ELM LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Waterford</u>	05/23/24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Madison Jane DeWolf, certify: I reside at 12494 41st Ave, Pleasant Prairie, WI 53158
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

05/23/2024
(date)


(signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission

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

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

petition for the recall of Robin Vos

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>(rural address must also include box or fire no)</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Crystal Mancee	5608 3606 Byrd Ave #800	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/22/24
	Tracie Callaway	1429 Lakes Rd unit 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-22-24
	Megan Phillips	2724 Chicory RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/22/24
	Ashley Abdo	1027 Jackson Place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-22-24
	Seleni Baker	1906 Prospect St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-22-24
	Issa Atash	804 Blair road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/22/24
	Brianna Camilo	9316 Chandler Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/22/24
	Samantha Sanchez	2814 Crossridge Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-22-24
	Alfredo Jackson	20th Russett St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-22-24

I, Vlad Litvin (name of circulator), certify: I reside at 655 Goodpasture island rd. Apt. 147 Eugene OR 97401 (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

05/22/24
(date)

(signature of circulator)

TO: The Wisconsin Election Commission

RECALL PETITION

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

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

petition for the recall of

Robin Vos

(name of officeholder to be recalled and office)

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

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

STATEMENT OF REASON FOR RECALL

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Haley Crane</i>	Haley Crane	227 Chapel Terrace	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/19/24
<i>Adam K Ramez</i>	Adam K Ramez	444 Dutton St Apt 5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/19/24
<i>Kon Birkow</i>	KON BIRKOW	1241 COUKEY ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/19/24
<i>Christina Mai</i>	Christina Mai	5940 16th St North	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/19/24
<i>Scott Oesau</i>	Scott Oesau	2800 Cozy Acres Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/20/2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Fabian Maldonado

(name of circulator)

certify I reside at

Certification of Circulator

2105 Taylor Ave. Racine, WI 53403

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

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis Stat § 6.03 I personally circulated this recall petition and personally obtained each of the signatures on this paper I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name I know their respective residences given. I support this recall petition I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

05/21/2024

(date)

Fabian Maldonado

(signature of circulator)

Page No
1095

TO: The Wisconsin Election Commission

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

RECALL PETITION

petition for the recall of

Robin Vos

(name of officeholder to be recalled and office)

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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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
	Lee Hernandez	525 Emerson MP	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-24
Immanuel Tucker	Immanuel Tucker	1242 S emmerston Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-2024
Jeffery Friso	Jeffery Friso	1425 S. Emmertson Rd 46	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5-16-2024
DAN WPAAR	DAN WPAAR	1319 SUMMERSET	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5-16-2024
Brian W. Halbur SR	Brian W. Halbur SR	1307 Summer set	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-16-2024
Daniel Sabala	Daniel Sabala	1201 Summer set DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-2024
Denira Sabala	Denira Sabala	1201 Summer set Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5-16-2024
Robert F. Wirth	Robert F. Wirth	1139 Summer set dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-2024
M Weber	M Weber	146 S Summer set 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-16-2024
L Weber	L Weber	146 S Summer set	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5-16-24

I, D REED PORTER
(name of circulator)

Certification of Circulator

certify: I reside at 28266 W. Pickett Grove Rd Cary, IL 60013
(circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-16-2024
(date)

(signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Annelise McDond	155 11th Ave. Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	5/17/24
	Melissa Bronwers	155 13th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	5/17/24
	Jose A. Ortiz	1133 Cardinal Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	5/17/24
	MIKE HALBUR	1006 CRABTREE LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>UNION GROVE</u>	5/17/24
	Mary Halbur	1006 Crabtree Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	5/17/24
	Ron Halbur	1006 Crabtree Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	5/17/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, D. REED PORTER (name of circulator), certify: I reside at 28866 W. Pioneer Grove Rd Cary, IL 60013 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5-17-2024 (date) (signature of circulator)

Page No. 1097

RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
Kevin Macias	Kevin Macias	441 Conkey St Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
Kevin H. Macias	Kevin H. Macias	441 Conkey St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
Mark Jackson	Mark Jackson	408 West Chestnut 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
Steven G. Kinkley	Steven G. Kinkley	408 W Chestnut 13	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
David Edgar	David Edgar	408 W Chestnut St 10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
Brian Zook	Brian Zook	340 Lewis St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
Terry Zook	Terry Zook	340 Lewis St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
Michelle Karinen	Michelle Karinen	251 W. Chestnut St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
Oya Graciano Rodriguez	Oya Graciano Rodriguez	375 Milwaukee Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24
Linda Johnson	Linda Johnson	369 Milwaukee Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-18-24

Certification of Circulator

I, D. Reel Porter (name of circulator), certify: I reside at 28866 W. Pioneer Grove Rd. Cary, IL 60013 (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-18-2024
(date)


(signature of circulator)

Page No. 1098

RECALL PETITION

TO: The Wisconsin Election Commission
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Assembly District 63
(jurisdiction or district of officeholder)

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

STATEMENT OF REASON FOR RECALL

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

Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Jose T. Carela	317 Milwaukee Av. Burlington WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	9-19-24
	BRYATT BANOVEZ	322 W CHESTNUT ST BURLINGTON WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-19-24
	Chantal Horn	324 Oregon St Burlington 53104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-19-24
	Jeff Horn	324 Oregon St, Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	05-19-24
Trisha Lynch	Trisha J. Gyal	159 Reynolds Ave, Burlington WI, 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	05-19-24
		159 Reynolds Ave, Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	05-19-24
Russell J. Mehring	Russ Mehring	201 Conkey Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-19-24
Lori K. Mehring	Lori K. Mehring	201 Conkey Street Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-19-24
	Michelle Dams	324 Kendall St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-19-24

I, D. Reep Porter
(name of circulator) certify: I reside at 28866 W. Pioneer Grove Rd, Cary, IL 60013
(circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

9-19-2024
(date)

(signature of circulator)

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

RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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	Lisa Timmes	122 Kendall St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-18-24
	Roman A Orzco	243 Kendall St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-18-24
	Alex Boys	233 w. Chestnut	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-18-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, D. Reed Porter, certify: I reside at 28866 W. Pioneer Grove Rd Cary, IL 60013
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5-18-2024
(date) (signature of circulator)