TO: The Wisconsin Election Commission		. We, the undersigned qualified	l electors of the Assembly District 63	
(official with whom nominal	tion papers or declaration of candidacy for the office is filed			listrict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. S	Section 12 of the Wisconsin Constitution and §.9.10	
• The state of the	(name of officeholder to be recalled and office).		section 12 of the wisconsin Constitution and §.5.10	of the wisconsin statutes.
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	s for city, village, town, and school district officials.	The reason must be related to the official responsibilities of the office	holder. No statement of reason is required to initiate the reca	Il of state congressional
legislative, judicial, or county officials.)				n of state, congressional,
Robin Vos should be recalled for his tacit support	t of the Chinese Communist Party (CCP), acceptance	of trips from the CCP, failure to protect Wisconsin farmland from the CC	CP,	
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect	for his own constiuents by calling them "whack-jobs, morons, and idiot	s."	
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		STREET & NUMBER OR RURAL ROUTE		
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9.  10.  1. Linda C Peters 2  (name of circulator)  I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if	were a resident of this state, would not be disqualified from voting up	Usilage City Town Village City Town Village City Town City Town Village City  Dr. Burlington WI 53105 (circulator's residence, include number, street, and municipality)  Policy Wis Stat & 6.03. In personally circulated this recoll position	and naraanalla
the signatures on this paper. I know that the signs	ers are electors of the jurisdiction or district represent	ed by the officeholder nemed in this patition. I be sent that	nder wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each
name. I know their respective residences given	I support this recall petition. I am aware that falsify	ed by the officeholder named in this petition. I know that each person ng this certification is punishable under § 12.13(3)(a), Wis. Stats.	a signed the paper with full knowledge of its content on the date	indicated opposite his or her
MA 28 22011	-4. 1 C D.	7		D 11 1221
May 28, 2024	7 - 1 - 1 - 1	lerson		Page No. 1201
(date)		ature of circulator)		
-170 (Rev. 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by	the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   6	08-266-8005  web: http://elections.wi.gov   email: elections@wi.gov	

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
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(name of circulator)			(circulator's residence - include number, street, and municipality)		
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting un by the officeholder named in this petition. I know that each person			
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(date)  L-170 (Rev 2019-09) The information on this form is require		re of circulator)  Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   60	08-266-8005   web   http://elections.wi.gov   email elections@wi.gov	-	

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10. Men and	Musios Calberra	6014 Margery DR # 103	Down  Mary Mt Please At	5/19/24		
I, JAY Goh	roeder , certify: I	reside at 1295 W. LATE St. A.	(circulator's residence - include number, street, and municinality)	956		
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						
5 1984	en. I support uns recan petuton. I am aware mai faisifying	Dendon		Page No. 1203		
L-170 (Rev 2019-09) The information on this form is re	, ,	Wisconsin Elections Commission   P.O. Box 7984 Madison, WI 53707-7984   608-26	6-8005 byeh http://elections.wi.gov.lemail.elections@wi.gov			

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name. I know their respective residences give	n. I support this recall petition. I am aware that falsi	ving this certification is punishable under § 12.13(3)(a), Wis. Stats.		
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Giate) / XT		gnature of circulator)		
I 170 (D 2010 00) The information to this form is re	aguired by Wie State && & Arand Q 10 This form is prescribed by	by the Wisconsin Flections Commission   P.O. Box 7984, Madison, WI 53707-7984   608	-266-8005 lweb: http://elections.wi.gov.lemail-elections@wi.gov	

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(official with whom non	nination papers or declaration of candidacy for the office is filed)			trict of officeholder)
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(name of circulator)		reside at 1877 FRUIT WOOD AVE.	(circulator's residence - include number effect and municipality)	
I further certify I am either a qualified elector	r of Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under V	Vis Stat 8 6 03 I personally circulated this recall petition a	and personally obtained each of
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MAY 22, 2024	and the state of t	y " states.		Page No. 1205
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L-170 (Rev. 2019-09) The information on this form is	required by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	-8005   web: http://elections.wi.gov.lemail:elections@wi.gov	

No. The Wisconsin Election Commission   We, the undersigned qualified electors of the   Assembly Debter S   Gunselotion of candaday for the efficie is flight   Robbs Vos   Guns of difficult with whom momentum papers or declaration of candaday for the efficie is flight   Robbs Vos   Guns of difficult with vision momentum papers or declaration of candaday for the efficient   Robbs Vos   Guns of difficult with vision of the Wisconsin Statutes.   Guns of difficult with vision   Guns of Guns	TO:	The Wisconsin Election Commission		We the relative to 100 to 100	C.1 Assembly District CO	
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TO:_	The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
	(official with whom nomination	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
		(name of officeholder to be recalled and office).		3	and who hold out aloo.
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. r.olu	er 2015 05) The information on this form is require	a by 1113. Stats. 88. 6.40 and 3.10. This form is prescribed by the	WISCOISH Elections Commission   P.O. Box /984, Madison, WI 53/07-7984   608-266-	-8005   web: http://elections.wi.gov   email: elections@wi.gov	

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	(official with whom nominat	tion papers or declaration of candidacy for the office is filed)	- The same of the	(jurisdiction or distr	ict of officeholder)
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec	ctors of the	Assembly District 63	
	(official with whom nominate	ion papers or declaration of candidacy for the office is filed)		rors or the_	(jurisdiction or distr	ict of officeholder)
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1000000	(official with whom nomination	n papers or declaration of candidacy for the office is filed)			district of officeholder)
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petition		(name of officeholder to be recalled and office).		•	
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

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

The Wisconsin Election Commission

(official with whom nominate	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
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	(name of officeholder to be recalled and office).		gistion of	tile wisconsin statutes.
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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
1. Rhus Inves	Louise Tomasek	517 Green Valley Dr	orown village city  Mt. Plusant	5/19/24
2. Susan M. Buchutter	Susan M. Buchwalter	6305 Hilltop Dr.	o village Mt. Pleasant	5/19/24
3. Harra Boterman	DAVID O PETERMAN	₩ 5235 HILLITOP	Utiliage Ocity MT. PLEASENT	5/19/24
4 Shang Stowart	ShangaStewart	911 langdon C+	O'Village OCity Mt. DICASANT	5/19/24
5 Step John	STEPHEN JOHNEN	33 INDIANA ST.	Uvillage 197 13LCASUT	5/19/24
6 Lou Deffart	Lori A DeHart	6350 Linosay Que	Urillage UT PLEASANT	5/19/24
7. Chat	Circly Bendon	6540 Mariner Or Apt 202	Urillage USA Pleasant	5-19-24
8.	Sherri Coleman	6236 Pheasan CrkTrl	O Village My Pleasant	9-19-24
9.	Jeff Cdeman	G236 Pheasont CX Tol	a village M+ Play sunt	5-19-24
10. Harblet lit	RAUDALL CURTIN	6229 PHEASANTOK TRL	Uvillage MT. PLGASAUT	5-19-24
i, Mark Harry Go	thried partieur	Certification of Circulator reside at 3013 Schaefer Circle.	Asolata disamb	4915
(name of circulator)			Considerate and the state of th	
the signatures on this paper. I know that the signer	is are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	Wis Stat & 6.03 I personally sirculated this recall notition a	nd personally obtained each of adicated opposite his or her
May 19, 2024	Marke Har	ry Tabriel		Page No. 1211
L-170 (Rev.2019-09) The information on this form is require	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	6-8005   web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified ele	ectors of the Assembly District 63	
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	e, the undersigned quantied ele		r district of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article VIII Con		
petition for the rectan of	(name of officeholder to be recalled and office).	non office pursuant to Article Am, Sect	tion 12 of the Wisconsin Constitution and §.9.1	0 of the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		
The reason for recall must be stated on petition	s for city village town and school district officials. Th	a reason must be related to the afficial reason in this case.		
legislative, judicial, or county officials.)	is for city, viriage, town, and school district officials. Th	e reason must be related to the official responsibilities of the officehold	er. No statement of reason is required to initiate the rec	all of state, congressional,
Robin Vos should be recalled for his tacit suppor	t of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	g lower prescription drug costs, and flagrant disrespect fo	or his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	AILING PURPOSES, WHEN DIFFERENT THAN I	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE	MUST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
		Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Chu Chey	Chais Campell	6343 Pfrances H. Mr. Placa	Town Village W. f. Plesson	5-19-24
2.		17	□ Town	7
			□ Village	
			City	
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			U City	
10		A	□ Town	
10.			☐ Village	
			□ City	
the signatures on this paper. I know that the sign	Wisconsin, or a U.S. citizen, age 18 or older who, if I were are electors of the jurisdiction or district represented	reside at 3013 Schaefer Circle,  were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality)	54915 on and personally obtained each of the indicated opposite his or her
May 19 70711	Mark He			
May 19, 2024		arry Gabriel		Page No. 1212
(date)	(signatu	re of circulator)		
L-170 (Rev. 2019-09) The information on this form is requ	ared by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wiscosin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-20	66-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		RECALL PETITION		
	on papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified elec		Edit C. W. L. II.
etition for the recall of	Robin Vos  (name of officeholder to be recalled and office).	from office pursuant to Article XIII, Secti	ion 12 of the Wisconsin Constitution and §.9.10	district of officeholder)  Of the Wisconsin Statute
gistalive, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholde trips from the CCP, failure to protect Wisconsin farmland from the CCP,	er. No statement of reason is required to initiate the reca	all of state, congressional,
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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
1. lunger	Brandon Swann	700 meadon in	O Town O Village Ocity  Bulling	5/28/24
2 Daisy	Design Febign	668 Maadow Ln	ortown Village Burlington	5/28/24
3. Kerry	Kerry Gleiter	625 Meadow Ln	Other Pullingt on	5/20/24
4. Renu	Sen wrigh	809 16th flace	Utillage Kenosha	5/20/24
5. Courter Files	Caitlyn Flees	24709 adams St.	Utillage Consosville	5/20/24
6. KortinB	Katin Betancourt	473 Dutton st	Othy Por (moton	5/20/24
7. Sadwerson	Samsahwertheyer	731 16th ave	Town  Stillage City VNION NOW	5/20/24
8. Jackson Licht	Jackson Light	423 high graves court	Town  Town	5/20/24
· Meguius	The gar the	423 high grover CT	Utilage Util Town	5/20/24
10		) )	☐ Town ☐ Village ☐ City	and the second
Josias	Andulas, certify: I	reside at Certification of Circulator	Au Vio Beach R	32966
ic signatures on this paper. I know that the signer	s are electors of the jurisdiction of district represented	ere a resident of this state, would not be disqualified from voting under to by the efficiency armed in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition ed the paper with full knowledge of its content on the date	n and personally obtained each
5 , LO . Z (	(supatur	e of circulator)		Page No. 1213
170 (Rev 2019-09) The information on this form is require	d 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	5-8005  web. http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec-	tors of the Assembly District 63	
(official with whom nomin	ation papers or declaration of candidacy for the office is filed)			district of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10	
	(name of officeholder to be recalled and office).		on 12 of the wisconsin Constitution and §.7.10	of the wisconsin statutes.
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petition	ns for city, village, town, and school district officials. Th	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the reca	ll of state, congressional,
legislative, judicial, or county officials.)	et of the Chinese Communist Barby (CCB), accomtance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blockin	g lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 Mary go Klany	m Mary Jo Klamm	16 Ridgway Ct.	UTOWN Village ELKHORN	5-21-2024
2. Seth Clarm	1 SCAKLAMM	16 Riziway Ct	Village FLAUM	3/21/2021
3. Luile amy	Linda Any	240 marinact to 9	Uvillage Water For &	5-21-24
4 full fulle?	veff Kotke	240 Marina CT#29	Uvillage Uvaterford	5-21-24
5. Pete Ihalman	Pete Inglinan	4226 N. River Bay Rd	Village Waterford	5-21-24
6. Afilla That	Millie Malman	4226 D. River Bay Rd	Using Waterford	5-21-26
1. Mille	Milli & THALMA	N 4226 N. KNEEBAY KS	Unity WATERFORD	53/35
8.	Rachel Nelson	1850 New St #109 Unan Gave, WI 53182	Village Union Gave	5/2/24
· ayakmklamm	Ardan Khamm	4336 Wood Rd present	Uvillage Reicipe	5/21/24
10.	Zuleyka Allende	4121 S. Beagnort Ave. Kanswille	Utiliage Hansasville	5/21/24
I, Josias An	dy a certify: I	reside at Certification of Circulator 776 4744	Am Viro Beach	a 3296
further certify I am either a qualified elector of the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality)  Vis. Stat. § 6.03. I personally circulated this recall petition  ed the paper with full knowledge of its content on the date	n and personally obtained each of e indicated opposite his or her
5 · 21 - 29		re of circulator)		Page No. 1214
L-170 (Rev.2019-09) The information on this form is req		Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	-8005  web: http://elections.wi.gov   email: elections@wi.gov	

(official with whom nomination papers or declaration of candidacy for the office is filed)  (petition for the recall of	TO:	The Wisconsin Election Commission		We the undersigned suglified all	College Accomply District CO	
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 fior recall must be stated on pentions for city, village, town, and school district officials). The reason must be related to the official exponentials of the officials of the official exponentials of the official expose of the official exponentials of the official expose	10		on papers or declaration of candidacy for the office is filed)	we, the undersigned quantied ele		ict of officeholder)
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4 Now with the signatures on this paper. I support this recall petition. I am aware that Palsifying this certification is purishable under § 12.13(3)(a), Wis. Stats.  Page No. 1215    Comparison of Circulator   Circulato	3.	a Winking.	Laura Di- Lycick	27507 Durged Kip	Uvillage Kanada (1)	6 21 21
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Securion to 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 family. I know that respective residences given. I support this recall petition. I am aware that Talksifying this certification?    Security   American   Security   S	-	200000	224	OTTO MICH OF A WE		0200
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8	7.					
9. Certification of Circulator  In the 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 flassifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  Page No. 1215						
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TO: The Wisconsin Election Commission		We the undersigned qualified	electors of the Assembly District 63	
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TO: The Wisconsin Election Con		We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with who	om nomination papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
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\_\_\_\_. We, the undersigned qualified electors of the \_\_\_ Assembly District 63

The Wisconsin Election Commission

(official with whom nomin	nation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
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further certify I am either a qualified elector of	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	ere a resident of this state, would not be disqualified from voting under V	Vis. Stat. § 6.03. I personally circulated this recall petition at	nd personally obtained each of
name. I know their respective residences given	n. I support this recall petition. I appearant that falcifing	by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date in	dicated opposite his or her
C/76/74	The state of the s	This certification is pullishable under § 12.13(3)(a), wis. Stats.		Page No. 4004
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L-170 (Rev. 2019-09) The information on this form is re	quired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	-8005   web: http://elections.wi.gov.lemail:elections@wi.gov	

TO: The Wisconsin Election Commission	on	We the undersigned qualified	l electors of the Assembly District 63	
	nination papers or declaration of candidacy for the office is filed)	we, the undersigned quanties		district of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office).	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.1	
		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)		re reason must be related to the official responsibilities of the office trips from the CCP, failure to protect Wisconsin farmland from the CC		all of state, congressional,
		or his own constituents by calling them "whack-jobs, morons, and idiot		
		MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TI		West at Walter De Leemen
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dali A Down	- PALE Deavers	22825 & mile 12d	O'City NORWAY	5-21-24
2. Alex	Daniel Myers	20307 1541 5+	Utiliage Kenosha	5-21-24
3 BZMiL	BRIAN 2 MARKOVILA	34213 DAKWOOD DR	- Town - Village - City RALINE Bucklingto	5-21-24
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further certify I am either a qualified elector	of Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting u	(circulator's residence - include number, street, and municipality) nder Wis. Stat. § 6.03. I personally circulated this recall petitic	on and personally obtained each of
the signatures on this paper. I know that the si	igners are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person while continuous publishable under § 12.13(3)(a), Wis. Stats.	n signed the paper with full knowledge of its content on the da	te indicated opposite his or her
5/21/24	Mul 18	en here?		Page No. 1222
L-170 (Rev.2019-09) The information on this form is r		re of circulator)  e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   6	508-266-8005 web http://elections.wi.gov.lemail.elections@wi.gov	

O: The Wisconsin Election Commission		. We, the undersigned qualified	d electors of the Assembly District 63	
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)			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	
	(name of officeholder to be recalled and office).		2.7.10	of the wisconsin statutes
		STATEMENT OF REASON FOR RECALL		
The reason for recall must be stated on petitions	s for city, village, town, and school district officials. The	ne reason must be related to the official responsibilities of the office	holder. No statement of reason is required to initiate the reca	all of state, congressional.
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		trips from the CCP, failure to protect Wisconsin farmland from the C		
ick of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	or his own constiuents by calling them "whack-jobs, morons, and idiot	s."	
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urther certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting u	nder Wis Stat & 6.03 I personally airculated this recall actition	n and personally obtained each of
e signatures on this paper. I know that the signe	are electors of the jurisdiction of district represented	by the officeholder named in this petition. I know that each person	signed the paper with full knowledge of its content on the date	e indicated opposite his or her
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122/2004	1 mil 6	S/m/m K/		Page No. 1223
1000	-	re of circulator)		1220

ΓΟ: The Wisconsin Election Commission		. We, the undersigned qualified	d electors of the Assembly District 63	
(official with whom nominat	ion papers or declaration of candidacy for the office is file			district of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII.	Section 12 of the Wisconsin Constitution and §.9.1	0 of the Wisconsin Statutes
	(name of officeholder to be recalled and office).		3.5.1	of the Wisconsin Statute.
		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 office	cholder. No statement of reason is required to initiate the rec	call of state, congressional.
egislative, judicial, or county officials.)				, ,
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance	e of trips from the CCP, failure to protect Wisconsin farmland from the C	CP,	
ack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespe-	ct for his own constiuents by calling them "whack-jobs, morons, and idio	ts."	
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me. I know their respective residences given	I support this recall petition. I am aware that falsif	ying this certification is punishable under § 12.13(3)(a), Wis. Stats.	ii signed the paper with full knowledge of its content on the da	ate indicated opposite his or her
5/23/2020		y me configuration is punishable under § 12.15(5)(a), Wis. Stats.		Dece No. 400.4
12/1029	1 Chile &	Of enfuncy		Page No. 1224
' (date)		gnature of circulator) by the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984		

(official with whom nomination papers or declaration			(jurisdiction or dis	strict of officeholder)
petition for the recall of Robin Vo				
petition for the recair of	S	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
(name of office  (The reason for recall must be stated on petitions for city, village, tow  legislative, judicial, or county officials.)  Robin Vos should be recalled for his tacit support of the Chinese Comi	n, and school district officials. The re		s. No statement of reason is required to initiate the recall	of state, congressional,
lack of committment to election integrity, blocking lower prescription dr	ug costs, and flagrant disrespect for hi	is own constiuents by calling them "whack-jobs, morons, and idiots."		
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	D NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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6 John Martini SM	ARTINI	1837 Ct. 12 V 19	orling Ht Pleasant	5/26/29
1 Alby	tlaughlin	1009 11th AVE	City Union Breke	5-26-24
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10. Nette	> Restros	4450 Tates Dh 268	Ocity MT Pleasant	5-26-24
I, ANDREW HOY	, certify: I re	eside at	(circulator's residence - include number, street, and municipality) Wis Stat & 6.03. I personally circulated this recall netition	and personally obtained each of
the signatures on this paper. I know that the signers are electors of th	e jurisdiction or district represented b	y the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	e indicated opposite his or her
name. I know their respective residences given. I support this recall (dat)	(signature	of circulator		Page No. 1225

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec	ctors of the Assembly District 63	
	(official with whom nominati	on papers or declaration of candidacy for the office is filed)			or district of officeholder)
petition	for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.1	0 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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',	(name of circulator)	, , ,	reside at 469 MILCABSVIN	(circulator's residence - include number, street, and municipality)	1 23094
the signat	certify I am either a qualified elector of V tures on this paper. I know that the signer	Visconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signe	Vis. Stat. § 6.03. I personally circulated this recall petiti	on and personally obtained each of
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L-170 (Rev	2019-09) The information on this form is requir		re of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified	electors of the Assembly District 63	
	ion papers or declaration of candidacy for the office is filed)			district of officeholder)
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	(name of officeholder to be recalled and office).	COLUMN CO		
		STATEMENT OF REASON FOR RECALL	II. No see a company of the second se	W - C - L - L
	for city, village, town, and school district officials. The	ne reason must be related to the official responsibilities of the office	holder. No statement of reason is required to initiate the reca	ll of state, congressional,
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THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TI		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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the signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting used by the officeholder named in this petition. I know that each persong this certification is punishable under § 12.13(3)(a), Wis. Stats.	under Wis. Stat. § 6.03. I personally circulated this recall petitic in signed the paper with full knowledge of its content on the da	on and personally obtained each of te indicated opposite his or her
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(date)		tty C of circulator) ne Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984	608-266-8005   web: http://elections.wi.gov   email: elections@wi.gov	

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
WATE .	(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		(name of officeholder to be recalled and office).		3	
			STATEMENT OF REASON FOR RECALL		
		for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	f state, congressional,
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
		TREATED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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	Mr. W. W. W.	DONNA WRIGHT	15592 E. Crooked Lk	Ocity Riverview	5/21/24
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he signa	tures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signe	of the paper with full knowledge of its content on the date it	ndicated opposite his or her
name. I	know their respective residences given. 1	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	a the paper with rain knowledge of its content on the date in	
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	(date)	(signatur	e of circulator)		
-170 (Re	v 2019-09) The information on this form is requir	red by Wis State && \$ 40 and 9.10. This form is prescribed by the	Wisconsin Floring Commission   B.O. Box 7084 Medican, WI 52707 7084   608 266	2005 hugh: http://glostions.usi.gov.lamail.glostions@usi.gov.	

10: The Wisconsin Election Commission			electors of the Assembly District 63	St. 100 100 100 100 100 100 100 100 100 10
(official with whom nomina	tion papers or declaration of candidacy for the office is filed			district of officeholder)
petition for the recall of	Robin Vos  (name of officeholder to be recalled and office)	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		
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Robin Vos should be recalled for his tacit suppor	t of the Chinese Communist Party (CCP), acceptance	of trips from the CCP, failure to protect Wisconsin farmland from the CC	OP,	
lack of committment to election integrity, blocking	g lower prescription drug costs, and flagrant disrespect	for his own constiuents by calling them "whack-jobs, morons, and idiots	5."	
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TH	IE NAME OF THE MUNICIPALITY OF RESIDENCE M	IUST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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he signatures on this paper. I know that the sign	Wisconsin, or a U.S. citizen, age 18 or older who, if the sare electors of the jurisdiction or district representations.	Certification of Circulator 7818 V 7th Plan  I were a resident of this state, would not be disqualified from voting us ted by the officeholder named in this petition. I know that each person	nder Wis. Stat. § 6.03. I personally circulated this recall petitic	on and personally obtained each of
	I support this recall petition. I am aware that falsify	ing this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1229
5-20-24	Lange	Andander -		1229
-170 (Rev 2019-09) The information on this form is requ	uired by Wis Stats 88 8 40 and 9 10. This form is prescribed to	the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   6	08-266-8005 hugh http://elections.tvi.gov.lemail.elections@wi.gov	
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O: The Wisconsin Election Commission	1	. We, the undersigned qualified ele	ectors of the Assembly District 63	
(official with whom nomin	nation papers or declaration of candidacy for the office is filed)			strict of officeholder)
etition for the recall of	Robin Vos	from office pursuant to Article XIII, Sect	ion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statute
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
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Cula fruite	Carlin Russell	W2396 Potter Rd.	Unilage Burlington	5/21/24
2 Many nor	Doninic Viebelhan	592 W33025 COUNTY RINN	O Town O Village O City  MVKWONAGO	5/21/24
Plant	Pathy Dombraus 4	6830 Beechnut Dr	to Village La Ledonia	5-21-34
Ano Re	TROBERT FARCLION	29500 3, M(LB Q\$	Otiv FRANKSUIUS	5-21-24
5. Jodym, Farchion	e Jody M. Farchione	8500 3 mile Rd	Gillage Franksville	5-21-24
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fraff-Cen	Cours S. Fliess	8832 school RD.	25.Village Dur lington	5-31-24
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Lany (name of circulator)	Grafanales , certify: I	reside at 9818 No The Pla		5020
rther certify I am either a qualified elector of signatures on this paper. I know that the signatures	gners are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(offculator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition ned the paper with full knowledge of its content on the date	and personally obtained each indicated opposite his or her
1 know their respective residences given $\frac{5-21-2}{6000}$	24 Jan	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1230
70 (Rev 2019-09) The information on this form is re		re di circulator) Wisconsin Efections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-20	66-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec	ctors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)			trict of officeholder)
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
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lack of	committment to election integrity, blocking	ower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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			by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	indicated opposite his or her
iame. I		support this recall petition. I am aware that falsifying	his certification is punishable under § 12.13(3)(a), Wis. Stats.		DN- 4004
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180.0	(date)		ure of circulator)		
-170 (R	2019-09) The information on this form is requi	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by th	e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005   web: http://elections.wi.gov   email: elections@wi.gov	

		RECALLIETTION	Callan Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly Blattet of (jurisdiction or distri	ct of officeholder)
TO: The Wisconsin Election Commission (official with whom nomination	n papers or declaration of candidacy for the office is filed)			
	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin statutes.
petition for the recall of	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall o	f state, congressional,
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Robin Vos should be recalled for his tacit support of	of the Chinese Communist Farty (Cor.), acceptance	whack-jobs morons and idiots."		
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6. Phiane Mack	Rhanne Macx	3918 Northwestern Ave 53405 5605 CARDES GRAVE	Town Village MT, PLTM	5/22/24
7. SONY WOLL	SONNY KOVAC	5605 CANSES COMME	Town Village Mt. Pleas	=177/74
8. Kus hr	Rachel Muniz	9982 Washington Aver	Town	5/22/21
9. Shother	Arlette Ley Va	2106 Howe St. 5 m+ Please 3463	3 City M+ Pleas	5/24/24
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On the Cat	Certify.	I reside at 3/8) CM 13 Dec 1-1	12 Carls bad, CA 9208	
I, (x uent in (name of circulator)		were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs this contribution is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) r Wis. Stat. § 6.03. I personally circulated this recall petition uped the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
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(date)  EL-170 (Rev.2019-09) The information on this form is re	quired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by t	ture of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-7	200-0003 Web. Indiprocedures Higgs.	

# RECALL PETITION We the undersigned qualified elector

(official with whom nominat	tion papers or declaration of candidacy for the office is filed)	. we, the undersigned quantied elec	(jurisdiction or d	istrict of officeholder)
petition for the recall of	Robin Vos  (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section STATEMENT OF REASON FOR RECALL	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
egislative, judicial, or county officials.)	s for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder trips from the CCP, failure to protect Wisconsin farmland from the CCP,	r. No statement of reason is required to initiate the recal	ll of state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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3. Julpun	German Lois	5910 16th St Apt 202	Village Maunt Pleasant	5/22/2024
4. Land Bane	FRED BANE	5910 16th ST 2PT 201	O'Village BACINE WI,	5/22/24
5. Coly Gulf	Corcy Cottingham	2215 crown point dr	Drown Divillage Racine WI	5/22/24
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7.	Andres Avila	2400 Gilson 5+	Urillage Racine WI	5/22/29
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Quentin Cot	trell, certify: I	Certification of Circulator reside at 5185 Carls bad Blvd Co	irls bad, CA 92008	
further certify I am either a qualified elector of ne signatures on this paper. I know that the signa	Wisconsin, or a U.S. citizen, age 18 or older who, if I were are electors of the jurisdiction or district represented	rere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition ed the paper with full knowledge of its content on the date	and personally obtained each of
ame. 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. 1233
(date) ~170 (Rev 2019-09) The information on this form is requ		re of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	5-8005 lweb: http://elections.wi.gov/email-elections@wi.gov	

TO: The Wisconsin Election Commission			d electors of the Assembly District 63	
(official with whom nominat	tion papers or declaration of candidacy for the office is file			or district of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII,	Section 12 of the Wisconsin Constitution and §.9.1	10 of the Wisconsin Statute
	(name of officeholder to be recalled and office).			
		STATEMENT OF REASON FOR RECALL		
The reason for recall must be stated on petitions	s for city, village, town, and school district officials	The reason must be related to the official responsibilities of the office	cholder. No statement of reason is required to initiate the re	call of state, congressional,
egislative, judicial, or county officials.)			•	
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance	e of trips from the CCP, failure to protect Wisconsin farmland from the C	CP,	
ack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespe-	ct for his own constiuents by calling them "whack-jobs, morons, and idio	ts."	
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THA	N MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. T	HE 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
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urther certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, i	f I were a resident of this state, would not be disqualified from voting	under Wis. Stat. § 6.03. I personally circulated this recall peti	tion and personally obtained eac
e signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represe	nted by the officeholder named in this petition. I know that each person	on signed the paper with full knowledge of its content on the	late indicated opposite his or her
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May 35 30711	- Mark (si	Harry Gone		Page No. 1234
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		gnature of circulator)  by the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984	AND DESCRIPTION OF THE PARTY OF	

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
	(name of officeholder to be recalled and office).		3	me misconsin otatutes
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	s for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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, Mark Harry C	Fabriel certify: I	reside at 30/3 Schaefer Circle,	Appleton Wisconsin 3	54915
(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 was are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs	Wis. Stat. § 6.03. I personally circulated this recall petition and	nd personally obtained each o
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.	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
May 20, 2024	Mark Har	ry Labriel re of Erculator)		Page No. 1235
L-170 (Rev.2019-09) The information on this form is requi		e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63	
	(official with whom nominat	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		(name of officeholder to be recalled and office).			
			STATEMENT OF REASON FOR RECALL		
		s for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
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lack of C	committeent to election integrity, blocking	lower prescription drug costs, and hagrant disrespect for	his own constituents by caning them whack-jobs, morons, and idiots.		
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4	Jew of John	David Literson	14/6 Jungslose DR 164	Ocity MI PRESERT	5/20/20
2	Corin Slay	Bloria J. Stark	1208 Sannyslope Da 103	Village oct Pleasant	3/20/26
3.	Land Door	n JAMES BOGAN	1156 SUNNUSLOPE DATINI	Utiliage MT PLEASANT	5-28-24
4.	Paul in P	Apekshee pritel	1102 p summisopeda Apt 293	O'Village Ocity M+ Please	5/20/24
5.	Com	CANTHIA CONEYOU	1216 N SUNNYSLADE RCG	Ullage WIT Plansaul	5/20/24
6.	Burns	JoEllen Burns	1040 N Summplane 204	Village MHPleasant	5/20/24
7. 4	all	Thomas Lodriquez	1255 N Sunny clope Dr. 102	Usilage MT Pleasant	5/20/24
8.	Magaz	Danis Railia	1239 N Jungslope 0,202	Usilage MT Plagan	5/20/29
9.	Span Hota	Sean T. OCOMAN	1243 N 3my/shop for wifa 02	Utiliage State of Trackan A	5/8/24
10.	KHOauie	Kristan Mthorris	1243 N. SunvSINDE #204	Milliage Mt Pleasant	5/20/24
	M-16 11 6		Certification of Circulator	A let les mi	
I,		iabrie) , certify: I	reside at 3013 Schaefer circle,	Appleton Wisconstn 549	115
			were a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signed		
			this certification is punishable under § 12.13(3)(a), Wis. Stats.	a the paper with full knowledge of its content of the date if	idicated opposite his of her
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	(date)	(signatu)	re of circulator)		,200
T 170 /D	2010 00) The information on this form is requ	ained by Win Clate CC 9 40 and 0 10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7084 Medison WI 53707-7084   608-266	9005 hugh: http://elections.us/gov/lamail.elections@us/agu	

The Wissersin Floation Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	NEW HOLES THE TOTAL PROPERTY OF THE PARTY OF
The Wisconsin Election Commission	ation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office).			
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		I reside at 18/00/1900 00 =	(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 the paper with full knowledge of its content on the date	indicated opposite his or her
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EL-170 (Rev 2019-09) The information on this form is re	equired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by t	the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	66-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission	on	. We, the undersigned qualified	l electors of the Assembly District 63	
(official with whom non	nination papers or declaration of candidacy for the office is filed)			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 petit	tions for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the office	holder. No statement of reason is required to initiate the reco	all of state, congressional,
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Robin Vos should be recalled for his tacit sup	port of the Chinese Communist Party (CCP), acceptance of	rips from the CCP, failure to protect Wisconsin farmland from the C	CP,	
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(name of circulator)	,,	1850 1957 P. L.	(circulator's residence - include number, street, and municipality)	
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200 700	you ple			Page No. 1238
(date)		re of circulator)  Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984		

TO: The Wisconsin Election Commission		RECALL PETITION		
(official with whom nomin	nation papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified ele	ectors of the Assembly District 63	
petition for the recall of	Robin Vos			district of officeholder)
	(name of officeholder to be recalled and office).	irom office pursuant to Article XIII, Sect	ion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
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I, (name of circulator)	, certify: I re	Side at 1819 MONYOE ST B	60702 GLOWATHA	TI
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I were	e a resident of this state, would not be discussed as	(circulator's residence - include number, street, and municipality)	1
name. I know their respective residences given.	rs are electors of the jurisdiction or district represented by I support this recall petition. Lam aware that falsifying th	e a resident of this state, would not be disqualified from voting under Wi the officeholder named in this petition. I know that each person signed is certification is punishable under § 12.13(3)(a), Wis. Stats.	is. Stat. § 6.03. I personally circulated this recall petition at the paper with full knowledge of its content on the date in	nd personally obtained each of
(date)	- 101419			Page No. 1239
L-170 (Rev. 2019-09) The information on this form is require	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the Wi	f circulator) isconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-80	005  web: http://elections.wi.gov   email: elections@v	1200

ΓΟ: The Wisconsin Election Commission		. We, the undersigned qualified of	electors of the Assembly District 62	
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)			strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and §.9.10 c	of the Wisconsin Statutes
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL	3.5.10 C	of the wisconsin statutes.
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(name of circulator)				202
ne signatures on this paper. I know that the signa	ers are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signification is provided under \$ 12.13(3)(a). Wile State	er Wis. Stat. § 6.03. I personally circulated this recall petition ar	nd personally obtained each of
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~170 (Rev.2019-09) The information on this form is requi	(signatu ired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	re of circulator) e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266 8005   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.2.0
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. We, the undersigned qualified electors of the Assembly District 63

The Wisconsin Election Commission

(official with whom nominate	on papers or declaration of candidacy for the office is filed)		(jurisdiction or	r district of officeholder)
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4. Sandrak Wagner	Sandra K. Wagner	3800 Shannon La	Village Sturtevant	05/20/24
5. Jal Com	Joseph Coch	2756 81461 Stertement	Uvillage STRITCHENT	5/20/24
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B Clayton BROM	MP CHAYTON BROWN	28/7 90 TA STURTRVANT 3317	Village STURTEVANT	5/20/24
10.	Tiffany Dancel	8800 Corliss Ave Sturteronz	Utiliage Stustevant	5/20/24
I, Eric Parge	, certify: I	reside at 1870 Sunfield the victor	bostor IL 60154	
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	vere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signed	(circulator's residence - include number, street, and municipality)  Vis. Stat. § 6.03. I personally circulated this recall petiti  ed the paper with full knowledge of its content on the da	ion and personally obtained each of ate 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.		D. W. 4044
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t (date)	(signatu	ic 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 |

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

The Wisconsin Election Commission

(official with whom nominat	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or o	district of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2/1/1/1/1/1	Michael Erus	880B Corliss AV	Sturtevant	5/29/202
3.	Heather McBain	8916 Corliss Ave	Distribution Sturteuant	5/20/29
4 Markal Guerl	Mariak Busch	3256 Kennsington Sg Rd	Uslage Sturteuant	5/20/24
5 Idany bust	Gary Busch	3256 Kennsington St. Rd.	Uillage Sturtevant	5/20/24
6 Kusty More	Kristy Moore	8325 Queensbury Ln	Uillage Sturterant	5/20/24
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further certify I am either a qualified elector of the signatures on this paper. I know that the signatures	ers are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting und by the officeholder named in this petition. I know that each person si	(circulator's residence - include number, street, and municipality) er Wis. Stat. § 6.03. I personally circulated this recall petitic igned the paper with full knowledge of its content on the dat	on and personally obtained each te indicated opposite his or her
me. I know their respective residences given.	and and	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1242
-170 (Rev.2019-09) The information on this form is requ		Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608	-266-8005 lweb: http://elections.wi.gov.lemail:elections@wi.gov	

TO: The Wisconsin Election Commission	on	. We, the undersigned qualified ele	ectors of the Assembly District 63	
(official with whom non	ination papers or declaration of candidacy for the office is filed)			or district of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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m	Andy Van	716 Buckening Rd	city 8turteur	5/20124
3. 0 1	2 446 16. 1	2:00	□ Jown	1
Women & one	DAVID HORIC	3129 86th Street	Ocity Sturtevant	5/20/24
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Jale Pene	JAIN Resch	8720 West Brook Dr.	Village 10 10 10	E-20 2 U
. 11.000		o e e e e e e e e e e e e e e e e e e e	Town	320 29
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(name of circulator)	, certify: I	reside at 32 Coventry Lone in		
	of Wisconsin or a U.S. sitings and 19 and 14- are		(circulator's residence - include number, street, and municipality)	
e signatures on this paper. I know that the si	igners are electors of the invisid ation or district annual of	vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petiti	on and personally obtained each of
e signatures on this paper. I know that the si	igners are electors of the jurisdiction of district represented	by the officeholder named in this netition. I know that each person sign	ned the paper with full knowledge of its content on the da	ate indicated opposite his or her
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-170 (Rev 2019-09) The information on this form is r	equired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005  web: http://elections.wi.gov   email: elections@wi.gov	
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TO:	The Wisconsin Election Commission		We the undersigned suplified also	- Cd. Assembly Blobba 68	
		ion papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified elec		district of officeholder)
petitic	on for the recall of	Robin Vos (name of officeholder to be recalled and office).	from office pursuant to Article XIII, Section	ion 12 of the Wisconsin Constitution and §.9.10	
iegisiai	ive, judicial, or county officials.)	for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholde rips from the CCP, failure to protect Wisconsin farmland from the CCP,	x No statement of reason is required to initiate the reca	all of state, congressional,
			his own constiuents by calling them "whack-jobs, morons, and idiots."		
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N. STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	AME OF THE MUNICIPALITY OF RESIDENCE M MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	Deblie Binter	Debbie Benfiet	4720-Bird Ave	Town Village Drity  Rown	5-21-2014
2.	Joed Lifsty	July Fight	3/ce scin clay st	□ Town □ Village □ City	5-21-20
3.	5. Rojth	6 STEVE RAITH	1712 97TH AVE	Town  Styllage City  Somens	5-21-24
4.	Kolul Kuslling	Robert Rashleger Jr	5821 2ND ST	Other Somers	5-21.24
5.	5	Steven Snolko	6015 Graen WAY LN	Town In Village City  The Plant ASANT	5-21-24
6.	The th	Dan MitCHARD	2801 Lincolnwood 12	Otivilage RACINE	5-21-24
7.	Balleyop	Grenda Schulb Arasi	on 2212 Mealy of waterfood w	Stylinge De Water	5-4-24
8.	Jean only	leah Schulz	Holle Sharp Rd	Town williage Waterford	5-21-74
9.	HA THE	John Talaska	27635 Washyton Ave	Town Waterford	5-21-24
10. (	Joh Murray	Jodi Murray	4915 Schoep Ral	Uvillage Anon Golfwy.	5-21-24
	Tatrock	Howley certify: I	Certification of Circulator reside at 2 Coventry Lone in	Aven, CT 06001	
ne sign	atures on this paper. I know that the signe	Wisconsin, or a U.S. citizen, age 18 or older who, if I were are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) Wis Stat 8.6.03. I personally circulated this recall patition	n and personally obtained each of e indicated opposite his or her
	5/21/24 (date)	(signatur	e of circulator)		Page No. 1244
-170 (R	ev 2019-09) The information on this form is require	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-260	6-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commissi	on	. We, the undersigned qualified	d electors of the Assembly District 63	
	nination papers or declaration of candidacy for the office is filed)			istrict 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.
petition for the recair of	(name of officeholder to be recalled and office).			
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on peti- legislative, judicial, or county officials.)	tions for city, village, town, and school district officials. T	The reason must be related to the official responsibilities of the office	cholder. No statement of reason is required to initiate the recal	ll of state, congressional,
Robin Vos should be recalled for his tacit sup	port of the Chinese Communist Party (CCP), acceptance of	of trips from the CCP, failure to protect Wisconsin farmland from the C	CP,	
		for his own constiuents by calling them "whack-jobs, morons, and idio		
THE MUNICIPALITY USED FOR	MAILING DUDDOSES WHEN DIFFERENT THAN	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. T	HE NAME OF THE MUNICIPALITY OF RESIDENCE M	UST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Mmit Ack	Kenneth Garth	2905 96H St.	Village Stwtevant	5/20/20
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3			□ Village	
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4			☐ Town ☐ Village	
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			Town	
10			□ Village	
			□ City	
JUDY NE	, certify	Certification of Circulator RD	UNITA, GLENVIEW, I	60026
(name of circulator)			(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the	signers are electors of the jurisdiction or district represent	I were a resident of this state, would not be disqualified from voting ted by the officeholder named in this petition. I know that each pers	under Wis. Stat. § 6.03. I personally circulated this recall petition signed the paper with full knowledge of its content on the date.	on and personally obtained each of the indicated opposite his or her
name. I know their respective residences gi	ven. I support this recall petition. I am aware that falsify	ing this certification is punishable under § 12.13(3)(a), Wis. Stats.		
5/20/24	Alla	y het		Page No. 1245
(date)	(sign	the Wisconsin Floritons Commission   P.O. Box 7984 Madison, WI 53707-7984	608-266-8005 lweb. http://elections.wi.gov.lemail.elections@wi.gov	

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)			district of officeholder)
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
		(name of officeholder to be recalled and office).		/	
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	tive, judicial, or county officials.) Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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lack of	commitment to election integrity, blocking i	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		12
T	HE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE M	IUST ALWAYS BE LISTED.
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	1 10		Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1.	Devortulity	Devia Halita	Drag al el la apt	□ Town □ Village □ //	5621711
		DOVIN TIMITA	Thapel Terrace 23	city 1500/119/60	5/22/24
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	Dille	Swa Leffille	at S Well relland St	city Device	01 20124
3.	5/10 0/14	1-5-10111 +	(1)	□ Town □ Village	-1006
	While Edill	all Joseph Edgines	- 7 92 horangine	City /W (retn	1/22/2
4.	hA 107	. Ill Mor Aust	(12 0 ) #10	□ Town	1
	1 mate L. Amy	HU/HU/ AVOID	612 MEDDOW LOR IV	City On A OF	122/14
5.	. 60.00			Town Out 4 1911	
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	1 2 - 1		Certification of Circulator	1 1 1	
I,	CAROS Hou	, certify: I		1 Just Horand	of Done
	(name of circulator)		1) 0 (010)	(circulator's residence - include number, street, and municipality)	00000
the sign	r certify I am either a qualified elector of V	visconsin, or a U.S. citizen, age 18 or older who, hil w	ere a resident of this state, would not be disqualified from voting under W by the officeholder named in this petition. I know that each person signer	is. Stat. § 6.03. I personally circulated this recall petition	on and personally obtained each of
name.	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.	a the paper with full knowledge of its content on the da	te indicated opposite his or her
	6/21/24				Page No. 1246
	(date)	(signatur	e of circulator)		1240
L-170 (R	ev.2019-09) The information on this form is require	ed by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	8005  web: http://elections.wi.gov   email: elections@wi.gov	

ΓO: The Wisconsin Election Commission		. We, the undersigned qualified ele	ctors of the Assembly District 63	
7 - 7	ation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
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	rt of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,	/ /	_
ack of committment to election integrity, blockin	g lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. BND 1	Breana Thomas	1323 Cars Rd	o Town o Village o City Mount pleasant	5/21/24
2. Mury Lo Cody	Mary Cody	1521 Hamailton 57	Town Village Racine	5/21/24
3 Kyle Jensen	Kyle Jensen	1105 Jackson Place	Town of Village Mount Pleasint	5-22-24
1 Life Star	Letishe Watts	1046 dackson Place	Town Strillage Mount Regsent	5/27/24
5. Letty Miller	Betty Miller	549 E. STATE ST	Othy & Burling ton	5/25/24
"Cynchia Meyer	e Cynthia Meyer	8420 Heather Ave	Otty Berlington	5/22/24
Minde Hanson	LINDA HALSON	8434 PARK St	or town village Bullry torl	5/83/24
SPATRACE PEC	LACEL PATRICIA PECHACEL	8436 WAEN ST	Oty Suelington	5-20124
9. les	Alissa Maerzke	2421 Mealy Rd	Village DOVEV	5-23-24
10. July	Paul Cortese	1232 Laurel lane	U/Town U/Illage U/City U/OVEC	5-23-24
Mat Snorek	, certify: I	Certification of Circulator 3083 9	Running Fox Tri Barringt	n WE 53/05
further certify I am either a qualified elector o he signatures on this paper. I know that the sign	f Wisconsin, or a U.S. citizen, age 18 or older who, if I w ners are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition at	nd personally obtained each of
name. I know their respective residences given		this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1247
-170 (Rev. 2019-09) The information on this form is req		Wisconsin Elections Commission P O. Box 7984, Madison, WI 53707-7984   608-20	66-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified ele	ectors of the Assembly District 63	
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		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocki	ing lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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Ben Migh-	Adam Mocarshi	7748 BIG PINE LN	O Village City	5-24-24
2. Chistre Sames	Christine Barnes	7748 BIG PINE LN	Village Burlin610m	5/24/2021
3. Tagin	CA MAHICEA		□ Town □ Village □ City	
4. Krept M	Krahan ahlen	810 River rate Stor (810 Bide)	Village Weterford	5124124
5.	1882 Hay Croz	494 terrice Ave	Uvillage Bun Ing ton	5/24/24
"Charly Die	charley Durbin	Gold Walbrand R	do Village Burlington	3/24/24
7.	_ /		□ Town □ Village □ City	
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10.			□ Town □ Village □ City	
, MATT SNOREK	certify: I	reside at Certification of Circulator 30839 Russ	ing toh frais Burlingter,	W 53100
he signatures on this paper. I know that the signatures	gners are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person significant	er Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
name. I know their respective residences give		this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1248
-170 (Rev. 2019-09) The information on this form is re		re of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266-8005   web http://elections.wi.gov   email elections@wi.gov	

The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)	, are analogues qualified elec-		rict of officeholder)
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	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
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THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Hannell Spain	HANNAH STODIN	731 Heron Dr. Water Ford		5-24-24
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			☐ Town ☐ Village ☐ City	
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CAMEN X		March Andrews	□ Town □ Village □ City	
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			UTown Village City	
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May Son		Certification of Circulator 30839	Rain E. To Bank	1510 ( 5 =
ther certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if 1 w	were a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality)  Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each
ignatures on this paper. I know that the signer	s are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date	ndicated opposite his or her
5/24/24	(signature)			Page No. 1249

TO:_	The Wisconsin Election Commission		. We, the undersigned qualified ele	ectors of the Assembly District 63	
	(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Sect	tion 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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			STATEMENT OF REASON FOR RECALL		
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	ive, judicial, or county officials.)  /os 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.		
			r his own constiuents by calling them "whack-jobs, morons, and idiots."		111
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	111	2 2	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1.	W//	Rym Los Lois	324190thst	Town Sturtevant	5-25-24
2./	Vianna MC/ racke	w Dianna Mc Cracken	26655 210th Ave. Ewing MO.	Usuage Ewing, MO. 63440	5-25-2024
3.	Johan 9	John Biond	3212 92nd St	Sturte with 5317	5-25-24
4.	New Biondi	Ann Bienti	321292nd St	Stuviewont, WI 531;	75-25-24
5.	J. Marka	William Paviolich	3240 Bred Buckingham	Strong Starteran Fil 1309	5-25-24
6.	Sigandusto	SpanTusdox	3149 Buckhaham	D Town City  City	5/25/24
7.	1 Haz	DAMIAN LURNER	1044 JACKSON PL	Orivillage St. Pleasant	51-25/21
8.	On-	Quian Maher	1034 Jacksonpl	town willage city at the said	5/25/24
9.				☐ Town ☐ Village ☐ City	
10.				☐ Town ☐ Village ☐ City	
Ι,	MAT SNOR	EK , certify: I	reside at Certification of Circulator 30839		1, WI 53/05
I further	(name of circulator)	Visconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) r Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
the sign	atures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sig	med the paper with full knowledge of its content on the date in	ndicated opposite his or her
name.	know their respective residences given.		this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1250
L-170 (R	ev 2019-09) The information on this form is require		re of circulator) • Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	266-8005  web: http://elections.wi.gov   email: elections@wi.gov	
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		ion papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	
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(The reason for recall mu	ist be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	of state, congressional,
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	OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
		PAGE CONTROL OF THE PAGE C	Kurai addices must also include box of the no.	Town , DISTAC	1 1 1
1Gusa (	01 + 5	Frica Cortese	1232 laurel Un	city Kansasville WI	5 25 24
-	mese		1243	Town II. VOIRC	- 25
2. Mate. O	- Armel	(Christian Perez)	1345 dayer to Barrier	City 6 W	5/24
Chim	MINI	CMISTING 9122	1243	A Town	
3. A. JOX		Jahren Cons	1355 Bay Jiew Dr.	□ Village □ City □ Tare	5-25-24
MAN		Very Vocas rece	1242	Town	12501
4. 64	M	Chaisting Pars	13th Ballyer Dr.	O Village	2-42-24
,		(Sieker)	Day year	□ Town	
. Sharos	V Sieker	SHARON SIEKER	525 Me Henry St	Ocity Bug Mater	5-25-24
6 10m/1 de	Mine!	A DU INDUN	111 -11 01 1 4	Town Village 7 15 town	C/20/24
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1///				□ Village	1
	0			City	15 1 - 12
10.	21.	Joseph Stream	NII97 Chry H	Village Of Chl	C125/20
X~VA	THE STATE OF THE S	TO SUN ALL VENTE	Certification of Circulator Patt 17	to the total the total t	
. / ///	ATIV. 711	OK/9-2 certify: I	reside at 30839 By ANIM Fox	HE, W	V
"	(name of circulator)		B 121/12/12 1 = 53/05	(circulator's residence - include number, street, and municipality)	and personally obtained each of
I further certify am eith	er a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respe	ctive residences given	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
5/1	5/24		1		Page No. 1251
100	late)	(signatur	re of circulator)		
	6 4 6 .	11 W Come SE 0 40 10 10 This Come is accombed by the	Wisconsin Elections Commission   P.O. Box 7984 Madison WI 53707-7984   608-26	66-8005   web: http://elections.wi.gov   email: elections@wi.gov	

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gislative, judicial, or county officials.)	is for city, village, town, and school district officials. The	from office pursuant to Article XIII, S STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officele trips from the CCP, failure to protect Wisconsin farmland from the CCP		
		r his own constiuents by calling them "whack-jobs, morons, and idiots		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jamie Benefiel	Jamit Benefiel	8020 Ridgeway Dr	Urilage BUTINGTON	5-25-24
2. Juny D.	Craig Schroeder	31332 A3rd St	Uvillage COCIAALOO	5-25-24
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NATT SN	WAEK , certify: I	Certification of Circulator 3083	9 Runing Tex TN &	Burlington
signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting up- by-the officeholder named in this petition. I know that each person this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) Inder Wis. Stat. § 6.03. I personally circulated this recall petition ar	nd personally obtained each
5/25/24		re of circulator)		Page No. 1252

The Wissersia Flortion Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office).			
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The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	f state, congressional,
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
ack of committment to election integrity, blocking I	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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1. Janet Even		I reside at 501 N Main ST	Girculator's residence - include number, street, and municipality)	-236
(name of circulator)	Swinner and H.S. gitizen 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
	and algorithm of the jurisdiction or district represente	of by the officeholder harned in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date i	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifyin	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		
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11/ay 01/200	(Signa	ture of circulator)		
EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec-	ctors of the Assembly District 63	
	(official with whom nomination	n papers or declaration of candidacy for the office is filed)			strict of officeholder)
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
		(name of officeholder to be recalled and office).		3	or the wisconsin statutes.
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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6.	Mar	TX kons	3360g FIRN Dr.	Unilage DURLINGTON	5-27-21
7.	Faylan	TaylorBurk	32841 South Calceshoredr	Urlington	5-22-2024
8.	any An	Meger Mi Govern	29331 Rocky Rd.	UVillage Bulling by	5/22/2024
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ı. O	OUL BRICKER	, certify: I	Certification of Circulator reside at 1877 FRUITWOOD AU	E BATALLA TOUR	2622
I further	(name of circulator) certify I am either a qualified elector of W	Visconsin, or a U.S. citizen, age 18 or older who, if I was	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality)  Wis Stat 8 6 03 I personally circulated this recall petition	and personally obtained each of
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.	the paper with full knowledge of its content on the date	indicated opposite his or her
	MAY 22, 2024		2 in the second		Page No. 1254
L-170 (R	ev 2019-09) The information on this form is require		e of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	6-8005  web: http://elections.wi.gov   email: elections@wi.gov	

10, The Wisconsin Election Commission		. we, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)			strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
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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
1. Josep Por	Jesus Dan	465 Herman St	Village Borlington	5/23/2024
2. Maria Thoma	maria Thomas	565 west state St	Octor Burington	5/23/202
3. Cantain	Christine Anstett	40209 915 St. City	Village Genoa City	5/23/24
4. CB4	Suglo Bace M.	678 Foxfree CIV APL	Usillage Bollngton	5/23/21
5. Steven J Bert	Steven L Beit	6056 Mill St	Village ByRCingler	5-23-24
6. Bonne Compa opthe	Bonnie whitwarth	38009-315	Uvillage Burlington	5-23-24
7. Chie Man	Ciris Acases	7920 352 ND AVE	O Village City The RUNGTON	5-23-24
8 de colum	Ki Johnson	29997 Beach Dr	Ullage Distincto	5.23.24
"Deel	Descid	3205 Frescher Dr	Uvillage Con	58330
10.	Mike Reid	3705 Frescher Dr	Uvillage City Congress to	5-23:20
2000	1 - 0	Certification of Circulator	/ 3.	V.
, DOUG BRICE	certify: I	reside at 1877 FRUITWOOD AVE	BATAVIA, LOWA	52533
further certify I am either a qualified elector of V he signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signed this petition is a signed to the contraction of the	(circulator's residence - include number, street, and municipality)  Wis. Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date.	and personally obtained each of indicated opposite his or her
	support uns recan petition. I am awate that faisifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1255
MAY 23, 2024	(Signatur	e of circulator)		Page No. 1255
~170 (Rev.2019-09) The information on this form is require		Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	-8005  web: http://elections.wi.gov   email: elections@wi.gov	

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The Wisconsin Election Commission		We the understand out if a	L. L C.I. Assembly District 00	
	nation papers or declaration of candidacy for the office is filed)	we, the undersigned qualified	electors of the Assembly District 63	
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e signatures on this paper. I know that the sign	or wisconsin, or a U.S. citizen, age 18 or older who, if I with the same are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting u by the officeholder named in this petition. I know that each persor	nder Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
ime. I know their respective residences given	n. I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	i signed the paper with full knowledge of its content on the date	indicated opposite his or her
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The Wisconsin Election Commission

## RECALL PETITION

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

THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN	for his own constiuents by calling them "whack-jobs, morons, and idio  MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. T  STREET & NUMBER OR RURAL ROUTE	HE NAME OF THE MUNICIPALITY OF RESIDENCE M	
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Mary Luceas	morey Luccas	1724 Red Coals	Ocity M+ Pleasant	21/05/24
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TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
petition for the recall of	Robin Vos  (name of officeholder to be recalled and office).	from office pursuant to Article XIII, Section STATEMENT OF REASON FOR RECALL	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
agislative judicial or county officials	for city, village, town, and school district officials. The	trips from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall of	f state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. (ay)	Maria &	2105 Law St Merome	Utilage City Carlos Bullings	15-21-24
2.	Darile	6/12 73/4 8	Utilage City	5-21-20
3.	Malorda	1415 S Emmertson Rd	Utiliage Wt Plasur	5-21-24
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7.	Fy Davs	1618 13th St.	Town Village Walking	5.21.24
8.	Maria Shift	3564 DOUSKI AR	Town  Village  City  GC/16	5.2/24
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the signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represent	were a resident of this state, would not be disqualified from voting under Ved by the officeholder named in this petition. I know that each person signed	(circulator's residence - include number, street, and municipality)  Vis. Stat. § 6.03. I personally circulated this recall petition a  dthe paper with full knowledge of its content on the date in	nd personally obtained each of dicated opposite his or her
name. I know their respective residences given.	flak h	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1259

TO: The Wisconsin Election Commission		We the undersional and 15 and 16	C.d. Asserbly Blands on	
	tion papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified elec		
petition for the recall of	Robin Vos	Com a Community A state VIII Control	(jurisdiction or distri	50 C.
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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
1. Wend J. Firkus	Wendy FIRKUS	30527 #3 Dward Hr.	Ovillage Lun Mater Wi 5310	5/23/24
Hana Charlo	Shanak Hawley	30014 Mound Dr.	Ortown Ovillage Burlington	5/23/24
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(name of circulator)  I further certify I am either a qualified elector of the signatures on this paper. I know that the signatures	Wisconsin, or a U.S. citizen, age 18 or older who, if I were are electors of the jurisdiction or district represented	reside at	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date independent.	d personally obtained each of licated opposite his or her
May 25, 2024	Jurid	dan Adhura		Page No. 1260
(19) The information on this form is requ	ired 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	1977

10. The Wisconsin Election Commission		. We, the undersigned qualified ele	ectors of the Assembly District 63	District Contract of the Contract Contr
	ion papers or declaration of candidacy for the office is filed)		(jurisdiction of	r district of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	tion 12 of the Wisconsin Constitution and §.9.1	0 of the Wisconsin Statutes.
	(name of officeholder to be recalled and office).		/	
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		A
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, Gary Adam Fel	dman, certify: I	reside at 1026 Knorr Stree		11-488
further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who if I w	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality)  Wis Stat & 6.03 I personally circulated this recall patit.	ion and personally obtained each o
he signatures on this paper A know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the de	ate 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.	ned the paper with run knowledge of its content on the da	are mulcated opposite in or ner
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TO: The Wisconsin Election Commission		RECALL PE					
	ation papers or declaration of candidacy for the office is filed)	We, t	the undersigned qualified elect	tors of the			
petition for the recall of	Robin Vos	6 67				district of officeholde	
petition for the recall of	(name of officeholder to be recalled and office).	trom office p	bursuant to Article XIII, Section	n 12 of the	Wisconsin Constitution and §.9.10	of the Wiscon	sin Statutes.
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L-170 (Rev 2019-09) The information on this form is rea	uired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	wire of cited ator)	7084 M. F W. 52707 7084				
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TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63	
	ation papers or declaration of candidacy for the office is filed)	. we, the undersigned quantied elect	(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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1 Sieve Holsen	Grace Hudson	733 Foxtrail Circle	Village Burling For	5-22-24
8 Son Min	Gregory Hein	140 South Mainst.	Usilage Barlington	5-22-24
es afferm	Kather Spalding	736 N Browns Laker	Village Beryndon	5-22-21
10 Dangle Miss	al Candice musculousing	108 East Jefferson St	Village Burring FOR	2-12-24
Jam Gr	taxantis , certify: I	Certification of Circulator	PI PI. AT 85030	7
(name of circulator)		ere a resident of this state, would not be disqualified from voting under V	(circulators residence include number, sfreet, and municipality)  Wis. Stat. 86.03. I personally circulated this recall petition a	and personally obtained each of
he signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signer this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date i	ndicated opposite his or her
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-170 (Rev.2019-09) The information on this form is req	uired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-260	5-8005  web http://elections.wi.gov   email: elections@wi.gov	

		RECALL PETITION		
TO: Wisconsin Election Commission		. We, the undersigned qualified elec	ctors of the Assembly District 63	
	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	strict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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call	Calvin Supper	313 E. Manget St.	Village City	5/20/24
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L-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	-8005  web: http://elections.wi.gov   email: elections@wi.gov	

: The Wisconsin Election Commissio		RECALL PETITION  We, the undersigned qualified	electors of the Assembly District 63	
(official with whom nom	ination papers or declaration of candidacy for the office is filed)			district of officeholder)
ition for the recall of	Robin Vos	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Status
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STATEMENT OF REASON FOR RECALL

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

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

(jurisdiction or district of officeholder)

visconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office).

THE MUNICIPALITY USED FOR MA	AILING PURPOSES, WHEN DIFFERENT THA	N MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	NAME OF THE MUNICIPALITY OF RESIDENCE MU	UST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
thetall	ANTHONY HOLL TOAY	ELMWOOD PARK, WI 53405	Town Village ELM WOOD PARKY SUJAGE City	5/27/2024
Citalia	Cristian Rominez	Racine WI 53404	Urllage PCCINE	5/27/2024
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EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8 40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web | http://elections.wi.gov | email | elections@wi.gov |

ΓO: The Wisconsin Election Commission	on	. We, the undersigned qualified	d electors of the Assembly District 63	
(official with whom nom	ination papers or declaration of candidacy for the office is filed)			trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.10 of	
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further certify I am either a qualified elector	of Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting un	(circulator's residence - include number, street, and municipality) nder Wis Stat 8 6 03. I personally circulated this recall petition of	and personally obtained each of
ne signatures on uns paper. I know that the si	guers are electors of the jurisdiction of district represented	by the officeholder named in this petition. I know that each person	a signed the paper with full knowledge of its content on the date i	ndicated opposite his or her
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. and	Awon Carrel	1003 58th Rd	O Town City UNION Grove	5/21/24
2/1/1/1/1	Bonlee Presentis	1003 58 th Bd 118	- Town - Village Union Grove	5/2/124
3. PO M	Alan Moenchose	7311 Overlook Ter.	Town Village Caledon	5/21/20
4 draig Christians	ADNIE CHRISTIA	1304 65th PR.	Town PRANKSUILLE OCITY	2-51 450
5. and	Andy Heristianen	2400 thoras ct.	B-Village FRANKSUITE	2-51-54
6.	Jordyn, Bayer	1830265th Ct	O Town O Village Franksville	531245-21-
MACHA	Willagas Hilbert	17803 Inte Kd	Town Stille Falls III	531263-21-2
8. Kasvina Lese	en Ketrina D Koester	2803 Oakhurst Ln.	Town Village City Prayes nile	53/265212
" Patra mine	PATRICK MLDOWER	4648 BRIVER RO	- Town - Village BURLINGTON	531035-21-
10 Jan fr	Daviel Strosina Da	7820 Hoosvor Creok Rd.	- Town - Village Bunlington	53105 531-24
T1 11	~	Certification of Circulator  I reside at 50 600 144 1 W	Elzabethtown PA	17022
1, John Adams	, certify:	I reside at 50 Garilee law	(circulator's residence - include number, street, and municipality)	, , , ,
the signatures on this paper. I know that the signatures of the signatures of the signature	gners are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting under down the officeholder named in this petition. I know that each person si	er Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each or indicated opposite his or her
name. I know their respective residences give	+4 ×1	ng his certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1268
(date) EL-170 (Rev 2019-09) The information on this form is re		the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266-8005  web: http://elections.wi.gov   email: elections@wi.gov	

The Wisconsin Election Commission

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	
	(name of officeholder to be recalled and office).	non-one-parameter ratio ratio	12 of the Wisconsin Constitution and 9.5.10 of	the wisconsin statutes.
	5	STATEMENT OF REASON FOR RECALL		
The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	of state, congressional.
legislative, judicial, or county officials.)				,,
		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	VIKAS MODI	62 on mount Pleasant 6204 Larchmont	Village MOUNT PLANSANT	05/21/24
2. Mahall	Michael Inhosp	6405 Green Ridge Dr.	or village Mount Plas and	05/22/24
3. allen DHopen	Allen D HONAKER	6307 DURAND AVE	Utiliage MOUNT PLEASANT	05/22/24
4. Portricia Nietsen	Patricia Nielsin	7802 Durand Ave	Utilage Mount Pleasant	05/02/14
5 I De State	Ib NIELSEN	5802 DURPHO AUK	Utilage Mount PLRASAW	05/22/24
6. 1	Harrah Hendlicks	2920 Cottage Dr.	Utilage Mt Pleasant	5-22-24
7. Durig to MEC	DWATNE Mc CAMBRIDGE	2639 COZY acres Rd	Utilage M+ Plagsan+	5/22/24
"aler Leloch	Alan Goraca	6618 South Drive MY PL	Utilage MA PLEASant	5-22-24
930	Zu Arthur	6432 South Dr. M+ Please	Village My PLeasant	5/22/24
Stephane from	Bedanie Arllow	6432 South Dr. Mt Pleasing	Village My PLPaSant	3/20/24
The Ad	20 5	Certification of Circulator	1 11 . 20. 1-13-	
(name of circulator)	om Som, certify: I	reside at 56 Gaviler Lanz Eli	Zabethown PA 17022	<u></u>
	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under W	(circulator's residence - include number, street, and municipality)	
ne signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed	d the paper with full knowledge of its content on the date in	dicated opposite his or her
ame. I know their respective residences given.	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	r i content on the date in	ancarea opposite ins of fiet
5/22/2024		Oleman e of circulator)		Page No. 1269
~170 (Rev 2019-09) The information on this form is requir	red by Wis. Stats. §§. 8.40 and 9.10 This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	8005  web: http://elections.wi.gov   email: elections@wi.gov	

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 officeholder. No statement of reason is required to initiate the recall of state, congressional,

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

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office).

	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE  STREET & NUMBER OR RURAL ROUTE		
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21 WW 2127 0	, certify: I	reside at 10929 W ASHLAND	WAY AUDUDALE, AZ 85	392
(name of circulator)			(circulator's residence - include number street and municipality)	
ures on this paper. I know that the signe	wisconsin, or a U.S. citizen, age 18 or older who, if I were see electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sig	Wis. Stat. § 6.03. I personally circulated this recall petition and the personal state of the personal state o	and personally obtain
now their respective residences given.	I support this recall petition. I am aware that falsifoling	this certification is punishable under § 12.13(3)(a), Wis. Stats.	ned the paper with full knowledge of its content on the date i	ndicated opposite his
1 1 1		this continuation to pullishable under § 12.15(5)(a), 1715. States.		Page No. 12

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec	tors of the Assembly District 63	
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	(name of officeholder to be recalled and office).		services and services and g.o. 10 o	The Wisconsin Statutes.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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x, shahina	Shanina Kanman	>826 Margery Drue 7262	Ocity Mt Pleasant	5/23/24
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STAN SISS	, certify: I	Certification of Circulator	NO WAY AUDNDALE.	12 25242
(name of circulator)			(circulator's residence - include number street and municipality)	
further certify I am either a qualified elector of W	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under V	Vis. Stat. 8 6 03. I personally circulated this recall petition a	and personally obtained each of
he signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
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L-170 (Rev. 2019-09) The information on this form is require		e of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	8005 hyeb: http://elections.vij.gov/lemail.elections.	
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\_. We, the undersigned qualified electors of the \_\_ Assembly District 63

The Wisconsin Election Commission

(official with whom nominat	ion papers or declaration of candidacy for the office is filed)	1	(jurisdiction or dist	rict of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 Restropation	Leslie Palmer	3801 Indiavala Mount Heasantw	Usilage Mt Pleasant	5/24/24
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4 Benjunio Loper	Benjamin Loper	942 Longdon of Ruly wi	Uvillage Mt pleasant	5/24/20
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1 Dapot proces	Patrick Yearer	220 N Wisconsin	Utiliage Racine	5/24-24
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the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	tere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality)  Wis. Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date in	and personally obtained each of ndicated opposite his or her
5/24/24		this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1272
L-170 (Rev 2019-09) The information on this form is requi		e of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	-8005  web: http://elections.wi.gov   email: elections@wi.gov	3

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1.	Spele Motern	Roberra Matson	16842 Spring St	Trown Village Cotone Cotone .	5/25/2
2.	in StaBort	Alm Ben Book	36703.45031.	Town Utillage United Hill WANTE	5/25/24
3.	Double Hunkey	Gerald Kirkerny	1614 S. Browns Lake De	Drown   Burley Low	5/25/24
4.4	wClement	Kay Clement	N6295 Paraduse 12.	Town Village BMII AST AN	3/25/21
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10.	Don	Acre Polito	19655 MIL	☐ Town ☐ Village ☐ City	
I,	Elvira Poros	, certify: I	reside at Certification of Circulator	Mount Pleasan i	IT \$3400
the signa	tures on this paper. I know that the signer	's are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date in	and personally obtained each of
	5 DE D		ting certification is purisnable under § 12.13(3)(a), wis. Stats.		Page No. 1273
L-170 (Re	v 2019-09) The information on this form is require		Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-260	6-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission	on .	. We, the undersigned qualified ele	ctors of the Assembly District 63	
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the signatures on this paper. I know that the	of Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under I by the officeholder named in this petition. I know that each person sig	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov |

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(jurisdiction or district of officeholder)

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7.1.		G de di CG Li	- City	
I, Clvirco (name of circulator)	Brooks, cert	ify: I reside at	Mount Pleasand wit	53406
	or of Wisconsin or a U.S. citizen age 18 or older who	if I were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) er Wis Stat 8 6 03. I personally circulated this recall petition	and personally obtained each of
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5/25/	24	signature of circulator)		Page No. 1275
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		(name of officeholder to be recalled and office).		3.5.10 of	the wisconsin statutes.
			STATEMENT OF REASON FOR RECALL		
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lack of c	committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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Ι,	CLUNCY Brooks	, certify: I		INT Plaasant /11/ 530	100
I further	(name of circulator)	Visconsin es a II S citizen es a 10 es alder esta differen		(circulator's residence - include number, treet, and municipality)	
the sign	atures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs	Wis. Stat. § 6.03. I personally circulated this recall petition at	nd personally obtained each of
name. I	know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	and paper with run knowledge of its content on the date in	idicated opposite his or ner
	5/21/2024	al Al	260		Page No. 1276
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TO: The Wisconsin Election Commissio	on	. We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nom-	ination papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
	(name of officeholder to be recalled and office).		3	
		STATEMENT OF REASON FOR RECALL		
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Robin Vos should be recalled for his tacit supp	port of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, block	king lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR M	MAILING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
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SIGNATURES OF ELECTORS	TRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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(name of circulator)	of Wissensin or a H.S. sitizen, and 19 or ald-	ware a resident of this state would not be dissualified for the U.S.	(circulator's residence - include number, street, and municipality)	- d 10 - 14 - 1 - 1 - 1 - 1
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		this certification is punishable under § 12.13(3)(a), Wis. Stats.	a the paper with run knowledge of its content on the date in	idicated opposite his or ner
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T-0			RECREETETITION		
TO:_	The Wisconsin Election Commission		. We, the undersigned qualified elec		
		ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
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	ve, judicial, or county officials.)	for eny, vinage, town, and sensor district officials. The	reason must be related to the official responsionities of the officenoider	No statement of reason is required to initiale the recall of	j state, congressional,
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lack of o	committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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5.)	John Gath	Salvador Escobedo	3417 S. Green Buy Rd	Sevillage MT. Pleasagt	5-21-24
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	1000	Chonne Euronez	5206 Rinzee Au	City Wt/Lan	25/21-24
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V	THE GOLLING	0 000	Certification of Circulator	David hit mil	A-1-
Ι,	(name of circulator)	certify: I	reside at 1290 LATO 37	RENAM IN 54	150
I further	(minic of encumor)	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence subclude number, street, and municipality)  Wis Stat & 6.03. I personally circulated this recall petition a	and personally obtained each of
the signa	atures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the difficeholder named in this petition. I know that each person signed	ed the paper with full knowledge of its content on the date in	idicated 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.		
	TAURT	Cont	ed beaut		Page No. 1278
1 170 m	(date)	(gradus	re of circulator)		
L-1/0 (R	(v.2019-09) The information on this form is requi	red by Wis. Stats. §§. 8.40 and 7.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	5-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		We the undersigned qualified	electors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)	we, the undersigned quanties		istrict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.10	
	(name of officeholder to be recalled and office).		-120	or the Wisconsin Statutes.
	S	TATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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the signatures on this paper I know that the signe name. I know their respective residences given.	Wisconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented I support this recall polition. I am aware that falsifying	reside at	signed the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her

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TO: The Wisconsin Floation Commission		RECALLIETITION		
TO: The Wisconsin Election Commission (official with whom pominal	tion papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified elec		
petition for the recall of	Robin Vos	from office supposent to Article VIII Section		trict of officeholder)
petition for the recair of	(name of officeholder to be recalled and office).	noin office pursuant to Article Affi, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		•
The reason for recall must be stated on petitions	s for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall	of state, congressional,
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idengreeal weed 2	Judy Karczewski	811 High St	City City	May 23/
3.	V- · V · ·	7/1/11/4	□ Town  →Village	
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Jay Juttle	Fax tattle	1322 9/1 AUC.	City (Nion Crove	May 73/24
5. John 6/m	201015an	21678727 21818	City Charles	my 23/2
6. Seatell	Sean Weinferter	3334 South Colony	D'Village Chiangrove	may 25/24
7. Staintoment	Stace Wozniak	1850 New St. Apt 210	Frilage Union Grove	May 23/24
8 Minhorth	Melissa Bednar	1450 11th start 81	Town Town Grave	May 2 3/24
· Julian Ex	Serios Exist	1400 West St	Stallage Union Grove	May 23/3
10. Janle- Shoot	JOH A-SCHAUT	1470 1174VE UG. W1.53/82	Williage UNION GROVE	MAY 23/2
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, Iname of circulator)	, certify: I	reside at 1295 NILLAS 7 , NI	WAY WI 5475/	)/
he signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	rere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signe	Wis. Stat. § 6.03. I personally circulated this recall petition are detected the paper with full knowledge of its content on the date in	nd personally obtained each of
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(adic) 23 2	(signatur	of and provided the second		Page No. 1280
FIVE (Rev. 2019-09) The information on this form is requ	ired by Wis. Stats. §§, 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Boy 7984, Madison, WI 53707-7984   608-266	-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commiss	sion	. We, the undersigned qualified ele	ectors of the Assembly District 63	
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(name of circulator)		11.0	(circulator's residence - include number, street, and municipality)	1506
further certify I am either a qualified elector	or of Wisconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under	Wis Stat & 6.02 I passanally significant this world	on and personally obtained each of
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and I know then respective testucines gr	ven. I support uns recan petition, it and aware that faistrying	this centification is punishable under § 12.13(3)(a), Wis. Stats.		
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	provided by the	200 - 1904   008-20	o-boos (web. http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)			strict of officeholder)
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1 Show Min	Shelly lingar	BOWS. TENT LD	Town Village BUV Mry TUD	5/22/24
2 Janeire, Kesterlin	Janice Ketterha	2309 Stonegate Rd	Usillage Beard on Am	5/27/24
Jase & Rotterlas	Joe Ketterhogen	2309 Stone of RA	Jown Village Ducity	5/38/20
Alexe & Day	Diane L. Doyle	2265 halanswood Rd.	St. Town Uvillage City Village	5/23/24
5 Lans John	Jane Sem	2133 Ravenswood Rd	O Village Boy (1/1/2)	5/23/24
6. Karto Kuliso	KATHY KULIGA	2125 PAIERS NOW PR	U Town U Village BURK (NGTON)	5/23/24
1 Mitt Flear	Brett Hopkins	5196 S. Feet Rd	Otiliage Buslington	5/23/24
8 Planto	PAUL Graceffa	2456 S. Teut Rd	Utilage City Rully tu	5/23/2024
" Kyfet"	Leura Palmisario	265 mcherry St.	Village Burlington	5/23/24
10. Tours Hours	JONY HOWUL	265 Mchenry St.	Othy Burlington	5-23-24
Carl Carler		Certification of Circulator	22025 1611 1	200916
I, Guil Goile	, certify: I	reside at 15023 N 100 0 0 1	2005 Scotsdale A	CB3790
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
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(date)		re of circulator) : Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6 8005 bush, but //elections uni con lame! destine	

TO:	The same of the sa
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 Constitution and	The same of the sa
(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, 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,	wisconsin statutes.
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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 ALV	WAVE BE LISTED
SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTORS  STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Certification of Circulator  I,	3158 sonally obtained each of ad opposite his or her
(date) (signature of circulary)  L-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-8005   web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified ele	ctors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	ion 12 of the Wisconsin Constitution and §.9.10 of	f 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 RÜRAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 Doroen Lucly	Doreen Pacely	2705 Newman Rd	Town Willage Mt. Pleasant	5/22/24
2. Survivation	Sanara Hassyla	1006 Perry Ave.	D Town RACINE	5/22/24
3 Charter	Dan Olds	310 15de 5t	U Town	5/22/24
Man Office	Massel Politice s	2302 Genera 51	Town Village CCCC	5/20/24
5 10 29	Heather Hartmann	429 12th Ave	O Town O Village UNION GUAL	5/22/24
	Hetwo Jacknam	426 12h Ave	or Town or Village or City	5-22-24
1. who there	Sacob Aiona	3404 morris St	Original Tranksville	5-22-1
8 Tamo The	Parasa Taltos	B15 & Sheet	Town Village City  I NON CON	36 438
9 Ryon Stant Synoph	Ryan Stewert Lyngh	460 Mill are. Apt 201	Othy Unionn Goord	THE SECOND
10. Lukas Goetz	2 8 - 63	1219 13th Ave	Oty Onion Crow	36720-36
Madison Jan	e Donoff , certify: I	reside at /2(64 4/ = ave	Pleasant Pairie V	VI 53/58
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality)  Wis. Stat. § 6.03. I personally circulated this recall petition a ned the paper with full knowledge of its content on the date i	and personally obtained each of ndicated opposite his or her
name. I know their respective residences given. I	support this recall petition and aware that falsifying	this certification is punishable under § 12/13(3)(a). Wis stats.		Page No. 1284
1-170 (Rev 2019-09) The information on this form is require	ed by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Visconsin Elections Commission P.O. Box 7984, Madison, W 53707-7984   608-20	66-8005  web: http://elections.wi.gov   email: elections@wi.gov	

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TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec-	ctors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII Secti	on 12 of the Wisconsin Constitution and §.9.10 of	
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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	71.1		Certification of Circulator	D 0	
,	(name of circulator)	, certify: I	reside at 115 Sth St NE, Washington	12,20002	
further	certify I am either a qualified elector of W	risconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under N	(circulator's residence - include number, street, and municipality)	1
TIC SIBIL	didies on ans paper. I know that the signer	are electors of the furishiciton of district represented	DV the officeholder named in this petition. I know that each pareon signs	ed the paper with full knowledge of its content on the date ind	licated opposite his or her
name. I	know their respective residences given. I	support this recall petition. I am aware that falsifying	this certification is <u>punishable</u> under § 12.13(3)(a), Wis. Stats.		
	My day 2024		ne		Page No. 1285
L-170 (R	ev 2019-09) The information on this form is require	d by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	e of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	9005 husb. http://plansis.	
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TO:	The Wisconsin Election Commission		. We, the undersigned qualified	alastors of the Assambly District 62	
	(official with whom nomination	n papers or declaration of candidacy for the office is filed)	we, the undersigned quantied	- 2014 - 3 2015 - 3 2010 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	district - 6 - 66 - 1 - 1 1 - 1
petitio	on for the recall of	Robin Vos	from office pursuant to Article VIII S		district of officeholder)
		(name of officeholder to be recalled and office).	Tom office pursuant to Afficie Affi, S	ection 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE	DATE OF
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,	(name of circulator)				
I further	certify I am either a qualified elector of W	isconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting und	des Wie Chat C C 02 I	and personally obtained each of
0.6	attaces on and paper. I know that the signers	are electors of the jurisdiction of district represented	by the officeholder named in this petition. I know that each person of	signed the paper with full knowledge of its content on the date	indicated opposite his or her
name. I	Know their respective residences given. Is	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		11
	3-6-6		10 01		Page No. 1286
L-170 /P	(date)	I by Wie State SS 8 40 and 0 10 This Committee	e of circulator)		.200
L-Tro (K	The information on this form is required	by wis, stats, 93, 8,40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608	3-266-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec-	tors of the Assembly District 63	
	(official with whom nominate	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
petition	for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
		(name of officeholder to be recalled and office).		in 12 of the Wisconsin Constitution and 3.5.10 of	the Wisconsin Statutes.
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I further		Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under \		nd personally obtained each of
the signa	tures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signo	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
name. I	know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
	5-21-2020	190	IN SOLINY		Page No. 1287
	(date)	Signatur	Cof circulator)		1201
L-170 (Re	v 2019-09) The information on this form is requi	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	5-8005   web: http://elections.wi.gov   email: elections@wi.gov	

(official with whom nomination p	papers or declaration of candidacy for the office is filed)	We, the undersigned qualified el	ectors of the Assembly District 63	
tition for the recall of				district of officeholder)
dition for the recall of	Robin Vos	from office pursuant to Article XIII. Sec	ction 12 of the Wisconsin Constitution and §.9.10	
	(name of officeholder to be recalled and office).		and 12 of the Wisconsin Constitution and §.9.10	of the wisconsin Statute
		STATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Dawn Cooper	DAWN MCGOZER	17868 58th RD	Unitage IN ON ARXOZ	05/21/24
Carolie Brewel	Sandice Brewer	17808 58m Rd	Town M Village City  VIION  (7)	05/21/24
Kuale	Care Bulgin	BATE HOLD WATER Do.	Utilage City	5/21/24
Jane a Carlson	Jane A Carlson	1739 Wind-Dale Dre.	U Town U Village City C C Y V	5-21-24
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ne. I know their respective residences given. I suj	pport this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
5/21/24	ENEX.			Page No. 1288
(date)	(signature	e of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2		1200

The Wisconsin Election Commission

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

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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
Bill	Cassidy Perez	1127 90th St	o Village Mt Pleasant	5-22-24
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TO: The Wisconsin Election Commission		. We, the undersigned qualified ele	ctors of the Assembly District 63	
	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	March Section Control
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	ion 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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Robin Vos should be recalled for his tacit suppor	t of the Chinese Communist Party (CCP), acceptance of t	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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1. Ja Paden	A Louis A, Rideaux	9028 Broadway Dr.	Oty Sturtevant	5-25-21
2 Linda M. Seit	Linda M. SEITZ	807 8th Ave	orown Village ocity (Inion Grove, WI	5-25-24
3. James Barnes	Joanne Barnes	835 8th RUE	or Town or Village or City Village	5-25-24
4. 6/1	Blair Richardson	803 Setu Ave	Orivillage Unon Grades	5-25-24
5. Though noto	RORY K. OBRIENJR	640 9th Ave	Town Styllage Union Grove	5-25-24
6. John tom	John A. Klimt	145 Chelsea Lane	Town Styllage Union Grove	5-25-24
7. Cimthia & Kimt	- Cynthal Kimt	145 Chelsea Lane	Drown  Milyillage  City  City  Crove	5-25-24
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10. Don Min	Dough Mills	36/ Mill AVE	Original Onioh Grove	5-25-25
. For Phile		Certification of Circulator	-KINGTOF TI GOIST	
I, (name of circulator)	, certify: I	reside at 1478 Sunnysial Wes	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of the signatures on this paper. I know that the signatures of the signatures of the signature of the signatu	ners are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under the by the officeholder named in this petition. I know that each person signal this petition is a window state of 12 12(2)(2). With State	r Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each on dicated opposite his or her
name. I know their respective residences given	. I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1290
(date)	(signate	ure of circulator) ie Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	266-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission	on	. We, the undersigned qualifie	d electors of the Assembly District 63	
(official with whom nom	ination papers or declaration of candidacy for the office is filed)			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
pennion for the recan or	(name of officeholder to be recalled and office)	nom office pursuant to 7 titlete 7tm,	Section 12 of the Wisconsin Constitution and §.7.10	of the wisconsin statutes.
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on netiti		e reason must be related to the official responsibilities of the offic	cholder. No statement of reason is required to initiate the rece	all of state congressional
legislative, judicial, or county officials.)	ions for eny, vinage, town, and sendor district officials. The	e reason must be related to the official responsionines of the offic	cholder. No statement of reason is required to intitute the recu	n of state, congressional,
	port of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the C	CCP.	
				-
lack of commitment to election integrity, block	ting lower prescription drug costs, and flagrant disrespect to	r his own constiuents by calling them "whack-jobs, morons, and idio	DIS."	
THE MUNICIPALITY USED FOR M	MAILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. T	HE NAME OF THE MUNICIPALITY OF RESIDENCE M	IUST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
		Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
LOW AN Erbot	TAMES H FORFRI	1444 GROVES LANE	*Village UNION GROVE	5/27/24
The Walter of Care of	Willes I. Color	111 00010 1010	City	21211
That were	RITA M ECKERT	1444 GROVE LAWE	Willage // NION GROVE	6 177 /7cs
	RITA M ECKERT		□ City	0/2/129
3 Du A 2 selle		Union Grove, WI.	Town Willage	E too i
Samue Doucky	Danielle Browder	Union Grave, W.	city Union Grove	5/27/2024
3/11/03/17/17	Mariene Dionola	011.01	Town	- allowy
4			☐ Village	
			□ City	
5.			☐ Town ☐ Village	723
			☐ City	
			□ Town	
6.			□ Village	
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9.			☐ Village	
			City	
10.			☐ Town ☐ Village	
			City	all all and the second
5.0		Certification of Circulator		
1. Eric Paixe	cartific I	reside at 1838 SunnySide	Vestchester IL 601	54
(name of circulator)	, certify. I	reside at 1830 Soving of ale	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector	of Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting		on and personally obtained each o
the signatures on this paper. I know that the si	igners are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each personal	on signed the paper with full knowledge of its content on the dat	te indicated opposite his or her
name. I know their respective residences give	en. I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
50704	( extra		4	Page No. 1291
(datc)	(signatu	re of circulator)		1201
L-170 (Rev. 2019-09) The information on this form is r	A STATE OF THE STA	e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984	608-266-8005 lweb: http://elections.wi.gov.lemail.elections@wi.gov	

TEMENT OF REASON FOR RECALL on must be related to the official responsibilities of the officeholde rom the CCP, failure to protect Wisconsin farmland from the CCP, own constituents by calling them "whack-jobs, morons, and idiots."  CIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N  STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	IAME OF THE MUNICIPALITY OF RESIDENCE MI	ll of state, congressional,
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CIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	
STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	
		DATE OF
	Indicate Town, City, or Village	SIGNING
8005 Ridge usey	Town Village Buc ling ton	5/21/24
273 Chapel Terrace	Ocity Burington	5/21/21
119 E. WASHINGTON ST.	© City BORUNGTON	ZIMAYZ
	□ Village	
	City	
	□ Village	
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	O Village	
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	☐ Village ☐ City	
	273 Chapel Terroce 119 E. WASHINGTON ST.	273 Chape Terrace   City Burington   City Borns   City   C

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

LING PURPOSES, WHEN DIFFERENT THAN	N MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TI	HE NAME OF THE MUNICIPALITY OF RESIDENCE N	MUST ALWAYS BE LISTED
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
Parrel Pender	Mel 508 Everson A	Ullage Bullington	05/21/24
		☐ Town	
		□ City	
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		□ Village	
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		□ City	
		PRINTED NAME OF ELECTORS STREET & NUMBER OR RURAL ROUTE	Rural address must also include box or fire no    Dural Pull   Dural P

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos	from office pursuant to Article VIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	
permitted the recuir of	(name of officeholder to be recalled and office).	nom office pursuant to Article Am, Section	on 12 of the wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholder trips from the CCP, failure to protect Wisconsin farmland from the CCP,	r. No statement of reason is required to initiate the recall of	f state, congressional,
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
mega-Malbert	magan molkentin	1249 NSumploped (#101	U Town U Village Mt. Pleasant	5/21/24
2. 119 1	Juan Szymczak	Mas N Sungslope Dr #104	Usillage Octy Mr Pleasand	5/21/24
Joann Torter	LEANN PORTER	1/23 N. SUNNYSLOPE #103	Uvillage OCity MT PLEASANT	Spiky
4 Honald Wickman		1123 N. Sunnyslope # 201	Uvilage ut Pleasant	5/21/24
5/ asenavage	Maren to herch	1/23NScrastopeDV	O Town Village O COUNT	5/21/24
6. Hogy the MEDER	Any R. MCGEE	2338 Complane	O'City Mt. placat	5/20/24
7.	Sherita Barker	105UNSunyslope Do. 11902	Uvillage Uf Pleasent	5/21/24
8.	Khrdigh Williams	1040 Usunylige Dr	O' Town O' Village O' City O' City	5/1/24
Roseman Kirker	Resembly Kirltonian	1051 N. Sunnyslope Dr. 103	Ullage Int. Pleasant	5/21/24
TomClayner	TOM CLAZMER	1057 1. Sunnyslope	Ulliage Mt Pleasant	5/21/24
, Mark Harry (	Sabriel , certify: I	reside at 3013 Schaefer Circle		4915
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	(cfrculator's residence - include number, street, and municipality)  Vis. Stat. § 6.03. I personally circulated this recall petition are at the paper with full knowledge of its content on the date in	nd personally obtained each of dicated opposite his or her
May 21, 2024	Mark Har	re Skirculator)		Page No. 1294
L-170 (Rev 2019-09) The information on this form is requi	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	-8005  web: http://elections.wi.gov   email: elections@wi.gov	

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.

The Wisconsin Election Commission

petition for the recall of

legislative, judicial, or county officials.)

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

Robin Vos

(name of officeholder to be recalled and office).

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,

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

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

(jurisdiction or district of officeholder)

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA 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
Dolores Claymer	poloves CLAZMer	1657 n. Sumplope #104	Uvillage Mt Pleasant	5/21/24
mun Otos	V Lynn Attooper	1105 Najinnyslow	ority Mt Pleasant	5/217
3	Trever Hentel	111) N Synnyshas Dr 103	□ Town □ Village □ City  □ City	5/2/101/
R LW that	Richard & White	6510 5 pring st dust 12	Uvillage Mr Pleas and	5/21/24
Jashy conjum	Joshua Cameron	1426 NSUMYSTOPE Lunit44	Uvillage Mt, Plasant	3/21/29
B. I Nascaret	6.25 MASCAREH	6515 Springs #51	Uvillage mT Peasant	5-21-24
nancy Steining	NANCY Steinmetz	1520 Raintree Lon + 74	Usiliage of pleasent	5.21-2K
8		3 1/1	□ Town □ Village □ City	
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			□ City	
			☐ Town ☐ Village ☐ City	green/anteny/a
gnatures on this paper. I know that the signe	Wisconsin, or a U.S. citizen, age 18 or older who, if I were are electors of the jurisdiction or district represented	reside at 3013 Schoeler Circle  ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	Appleton Wisconstn (circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition as	

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	(name of officeholder to be recalled and office).		on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
(The second for small sound be stand on satisface		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	n. No statement of reason is required to initiate the recall of	f state, congressional,
		trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	·	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. July Rilat	JEFFREYR, HAR	T8800 ShannouLN#218	P Village STURTE Vant	5/22/24
2 Deval Buch	Korah Burdo	2050 96th st to	O'Village Sturevalt	5/22/24
3. Ell Cieir	Elena collier	8616 Westbrook	Village Sturtevant	5/22/24
4. 9/2hr	Scott F Robinson	3100 S, Kennedy Pr	Village Stwternt	5/22/24
5 Mon Glu	Moses Godina	3 x 10 S. Kernedy pr	Order of referred	8/22/19
"Gran Trieme	BRAN THIENE	3401 S. KEMBOY DR	United SCOPTERMOT	5/22/02
7. Jas Suide	JOHN LUNDA	3301 S KENNEDY DR	O Village STURTEUNNT	5(22/24
Schott Schott	Gracie Schott	3249 5. Kennedy D1.	- Town - Village - City Sturtevant	5-22-24
9. Jon Dell	Jaig Rush	3100 BC+25th Apt ?	O Village Stulter in t	5-22-24
10. PROMarco	Jennifer Dellarco	1087 Hastings Ct.	O Village Mount Pleasant	5-22-24
	Sobriel certify: I	reside at 3013 Schaeter Circle		54915
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulafor's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date in	and personally obtained each of indicated opposite his or her
May 27, 2024	Mark Har	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1296
L-170 (Rev 2019-09) The information on this form is requir		ure of circulator)  Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005 lweb: http://elections.wi.gov.lemail.elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f 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 f legislative, judicial, or county officials.)	or city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholde	n. No statement of reason is required to initiate the recall	of state, congressional,
	if the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking to	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 Sharren Hiebertson	Shannon Gilbertson	1701 Stoddard Cir	13 Town 13 Tow	5-22-24
2.	1-15	2020 1- 0+	□ Town □ Village	7 00 24
protte parole	Jikell Spartow	2838 Indeana ST	ocity facine	0 2001
3. Com Rolay	Cass Rolaix	8817 Coventry Dr	Oriving Sturtevant	5/22/24
4. Bonnie Kaprelia	BONNIE KAPRELIAN	3233 Buckled Gitam RD.	U Town U Village U City U T U T V M N T	5-22-24
5. Ashkigh Kapelian	Ashleigh Kaprelian	3233 buckingham Rd.	Uvillage Sturtevant	5-22-24
" Water E Schila	Water & Schild	8816 Buthrahan 2	or town or village of the vont	5.22.24
"Celina Volta	CELINA VOLTZ	3112 BULICINGHAM RD	Uvillage STURTEVANT	05/22/24
8. Cabrina vishafer	Saprina DI Shaku	420 DOKWEN ARR	U Town U Village Ractive	5/22/24
9. Soleton	Tyler Comce		O City	
10. W/1/SH	thele Peterson	5632 canbridge Lane	oringe Mount Pleasant	5/28/24
	CILAL	Certification of Circulator	1.1.1.	54915
.,	Gabriel , certify: I	reside at 3013 Schaeter Cricd		31713
(name of circulator)  I further certify I am either a qualified elector of W	Visconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that the signer	s are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign		
name. I know their respective residences given. I	1 0 01	this certification is punishable under § 12.13(3)(a), Wis. Stats.		[
May 22, 202	4 grank Hav	1 New York		Page No. 1297
(date) (La170 (Rev. 2019-09). The information on this form is require		re of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005 web. http://elections.wi.gov.lemail.elections@wi.gov	

The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	TATEMENT OF DEACON FOR DECALL		
(The reason for recall must be stated on petitions		STATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall	of state congressional
legislative, judicial, or county officials.)	for city, viriage, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiale the recuir	oj state, congressionat,
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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1. Dargt Mychang	Debra Michaud	9445 1st & Sturkvant WI	Utilage Sturevant	5/22/24
2. Redra Mayerty	Leturo Augustyn	6620 32 not Ave Kenchilly	U Village Kenosha	5-27-24
3. Klacker	Kristine Stachagale	40+27 Northwestern Aue Franksonlie	Village   Village   City   Village   City   City	5/22/24
4 R DD	Ramona Dayalos	4433 Meadien Rd Mt Phase	Village Parties	5/20/24
5. 1	McKell Comp Grant	east implicient one	Usilage MCOSand	Stalan
6. Margh Nie	CLAGA. LEE	2330 AIRLWERD	Village MT ROPANT	5/22/29
7.	Alejanda Sada	93/4 Hovenee Va	Usilage City	5/12/124
8 Thomas Cholles	Thomas C. HOLBUS	1614 Taylor ane	Village Jacine	5/22/24
· Courte Phythand	Crystal Nystrand	5000 Graceland Blud	Utilage not A easant	5/22/24
10. Josephyn Monoon	Josely numeroa		Utiliage M+ Pegsant	5/22/20
1, Mark Harry G	abriel , certify: I	Certification of Circulator reside at 3013 Schaeter Circle,	Appleton Wisconsin	54915
(name of circulator) I further certify I am either a qualified elector of the signatures on this paper. I know that the signa	Wisconsin, or a U.S. citizen, age 18 or older who, if I wers are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
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. 1000
May 22, 2024	There Ho	my Galmer		Page No. 1298
(date)		re of circulator)	\$2005 hugh http://elections.vvi.gov.lemail.elections@vvi.gov	

TO: The Wisconsin Election Commission	n	. We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with whom nomi	ination papers or declaration of candidacy for the office is filed)			rict of officeholder)
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legislative, judicial, or county officials.)	ons for city, viriage, town, and school district officials. In	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
Robin Vos should be recalled for his tacit supp	ort of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sinda TORP	Linda Topp	1051 N. Sunnyslope Dr.	U Town U Village U City Mt. Preasant	5/23/24
2. New Matres	War Weeke	1909 Mane of	U Town U Village U City	5-23-24
3. Allen	MARK Kellazer	1057 N SUMUS 6/29	Uvillage Ucity Mt Pleasent	5-23-24
4. Doing	DAVID FISKUM	1123 NSonny Rope Dr #101	Urillage Mt Please at	5-28-28
Fare ful	Karen Fiskum	1123 N. Sunayslope Drol	Village ont Pleasant	5-23-24
6. Gara	Yahr Rusia	1117 V Sunnyalope Dr #101	Uvillage Mt Pleasnot	3-29-24
7.	JAMES THORPE	1117 N. Summswor DR. #103	O Village MT. PLEASANT	5-23-24
8. qua Juse	Julia Jansberg	110) N. Synnyslope Dr. HOOT	Uvillage Mt. Pleasant	5-23-24
9/1/1/ How more	WIT SMONSO	1203N. Supryska	Ocity PEASANI	5-23-24
Sepan in Work	A SUSKUM WERVETT	1111 XI SUNVICENDE	Utilage WT PEASAUT	5-23/54
CHAS HOL	l	Certification of Circulator	N. I. AS HOW DO	20211
(name of circulator)	, certify: I	reside at 4536 4614 31. 10	(circulator's residence - include number, street, and municipality)	20016
the signatures on this paper. I know that the sign	gners are electors of the jurisdiction or district represented	rere a resident of this state, would not be disqualified from voting under to the officeholder named in this petition. I know that each person signs	Wis Stat 8 6 03 I personally circulated this recall petition a	nd personally obtained each of adicated opposite his or her
5 / 23/202 (	ii. 1 support uns recail petition. 1 am aware that faisitying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1299
(date) Le170 (Rev 2019-09). The information on this form is re-	(signatu	re of circulator)	sons husbandaria	

The Wisconsin Election Commission (official with whom nominal	ation papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified ele		
tion 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.		
n Vos should be recalled for his tacit suppor	s for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officehold trips from the CCP, failure to protect Wisconsin farmland from the CCP,	der. No statement of reason is required to initiate the recal	l of state, congressional,
		r his own constiuents by calling them "whack-jobs, morons, and idiots."  IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE I	NAME OF THE MUNICIPAL WAY OF THE	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
a little	DAVID J. Peterson	1111 N. SUNNUSLOFE DR.	Utiliage City MONT Pleasant	C-23-24
Henterskonde	Hunter Krenzke	1524 braun id	Styllage City CM 100 a COVE	S-23-26
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			□ Village □ City	
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CHUS (the (name of circulator)	, certify. I	13)0 (0)1	(circulator's residence - include number, street, and municipality)	L 2006.
latures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	rere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this Certification is punishable under § 12.13(3)(a), Wis. Stats.	Wis Stat & 6.03 I personally circulated this recall notition	and personally obtained each
5/23/2024	1	The state of the s		Page No. 1300