		RECALL PETITION	A A A A A A A A A A A A A A A A A A A	
TO: The Wisconsin Election Commission		We, the undersigned qualified elect	fors of the Assembly District 65	ict of officeholder)
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	a a a a a a a a a a a a a a a a a a a	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the wisconsili Constitution and 9.5.10 of	the Wisconsin States
(The reason for recall must be stated on petition	ns for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL representation represents the office of the office holder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	. No statement of reason is required to initiate the recall o	f state, congressional,
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."		TE AL WAVE DE LICTED
THE MUNICIPALITY USED FOR M.	AILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	MUNICIPALITY OF RESIDENCE MUST MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Reidy Divier	Reity Sieren -	7136 W. Wind Lake Rd	bytown  Ovings  Ovings	3/13/2
2. In illian Swelling	William Sanders	648 Fatree Cr. #7	City Burlington	3-25-24
3. 200 11 11S	20ch Wills	\$19757th St	Ucity Water Control	5.55
4. Proposition Lois	Barbara Lois	474 Soxford St	o Village Wantoma, Wt	5/03/2 V
5. Whim	WILLIAM QUINN	N 5003 MOR MON 12	o City Burly for	5/23/24
6 BAKE NOSE	Blogs Achson	56/D5 Poff 24	Utiliage City	513/34
7. Aleson	- Luxe Stag	305 West Jegol St	a Village S. Ve Lake	5/23/25
8 -	1	V	Utilinge City	
9.			☐ Village	
10.			Urlage	
I, Logue (name of Erculator) I further certify I am either a qualified elector		Treside at 1122	(circulator's residence - include number, street, and municipality)  TWis, 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
	gners are electors of the jurisdiction of district represente n. I support this recall petition. I am aware that fals from	ng this certification is punishable under § 12.13(3)(a). Wis. Stats.		Page No. 1401
	(signa equired by Wis, Stats, §§, 8.40 and 9.10. This form is prescribed by t	ture of circulator) he Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	266-8005  web: http://clections.wi.gov   email: elections@wi.gov	

TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
-	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
		(name of officeholder to be recalled and office)	TATEMENT OF DEACON FOR DECALI		
(The re	ease for recall must be stated an natitions		TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall	of state congressional
	iason for fecali must be stated on petitions in tive, judicial, or county officials.)	for city, viriage, town, and school district officials. The	reason must be related to the official responsibilities of the officerolder	To similarity reason is required to minute the recuit of	of state, congressional,
		of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of	committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
Т	HE MUNICIPALITY USED FOR MAI	I INC DUDDOCES WHEN DIFFEDENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
			STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1.	my	Zachany Edwards	32616 Yahn Kee RP	O Village Bus lington	5123/24
2.	1/4 (4.8	Jan T.	(0812 Brun had	Utiliage Bur (Maler)	5123/24
	of the fourt	3200	0012	Drown C	scholosses
3.	mul son	Bradley Nocety	5320 312is Ave	city Salcm	F100 2/23/29
4.	on M	Bubyer Valuel	24417 Adamst	Uvillage CANSAVIIL	935 237
5.	Du	Dan Wierzkinsku	YO3 Lakewood Dr	Ullage Williage Bay	5/23/24
6,	Maller	Tomlalore	101 Larlypus lan	Uvillage buslington	5-23-24
7,∈	alle III	How Schumache	4/03-348 AME	O Town Village Bur Ly tou	5-23-24
8.	3AX	Negan Smith	389 west hawk are	Unilage Burlington	5-23-24
9	madrater	madison Hines	6660 w. meadous lane	Uvilage maumee	5-23-24
10.	Kym Parytal 6	Krystine Pantaleo	280 Falcon Ridge Dr.	O Village Burlington	5/23/24
í, <u> </u>	John Lagar	, certify: I	reside at 115 5th St NE 60 Ast 9	coloshington DC 20002	_
Lfurthe	(name of cheulator)	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	(circulators residence - include number, street, and municipality) Wis Stat 8 6 03. I personally circulated this recall petition	and personally obtained each of
he sign	natures 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	indicated opposite his or her
name.	I know their respective residences given. I	support this recall petition. I am aware that fasifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		

Page No. 1402

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.wir.gov | email: elections@wir.gov

(signature of circulator)

TO:	The Wisconsin Election Commission		We, the undersigned qualified elected	ors of the Assembly District 63	
(official with whom nomination papers or declaration of candidacy for the office is filed)					
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.
ponno		(name of officeholder to be recalled and office)			
			TATEMENT OF REASON FOR RECALL		6
(The rea	ason for recall must be stated on petitions t	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	state, congressional,
legislati	ve, judicial, or county officials.)	of the Objection Communist Borby (CCD) accordance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
					——————————————————————————————————————
lack of	committment to election integrity, blocking l	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
T.	TE MUNICIPALITY HEED FOR MAIL	LINC DUDDOSES WHEN DIFFEDENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
			STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEOR
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1.	1	11 5/ 1 /	001000	□ Town □ Village C. 4 (40.0)	122 2 102 1 202 01
350		I, thiny Blainnik	924439187Ave	Oxcity TCMOOCCITY	125-MAY-1014
	1100		21. /	O Town	Elm laca
2.	A rester And con-	Justina Lingham	6704 Explorer Dr., Mt. 11 COSAWT	City 11t. 190 Sent	0/03/04
1				□ Town	1-12/0/1
3. 1		Richard Droke	610 Apollo Mt. Slensot	Octy 11+ Plane	5/2/14
1	- t. DA	111 2	15/4	UTown Village M+ Plansy	3/27/92
7.	crote Brown	Note Brun	6900 MAYINEY Dr. Unit 200	Z City	1.21/24
5				□ Town □ Village	
				U City	
				□ Town	
6.				□ City	
				Town	
7.00 %				□ Village	
				□ Town	
8.				□ Village	
				□ Town	
9.				☐ Village ☐ City	
				□ Town	
10.				□ Village	
			20 100 00 000 000 000 00 00 00 00 00 00 0	D C O	
	John Las	200	reside at 115 5th 3t NE Apt 1 Washl.	1 1 2002	
I,	L07/1	certify: I	reside at 115 5th 3t NE Hot 1 Washi.	(circulator's residence - include number, street, and municipality)	
I furthe	I further certify I am either a gualified 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 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 sign	ed the paper with full knowledge of its content on the date i	ndicated opposite his or her
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.		Page No. 1402

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

(signature of circulator)

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
(The second for small result he stated on notitions	for city village town and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
legislative, judicial, or county officials.)				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	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	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
SIGNATURES OF SEECTORS		Rural address must also include box or fire no	Indicate Town, City, or Village	1 /
1 42 5	Fred Bruhn	3110 Jo/son St 1	Uvillage Caledonia	5/2 1/24
	Thea Drain	3/16 36/3 8 10 3	Town	mand
2. Not Kann	Pat Kavanash	24(9 Grove 1700-	O Village Payer	5-2521
2 6	A P	21111111111	Town Draw Franks 1/1/4	E 35 711
3. Compruha	Yvonne Drawn	3110 Jolsenstax	acity 100100 VIII	2-05-07
4 MINNOAD	Doching Albinean	9616 dayrough Dr	UVIIIage WIIAPIIMA	15-15-74
DUHTIN	DOLLAR ONLOW	TOTAL PROPERCE DV.	Town	5 5 5 7 .
5. HAM	Kelvin Phicesa	15/9 (ariste Ave	City & acine	5-25-24
6. Rise Sover	LISA Sorensen	39 9306 Florence Dr	ortown village city  Sturteun	5-25-24
7. Value Dage	Valerio Sovensan	9708 Florence Dr	Town Village Ocity  Stufferent	5-25-24
your goos	1910 Solensun	ma II no	Town	- 1- 1
8. (Allen Xpossis)	111Aynz Sorensen	1306 Horenezell	ocity Startevant	5-25-24
9. (1) 27 (1) 27	DIE PARKER	2024 Deene Rlid.	O Town O Village O City	K-25-26
Maria	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	200	□ Town	1.1.
10. Com parker	Cavel pancer	JUST Deane Blue	City City	5/85/ 34
<del></del>	4 8	Certification of Circulator	1 120 2-0-2	-
1,	certify: I	reside at US 5th S + NE Wash	man UC 2000	
(name of circulator) I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	vere a resident of this state, would not be disqualified from voting under	Wis Stat § 6.03. I personally circulated this recall petition a	and personally obtained each of
the signatures on this paper. I know that the signs	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date i	ndicated 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. 1404
(date)		re of circulator)	CC 2005 Land Advantage via new Landing Chair and	
EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis. Stats. §§, 8.40 and 9.10. This form is prescribed by the	e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	66-8005  web: mip //elections wi gov   email: elections@wi gov	

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 distr	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	TATEL OF DEACON FOR DECALL		
	S and the second of the second	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall o	f state, congressional.
	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	140 Statement of reason is required to initiale the recall of	, state, congressional,
legislative, judicial, or county officials.)  Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots,"		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
*		Nata address man dipo morade con or morale	Town AA T D /	1 2 - 21
1. IL D. I lodin	STANLEY SAFEDIS	1253 TALLGRASS LN	Ocity WILL PLASON	15-13-44
Manly Salewy	STAINLY STAFFILLS	1005 Man Alias Cir	□ Town	- 22 -
2. Permina Saledi	Lemonia Safedia	1253 Tally 1285 Ly.	Ocity MT. Plestout-	5-2324
3. 11	Laide ORUNA	4510Rid Jot Ar	Town Village AT DI	C-23-24
Harlas	LOVIGE OFAUT	DI I CARCAS DI.	Town	7
4.2. Sar	45 17 50 Xth Da	6517 South Dr	Oliv Willage Will (cerut	5-23-28
1	Amy conym		□ Town	( 2 )
5 M	4450 lates diver cos	4450 Yates Due 201 HOLI	City V V C MAN	5-65-00
6 7-124	NI TO POLICE	708 2026 Parabiculare	Unillage Ont The Ca Count	5-72-7072
	Nimeron tatel	200, 202 1 Maritime ale	Town Town	
Jessona Ulbano	Lessica Uchano	6001 Janne Dr #108	O Village M ) Pleasant	5-232020
90000000000	17 CON CIEVS		□ Town	
8. 9			☐ Village	
			□ Town	
9.			☐ Village	
			□ Town	
10.			☐ Village ☐ City	
0. /		Contification of Cinculators		
· Silver	Errc Paige certify: I	reside at 1838 SUNDISIAE Westches	ta 1 L 60154	
1,	, certify: 1	reside at 1020 St. 17518	(circulator's residence - include number, street, and municipality)	
I further cortifu I am either a qualified elector of \	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date i	ndicated 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 11 4 405

Page No. 1405

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

(signature of circulator)

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

The Wisconsin Election Commission

TO: The Wisconsin Election Commission	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	we, the undersigned quantica close	(jurisdiction or distri	ict of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	c cc	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	ii 12 of the wisconsin Constitution and g.s. to or	the Wilderham Calabara
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
	S	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,
(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 responsionities of the officenoids.		
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
	PRINTED NAME OF ELECTORS	SIREE & NUMBER OF RURAL ROOTE		SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	
. 1/ 6/ 00	1/ (1 )	1225 N. Sunnyslopa t204	Town MT Pleasant	5-24-24
1 Kim Schmilt	Kim Schmidt	1. 201111421012	□ City	
Thirt Service	- 11	1- 1 1 00 00	Town Village / 1 10 2 Plan H.	- 34 54
2. Dantlabur	lan Hahni	18210 Gorpville Rd	City (NES) ATONI	5-01
Jangricor	Jan 1101110	7 10 10 10 10 10 10 10 10 10 10 10 10 10	Town	5/04/24
3. (t) com	KOT Wind	1141 ESL State But noton	Usilinge Burlington	53105
29 M91 9 24	LOCATINITY AND	191 U ) 2 30 11 MOI	Town	- 211 -11
4 0 0 0	11 0	24940 W Loomis Rd	Village Williage	1524-24
John Home	John Gregosic	700	Town	
5 Milestone De	41 110 1 2 man 1 x	2494DWLOOMSR d	UVIIIage 1.1-10 d 101/ P	5-24-24
3. Intowisens	Watthen and or it	Zal Ial O M TOOM IS K a	acity WITH LUCE	
			☐ Town ☐ Village	
6.			□ City	
			□ Town □ Village	
7.			- City-	
			□ Town	
8.			□ Village □ City	
			□ Town	
9.			□ Village	
			O City	1
10			□ Village	
10			□ City	
		Certification of Circulator	1.181 BITH	
, Eric Caribe	certify: 1	reside at 1635 SLAASSON West Che	5xe x 6001	
12 PF		114 / 1	(girculator's residence - include number street and municipality)	and personally obtained each
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. § 0,03, I personally circulated this recan petition	indicated opposite his or her
the constance on this paper. I know that the signs	ers are electors of the jurisdiction or district represented	d by the officeholder named in this petition. I know that each person sign	led the paper with full knowledge of his comon on the date	
name. I know their respective residences given.	I support this recall petition. I am aware that faisifyin	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1406
5/24/24	10 XX			. 100
((datc)	(signat	ure of circulator)	66-8005   web http://clections.wi.gov   email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§ 8 40 and 9.10. This form is prescribed by the	ne Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2		

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
-	(name of officeholder to be recalled and office).	- I TO THE OF THE CONTROL TO THE CALL		
	S	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	f state, conpressional.
	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	140 Statement of Teason is required to initiale the recall of	sinic, congressionar,
legislative, judicial, or county officials.)  Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
1			rown	m) /
1. 1/1, Ph.	Nickolas Rathern	133806 Hillcrest dr	City Nat Ington	5/23/24
111111111111111111111111111111111111111	Nicholas agnana		20 Town 12 1/ A	(101)
2 / Ma Jon Deward	Charles Daid Cou	263 Oak 4111 (1810	City DAKLINGTON	17/23/24
2000 40 270 2017	- Maries Davidos	1.00	□ Town/ /	-( )
3. / Dane ( ) Hun	Adams Tabasas	30620 DUVANTO	Ocity Pier / N9ton	5/23/24
preene johnson	PHONE JOHNSON	John Savarie	Dirtown O	a indial
" Sytte Volume	Fethan Yarmo	1046 North Koad	O Village But Ington	5/2/2
5NUMENUMON	Melissa McDonald	2196 Market St.	Unillage Burington	5/23/99
6 1+1 - 1		2 1 / Bridge	Town Village	<177/ANL
Porter Squell	Kle ( 50, 11/1 )	250 15 1. 7	Town	
7× 20 × 10	X 111 X11	11215 0/2 K Pd	□ Village	333/20
Nothbear eller	Mathless Teller	16218 Plank Rd.	Town	5/5//
8.4	166	1200 / 0	Similare A A Co	15/23/24
Wat To	E THE SHAPE	TO DATE LATER COL	Town C	3/33/21
9. ) (	Storan Duranton	23403 5 Harall Jos Kd	a city Burling ton	57105
Still The still	Stewn Dorntord	55 to 5 to reverse 14	Town On A MI	5/22/24
10. Z MAN D MANU	LKIM BAVIBBIEN	2693 PARAS PRUCY.	O Village O VI A TON	97105
W W W W W W W W W W W W W W W W W W W		Certification of Circulator	12 6015 - 1 1 1	57271
I. U.ANDREN/	, certify: I		AD GRAFION WI	72097
(name of circulator)	ari tra di a antoni de la della contra della	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 o
the signatures on this namer. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date i	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.		
1/9/19071	a f	<b>Y</b>		Page No. 1407
(date)	(eignatu	re of orculator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	56 8005 lyab: http://olections.wr.gov/email.elections/@wi.gov	
EL-170 (Rev 2019-09). The Information on this form is requi	red by Wis. Stats. §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 1984, Madison, WI 33/01-1984   608-20	o-ooo proo. militare enterior in the Jenium, electronism in gov	

TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
_	(official with whom nominati	on papers or declaration of candidacy for the office is filed)			rict 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 o	f the Wisconsin Statutes.
•	2 <del></del>	(name of officeholder to be recalled and office)	*	•	
			STATEMENT OF REASON FOR RECALL		
(The re	ason for recall must be stated on petitions	for city, village, town, and school district officials. The	ne reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall	of state, congressional,
	ive, judicial, or county officials.)	of the Object Occupation Barty (OOB)	trian from the COD Anilyses to product Mileson in formula of form the COD		
Robin V	os snould be recalled for his facit support	of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of	committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	or his own constiuents by calling them "whack-jobs, morons, and idiots."		
T	TO MUNICIPAL YEN LICED FOR MAI	H ING BURBOGEC WHEN DIEFEBENT THAN	MUNICIPALITY OF DECIDENCE, IC NOT CHEEK THE N	AME OF THE MUNICIPALITY OF RECIDENCE MU	CT ALWAYS DE LISTED
H			MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE MU  MUNICIPALITY OF RESIDENCE	DATE OF
1	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
٠,				Town	1 410
12. 3	com and	Gregory Denel	Kot Latura 1-	Ocity Calzolonia	5/28/24
-	<i>-</i>	3.77	1314 MACHENEN .	Town	7 /
2.	Catha may	Coth Neu	1755 New St	I	S/20/24
	Lew Ten	30/4/04	(123 NOW 27	City Union grole	-1 78178
3.	12 111	11 11.	1	□ Town □ Village	
	Marin all	Shevy Allen	18503 Duvund Hue	acity Union Orise	5/28/24
4.	2/1	1 5 1		□ Town	
15	r.le	Levin Young	1400 WEST ST	City Union Grave	5/24/24
5.		100		Town	Fin
<b>1</b> 3. 1	Chila Wireson Re	Jidy Karezziliski	811 High ST	ocity Whion Grave	5 28 24
	The Court	Out has war	10.1.1.7.1.01	Town	1, 1
0 1	Buton Carles	Butil Carlson	1332 Jine St	Ocity UNION AROVE	5/28/24
	Dimicola Company	30000	7539 0112 31	Town	1 / / /
7.				□ Village	
-				☐ Town	
8.				- U Village	
	~			□ City	
9.		Li Li		□ Town	
9				☐ Village ☐ City	+
	•		· · · · · · · · · · · · · · · · · · ·	□ Town	
10.				Village	
<u></u>				□ City	
	10000101	160.	Certification of Circulator	1 - 10 (01-5.11	1 50001
I,	子ででえ にくく	Certify:	I reside at TG9 HILLCREST	ROMU GRAFION IA	172077
	(name of circulator)		11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -	(circulator's residence - include number, street, and municipality)	1 11 12 1 1
			were a resident of this state, would not be disqualified from voting under		
mame	I know their respective residences given	I support this recall patition. Tam aware that felicifien	d by the officeholder named in this petition. I know that each person sign g this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with tun knowledge of its content of the date	murcated opposite his or her
name	S/2 // S/2 //	support and recall pointed Tain away that this will	B interest to pullishable under y 12.13(3)(a), wis bidls		Page No. 1408
	2/20/21				1400
EI -170 (3	Rev 2019-09) The information on this form is requi		tre of circulator)  ne Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005   web: http://clections.wi.gov   email_elections@wi.gov	

TO:	The Wisconsin Election Commission		. We, the undersigned qualified el	lectors of the Assembly District 63	
		on papers or declaration of candidacy for the office is filed)		(jurisdiction or di	strict of officeholder)
netitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	ction 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
á		(name of officeholder to be recalled and office)			
			STATEMENT OF REASON FOR RECALL		
(The rea	ason for recall must be stated on petitions	for city, village, town, and school district officials, T	the reason must be related to the official responsibilities of the officehol	der. No statement of reason is required to initiate the recall	of state, congressional,
logislat	ive. judicial. or county officials.)				
			f 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 f	or his own constiuents by calling them "whack-jobs, morons, and idiots."		
T	HE MUNICIPAL PRO LICED FOR MAI	II INC BUDDOCES WHEN DIFFEDENT THAN	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MU	UST ALWAYS BE LISTED.
			STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEOF
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
	1. 1000 1.	- 12 W	111011	□ Town	6112/10
1/2	IR IIIII	Tentala Data	1040 Mac Mand	City Burlington	DIDOLAT
	WINDER C	100000	The state of the s	1 lown	
2				□ Village 0	
				□ Town	
3.				Q.Village	
_				□ City	
4				□ Town	
-				□ City	
_				□ Town □ Village	
3.				D City	
				☐ Town	
6				☐ Village ☐ City	
				□ Town	
7				- D Village	
.,,,,,,,				☐ City	+
8.				D Village.	
				□ City	
0				□ Town □-Village	
27 6				□ City	
1.0				□ Town	
10				☐ Village ☐ City	
<u></u>	/		Cartification of Circulator	E 1.11 -	533 FT-12
	Janet Eve	ntsen, certify	Certification of Circulator Treside at 500 Main 51	reaithelditA	52556
l,				(circulator's residence - include number, street, and municipality)	
I furthe	r gertific 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 un	der Wis. Stat. § 6.03. I personally circulated this recall petitio	n and personally obtained each o
the sign	natures on this paper. I know that the sign	ers are electors of the jurisdiction or district represent	ed by the officeholder named in this petition. I know that each person :	signed the paper with full knowledge of its content on the dat	e indicated opposite his or her
name.	I know their respective residences given.	I support this recall petition. I am aware that falsifying	ng this certification is punishable under § 12,13(3)(a), Wis. Stats.		
100	May 23 2024	Fancy	Thurs		Page No. 1409
- 6	(date)/	(sign	ature of circulator)		

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

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

10: The Wisconsin Election Commission		we, the undersigned quantied e	lectors of the Addendity Bibliot de	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		ů,	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	ction 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		
(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 officehol	der. No statement of reason is required to initiate the recall	of state, congressional,
legislative, judicial, or county officials.)		COD tolling to product this constraint formula of from the CCD		
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP		
lack of committment to election integrity, blocking	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	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MU	IST ALWAYS BE LISTED.
	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
11/10/-	1111 = 1 1 = 0	2.45 5 6 0	Town Village 12	56-1
Unk	MIRE RODER	3415 FISCHER	Dicity BUREING TON	3/23/24
			19- TOWN	
2/ 5	David Smith	130116 Lake Hills Dn	Ocity Bunlington	1 23-24
Jan Smith	200101	3-110 4/2 11-117 21	Town - /	
3. 1. w// 1 // /.	1000 1 2 la la 1	30116 Lake Hills Dr 30140 Lake Hills Dr	Ovillage Burlington	5-23-24
TOMY THUMPY	ally country	30190 care HIlls Wr		- J
1	7		□ Town □ Village	
4			D City	
			□ Town	
5,			□ Village	-
			□ Town	-
6			Village	
			□ City	
7			□ Town	
1			□ Village □ City	
			□ Town	
8.			□ Village	
			□ City	-
9.			DVillage	
			□ City	
10		ena de la companya d	□ Town	
10.			☐ City	
		C CC - CC - CC	1	
00111 2010	17.50	Certification of Circulator	) AUE. / BATAVIA, IOW	4 57532
I, DOUG BRIC	certify: I	reside at 1877 FR411 WOOR	(circulator's residence - include number, street, and municipality)	1 32373
(name of circulator)	Wisconsin or a LLS citizen age 18 or older who if Ly	were a resident of this state, would not be disqualified from voting un-	der Wis Stat. § 6.03. I personally circulated this recall petition	and personally obtained each
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person	signed the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under \$ 12.13(3)(a), Wis. Stats.		
		1000		Page No. 1410
MAY 23, 202	T technol	unoral Circulator)		
		e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   60	8-266-8005  web: http://elections.wi.gov   email: elections@wi.gov	
,,		- V2 D1		

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

The Wisconsin Election Commission

(Official with wholl holling	ion papers of declaration of candidacy for the office is filed)		(Jurisdiction or dis	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	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)		·	
(The season for small must be stated as a stitle of		STATEMENT OF REASON FOR RECALL		
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 state, congressional,
	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	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 MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE	DATE OF
		Rural address must also include box of fire no.	Indicate Town, City, or Village	SIGNING
Kannadi Hamilton	2		□ Village	
Dell'ed Harillo			City	
2. Kan 20 0 0 0 0	TKannadi Ilamillana	620 5 000000)0	Village M. ) )	B-211-211
MUTUTUUDE:	Kennedi Hamilton	630 Semmertsen	aroun pleasant	J 27 29
3. 1	1 11 11 11 11 11	17866 - 10-1	□ Village N / →	50100
10 mg tometer	Any Hamy ton	6305 Emmertsen	OCHY WOOM DISCOSSIVE	204704
1 D //AP	Obout Vistar	11- Call Derce And	Town O Daggant	101/200
	Charge VICTOR	1044 Perig 71 V4.	a city 1 It, Pleaseach	Slaylay
199	0 5	11000 W 11 DI	Town Village PR	
Koy	- Knyaune LIStrom	900 MOUT	city Lacine	124124
6. 12.4	JEPP Thomas	00. 5.	☐ Town ☐ Village	000 1.
(190) hand	JEPF Thomas	2900 JAMES 6) Ud	Ocity KHC, WE	5/24/24
7/0/	1 A T S M	1001 3.011	O Town	1 341 0
myar gye	MHIONIU I DURIG	WY JULL WINCH SI	i city	5-27-2
18 To 101 D	7	1172 Ca tor ch	Town	F 5/12 (1
2 sexitty Union	Zenilh Driver	1632 Center St	acine Lacine	5-2727
9. 7	11	, DN	□ Town □ Village	1.11.
Some an	Herman Hamora	2921 Kenwood	ocity Karland	5/24/00
10.///	Tall 1 40	TUILOC 11 2 101	Town Village Mil Van	Caulty 1
! // pmnelle	Jollien Camaeno	19198 Jouth Lnd ST	a city NII Wachee	297127
2211 22161	C n	Certification of Circulator	1	
1, DOUG BRICK	certify: I	reside at 1877 FRUITW DOD AUG	, /BATAVIA, IA 52	533
(name of circulator)  I further certify I am either a qualified elector of 3	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)	and paragraphic abtained
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date i	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.	1 1	opposite into a not
MAU 24 7024	/ 11 W.	S		Page No. 1/11

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

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
-	(name of officeholder to be recalled and office).	TARREST OF DEACON FOR RECALL		
	S	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
(The reason for recall must be stated on petitions in legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officerolder.	No statement of reason is required to minute me recall of	
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	ower prescription drug costs, and flagrant disrespect for	hls 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	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. Makeum Kinner	McKenna Kramer	9025 Bus De	Ocity Sturtevant	5/23/24
2	1	3	☐ Town	5/23/24
Melos	27, Kendinon	100 com (AMA DA	acity That Elant	3/23/29
3 fabran	Luzan Novak	24124 93°5+	Ullage Startevant	5/23/24
4. Box Julia	Bus Bicket	e 9433 Carlot And	United States of the States of	5/23/20
5 Phully Pourun	Laurie K. Bernenuk	3706 Indiana Lo	XVIIIage My DLa OSant	5/3/24
Louis Benon &	LAUIS BENDENIATI	3706 IDDRADA LIN	St. Village Mt. Ple A SANT	5/23/24
1.	Sloam StrwarT	28/1 COZY gares 6 S.	Utiliage M. J. Pleasan	5/23/24
8. Varde	Kathleen Weeken	5739 Independence Rd.	Using MT. Pleasant	5/23/24
9. 6/1/	Madine Pole, Sa	115151575T NOTOSTAL	O TOWN O Village O City  Stry.favant	5/23/29
10. Jan Frankin	DARY HAWKINS	5811 Sunset BLUD	Drown Dryllage Mt. Pleasant	5-23-24
M av d		Certification of Circulator	Applit Hissansha	54915
1, Mark Harry Go	abrielcertify: I	reside at 3013 Schaefer Circle	(circulator's residence - include number, street, and municipality)	07110
the signatures on this paper. I know that the signe	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 sign	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	this certification is punishable under § 12.13(3)(a), Wis. Stats.		1
May 23, 2024		ary Tabrel		Page No. 1412
(date)	(signatured by Wie State 88 8 40 and 9 10. This form is prescribed by the	ne of circulator) e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005   web: http://clections.wi.gov   email: elections@wi.gov	
ELT 10 (NOV 2015-05) THE INTO HIBROUN ON THIS TOTAL IS TEQUI	TOO OF THE OLD SE OF TO BEE SEE THIS TOTAL IS PRESCRICED BY THE	VINESCONIAL 2 13		

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors 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 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		
(The reason for recall must be stated on petitions		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.)				, , , , , , , , , , , , , , , , , , , ,
		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 MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, Cit∯, or Village	DATE OF SIGNING
1 10 11		Add added mast also monde box of the no	Town	SIGNING
Just Jukins	Lucy HAWKING	5811 Sement BlVd	Dity Mount Value	5/23/24
2.	Josh Noe	6700 Carbollag (")	Town Village At Plans Court	5/73/70
47	3001 1000	3 /co compliage Cit	arcity P17 V reasons	7/10/
3 alun Cell	Alivia Colbu	4912 Cryster Spring	O'Village Cine	5/23/24
1 Stacy Lavrence	Stacy Lawrence	3044 94th St.	Private Stwevant	5/23/24
5 UBANEVI 1	Laurie Bayler	6727 REGENCY HILL DW	Town Prillage A + PRISANT	05-23-24
6. 116	Kilo Buchick	382/5000000000000000000000000000000000000	Town Village M. F. P. Parast	E 22.2
7 100	Tiyle Darace	70011(00)	D Town	2
4.			□ Village	
8			□ Town	
0.			☐ Village ☐ City	
9'			□ Town	771-2-2-
			☐ Village	
10.			□ Town	
			□ City	
, Mark Harry G	idoriel certify: I	reside at 3013 Schaefer Circle	e. Appleton Wiscons	in 54915
(name of circulator)			(circulator's residence - include number etmot, and municipality)	
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under very the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date in	nd personally obtained each of idicated opposite his or her
May 23, 202		This certification is punishable under § 12.15(5)(a), wis stats.		Page No. 1413

(datc)
(signature of cycliator)

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

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)		(jurisdiction or distri	
petitio	n 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)	THAT DRAWN OF DEACON FOR DECALL		
		Control of the Contro	STATEMENT OF REASON FOR RECALL ereason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall a	state, congressional.
	ison for recall must be stated on petitions ve, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsionnes of the officeholder	The statement of reason is required to minute in the	, , , , , , , , , , , , , , , , , , , ,
Robin V	os 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,		
-			his own constiuents by calling them "whack-jobs, morons, and idiots."		
Tı	HE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
<b>—</b>		PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1.	Jen au	Juan Casares	2533 Ridgewood Ave	Village Pacine WISS403	5-24-24
2.	Nephoniestulia	Strobanie Kitis	1227 n Oborne Blue	□ Town □ Village  PCity  RACIN  (4)	5-24-24
3.	A CLEACUTE A CALL			□ Town □ Village	e
3,	Dosph Kitio	Joseph Kutu	1227 D. OSKATAR BIVA	Acity (acine water	5-24- 24
4.	Mauna	MAUBO MEZINO	9328 tamasact Moule	Uvillage MUOUT Pleasant	5-24.24
5.	Barbone Since	Barbara Simon	3841 Indiana Lane	Uvillage Mt. Pleasant	5-24-24
1	28A	Jayme Bergsmil	3341 Kennsington Ln.	Unilage Streeter A	5.24.24
7.	Bule tropped	George McBride	9818 Dunka Lou Rd	O'Village Franks willp	5-24-24
8.	Som wall	Carry Joseph	8800 shannow LN	Orive Sturtevant	5-24-24
9.	Volument	DOWN CE SAMOS	23625 Duund	O Village Kanenwille	5-24-24
10.	I desinted	Derhonie Miller	2711 LOSQUE 5+	Village Rallie	5-24-21
6:	10	a ( ) i	Certification of Circulator	e Appleton Wiscous	54915
Ι,	Mark Harry	Gabriel certify: I	reside at 3013 Schoeter and	(circulator's residence - include number, street, and municipality)	110
the sign	I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her				
name I	know their respective residences given	I support this recall petition. I am aware that falsifying	g this certification is nunishable under § 12.13(3)(a), Wis. Stats.		Page No. 1414
MZ	y 24, 2024	The mark	fary Labriet		1414
EL-170 (R	(date) ev 2019-09) The information on this form is requi	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005  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	+ -f - first alder
(official with whom nominal	ion papers or declaration of candidacy for the office is filed)		9-	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
	S : W - town and reliable 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,
testations indicial as county officials \				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		<del></del>
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."		
		UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MA		STREET & NUMBER OR RURAL ROUTE		DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
101111	(May by 100)	2016 910th St \$103 Spy by and	o Town Sturtevant	5/24/24
Charles Adminique	Landow Jamenguer	104) 10 DI SIGNATURE	Sturtevant	
2 And for high	Jan J. C. Carlo	1951 Sylvania St. Stur	City Vrlage	5/24/24
1-10	May 2 Street	0-151.000	Town sturtevant	5174121
Three Del	the ine DIERT	991 Sulvanias st	City City	21-11-4
4 Amil not	00000	LARD QUESTEL DONE TRI	Town Mt Pleasant	5-24-24
Harrier J. See	MARIA D. LEE	6720 SHEASANT (XEEK TRL	D Town	11
5 July chaltel - Sant	Judy Challey - Sinche	11700aks Kd Mo# 103	O Village Mt Pleasourt	5-24-24
Judy Chality - Dance	Star Charles Street	4 0.42	□ Town □ Village □ A	5-24-24
Rechard In	KICHARU DIX	24 N westuced AVE.	City Bilgor	0 21 37.
7 Na la Shutt	Coulo Schultz	ZUN. Westroom AUR	Utiliage Burl, nexton	5-24-26
		and west wood Aire	Town Village BURLINGTON	5-24-24
8. DIZENO DIMON	TREVOR SCHULTZ	29 N WEST WOOD AVE	City DO TACE TO TO	0 0 1
9. O O	District South & South	than 12 State St	Styllage 7776 hester	5-2:2824
ou age of	Siane Baziación	TO TO STATE OF	□ Town A	12 Oct 211
10. (gradu) F	RON FITT	1149 OD RES KD	City NTP/Ensy	15-24-24
- Control -		Certification of Circulator	. Appleton Wiscensi	54915
		reside at 3013 Schaefer Circle	Reignal ator's recidence - include number street and municipality)	**
(name of circulator) I further certify I am either a qualified elector of	f Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis Stat 8 6.03 I personally circulated this recall petition:	and personally obtained each o
the signatures on this paper. I know that the sign	sers are electors of the infisdiction of district represented	a by the officeholder named in this pention. I know that each person sign	ned the paper with full knowledge of its content on the date.	
44	1 support this recall petition. I am aware that faisily in	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1415
May 24, 202	(signat	are of circulator		<u></u>
EL-170 (Rev 2019-09) The information on this form is req	uired by Wis, Stats, §§, 8,40 and 9,10. This form is prescribed by the	ne Wisconsin Dections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005  web: http://elections.wi.gov   email: elections@wi.gov	

TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)			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	f the Wisconsin Statutes.
•		(name of officeholder to be recalled and office)	THE ADDRESS OF DE ACOM FOR DECAME		
cont.			TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	of state congressional
	ason for recall must be stated on petitions ive, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	. 140 sintement of reason is required to initiale the recuire	n state, congressional,
Robin V	os should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of 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."		
Tı	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 MU	ST ALWAYS BE LISTED.
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	Marabal 1	Maribel 1/0192900	= 2110 Clarance Al	Distribution Recipi	5/75/20
2	Rueffell	VIGM & X HOWELL	34325 Kennedy	Village Stuvkvovt	\$1/5/10
3.		Nicholas McMillian	849 Crestwood A	Unilage Destinator	5/25/24
1	hep-hor	Aylan Wright	849 Crestwood Dr	Unilage Barroton	5/25/24
5.9	Lucas Mig	Lucas Wright	849 Crestwood Dr	Unilage Burlington	5/25/24
6.	mas 5	Trovis Daniels	1950 Doane Bluel	Ullage Racine	5RS/24
7. (	Wat Hotofman	Alex Goodwan	UZO Racine St	Drown Brilliage Racine Racher	5-Z5/24
8. (	Lin Mis	Carrace Menna	15045 North Road	UVIIIage BUVING TAN	5/25/24
9.	In Ru	Didrer Rombour	153301iver St	United Society	5/25/24
10		1		□ Town	
				□ City	
1,	Madison Jan G	lewaf _certify: I	reside at 12484 CH 84 QUE Plea	anart Prairie WI 53%	8
the sign	atures 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 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 led the paper with full knowledge of its content on the date	and personally obtained each o indicated opposite his or her
name. 1	I know their respective residences given.	I support this recall petition. Laprawaye that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
	05/25/2024	1 allienanti	re of circulator		Page No. 1416
EL_170 /R	ev 2019-09) The information on this form is requi		Wisconsm Elections Commission P.O. Box 7984, Mattison, 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 elected	ors of the Assembly District 63	et of officeholder)
S-751	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		<b>3</b> -	·
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsil statutes.
		(name of officeholder to be recalled and office). ${f S}$	TATEMENT OF REASON FOR RECALL		
(The re	eason 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,
Landala	ding ladicial or county afficiale		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
Annual Control			his own constiuents by calling them "whack-jobs, morons, and idiots."		
			UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUST	T ALWAYS BE LISTED.
-		PRINTED NAME OF ELECTORS ()	STREET & NUMBER OR RURAL ROUTE	MUNICII ABITT OF RESIDENCE	DATE OF SIGNING
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELESTING	Rural address must also include box or fire no.	Indicate Town, City, or Village	2 - 12 - 1 2 11
1	Hart	Si Kh	5946 Joanne Drie MP	Ocity Mt V Lasan t	15/06/2024
2.4	DRALLO CAR	Arthur Cark	5801 16th St. #118	□ Town □ Village □ City	ecount 05/26
1	A PARTY AND A			□ Town □ U V V V	
1	tout by the	1000 DEJOHEN		□ City	
4	7 1/200	A JOHC I		□ Town □ Village	
	1000 Mel	1000 DE 00 WEN		☐ City	
50	Tal. 151 = 0/11			☐ Village	
	ISMAR MADIO			T Town	
6.	JOE UEA			□ Village	
	1000		2 . 5 . /	Town	16/1/1/11
X	left Min	ISMARI MEDINA	2000 DEVIN	Ocity Racini	05 30 25
X	Lar of 14 Day	JOE & ME SING	2 OND DEKOUEN	Otty RACIN	05/26/24
9/1	100000	Cornelius Johnson	5820 Lincoln Villian Lo	O Town O Village O City O City	08/26/24
10	LALLOCK MILL	Marala South	MILES COMMUNES POLITIME	Town Old State	15/26/20
ľ	VILLYIII ADI ILASAN.	MUNION SYNKII	1912 2 . AITHERD I KO HIDE	ocity III VIVO	00 1010 611
T.A.	Mordisen Jan	ne AeWolfcertify: I	reside at 12454 4154 AVE Please	sant Prairie, W1,5318	58
I furth	(name of circulator)	TIG 14 10 - older who if I w	vers a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis, Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
the cic	rectures on this paper. I know that the signe	are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
name.	I know their respective residences given.	I support this recall petition. I am award that falsilying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1417
===	00,000	(signatu	are of circulator)	66-8005   web: hun //elections wi new   email: elections@wi gov	
EL-170 (	(Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	e Wirconsin Elections Commission   P.O. Box 7981, Madison, WI 53707-7984   608-26	1	

(Official with whom nomination perper or decidation of caudidays for the Offices in 1801)  Petition for the recall of Biolivas (unuse of difficultulated and office)  STATEMENT OF REASON FOR RECALL  (The reason for creal must be stated on petition for city, village, town, and achoed district officials.)  Recity for should be recalled and office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and \$9.10 of the Wisconsin Statutes.  STATEMENT OF REASON FOR RECALL  (The reason for creal must be stated on petition for city, village, town, and achoed district officials.)  Recity for should be needled for the tity, village, town, and achoed district officials. The reason must be related to the official exposurabilities of the official expo	TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec	ctors of the Assembly District 63	
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 official responsibilities		(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
The reason for recall must be stated on potitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the official relationship of the official responsibilities of	petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
The reason for recall must be stated on peritions for circly, village, town, and school district officials. The reason must be related to the official responsibilities of the official of round officials.  Rebin Vos should be recalled for his bacit augport of the Chinese Communist Party (CCP), acceptance of trips from the CCP, fallure to proted Village to prote Village to the Communistration of his bacit augport of the Chinese Communist Party (CCP), acceptance of trips from the CCP, fallure to prote Village to prote Village to the Communistration of his bacit augport of the Chinese Communist Party (CCP), acceptance of trips from the CCP, fallure to prote Village to the	F				<u></u>	
Registative, indicate, or country officials.)  Rotation voe about the recitable of its test also group of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lable of commitment to election integrity. Bocking lower prescription drug costs, and flagarent disrespect for his own consilients by calling them "whack-jobs, morns, and idots."  THE MUNICIPALITY USED FOR MAILING PURPOSES, WITEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATORS OF ELECTORS  PRINTED NAME OF ELECTORS  PRINTED NAME OF ELECTORS  Ruar addees must also include box or fire on the contract of the contract o						
Rich vos should be recalled for his text support of the Chinese Community Party (CCP), acceptance of trigo from the CCP, failure to protect Visconian farminad from the CCP.  Inch of commitment to election integrity, blocking lower prescription drug costs, and flagrant disregated for his own constituents by calling them "who-loop, mornis, and disdus."  THE NUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTORS  STREET A NUMBER OR RUBAL ROUTE Rural address ment also include to or fice on.  Only 100 Dispose Date of Them.  Only 100 Dispose Date of Them.  Them of the Community of the Co			for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholde	r. No statement of reason is required to initiate the recall	of state, congressional,
Inch of commitment to alaction integrity. blocking lower prescription drug cods, and flagrant disrespect for Nis own constituents by calling them "whack-jobs, morons, and idiotis."  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SURLING OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATURES OF ELECTORS  PINTED NAME OF FLECTORS  STREET A NUMBER OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  STREET A NUMBER OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LIS	legislat	ive, judicial, or county officials.)	at the Object Communist Book (OOD), accordance of the	wine from the CCD failure to protect Wisconnin formland from the CCD		
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTORS  PRINTED NAME OF ELECTORS  PRINTED NAME OF ELECTORS  Real address must also moulde be not fire no  Thomas  And Fell  BOSD SABSE ST  United  U						
SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTORS  STREET & NUMBER OR BURAL ROUTE Runs address must be include be not from the locate of the one	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."		
SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTORS  STREET & NUMBER OR BURAL ROUTE Runs address must be include be not from the locate of the one	T	HE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
A Could be a companied to the country of the countr						DATE OF
2. Plobuses lacqueline Robins 3310 Eagle Ri Grown Jungton 5-23-24  4. A July Himsel Line 34335 Horsel Line 300 Junge But reform 5-23-24  5. Junge But reform 5-23-24  Junge But reform 6-25  J		SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no		SIGNING
2 Robinson lacqueline Robinson 3310 Eagle Ru Olive Diversion 5-23-24  4. Further Line Sugarross of Circulator Constitution of Cir	1/	100	1 Dans Call	(1) 1. (1) (1)		5 53-5
2 Robinson lacqueline Robinson 3310 Eagle Ra Original Decay Stages Robinson Stages Rathered Line Stages Robinson Robinson Stages Robinson Rob	. (	AULEDIN TIM	JOTHN FEI	7070, SHB1 ST		1-202
3. F. Juras Kric Juras 34335 Harres In Store In		.//	1			7 -0 -1
3 Horse Final Strict Full 3 44335 Horse Final Strict Full Strict F	2.	El Ochini	handling pohoson	3310 Emin Pal		5.33.04
3 4335 Horeum Substance from S-23-24  4 A July American Substance	-	CIROURS	MACGUETINE RODAGO	3310 CCG/C KIV.		
4. A further Ammed Lines 34335 Honey Lines But Indian Solution 5-23-24  5. Other Solution Sol	3.	E 1.1.0	Time 1 1 1 1 1 1 0 0	24235 The con 1 in	U Village Con	5-21-24
5. Original Control of Circulator Security: I reside at Certification of Circulator Security: I		J. Julas	pric pucos	27222 HOLLON CCCLC		22001
5. Original Control of Circulator Security: I reside at Certification of Circulator Security: I	4.	N 4	1 / 100,100	34125 1120.10	Village Village	C 23-74
Solution		A. Lever	FYYIMVELA LILLES	7,1222 HOUGH MIC	a city Wall la got	3-127
6. Orion Oviliage  Coty  8. Orion Oviliage  City  9. Orion Oviliage  City  1. Orion Oviliage  Coty  1. Orion Oviliage  Coty  1. Orion Oviliage  Coty  1. Orion Oviliage  Coty  I (name of circulator)  Coty	5	, ,	9.5 3			
Certification of Circulator   Certification of Circulator   Certification of Circulator   Circ	-					
City   Continuation   City   Continuation   City	2					
Town   O'llisting   O'llisty	,0					
Orlitogy						
8 9. 10. Certification of Circulator I, Certify: I reside at Supported 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	-7_				- O Village	
9.					20100	
9.  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	8					
9.  10.    Town   Village   City   Certification of Circulator   City						
9.  10.    Certification of Circulator   Cir					A-970	-
I, Certification of Circulator  I, (name of circulator)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her	9.					
I,					□ City	
I,	10					
I,	10.					
(name of circulator's residence - include number, street, and municipality)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each 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			<u></u>	and the second s		
(name of circulator's residence - include number, street, and municipality)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each 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		11.0h 2.2	1 Mernin 1 antigri	Certification of Circulator	Evanston IC6	0207
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her	1,	(name of circulator)	, certify. I	reside at		
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	I furthe	r certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
	the sign	atures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	indicated opposite his or her

Page No. 1418

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

(signature of circulator)

	- Pr	RECALLIBITION	Accomply District 63	
TO: The Wisconsin Election Commission		We, the undersigned qualified ele	ctors of the Assembly Blanct of	strict of officeholder)
The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)			
	Robin Vos	from office pursuant to Article XIII, Sect	ion 12 of the Wisconsin Constitution and §.9.10	of the wisconsin Statutes.
petition for the recall of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(name of officerolder to be recalled and officer	STATEMENT OF REASON FOR RECALL	to initiate the result	l of state congressional.
	and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officehold	er. No statement of reason is required to initiale the recui	toj state, cong. com.,
The reason for recall must be stated on petitions it	or city, village, town, and school district officials	the CCD		
egistative, judicial, or county officials.)	the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		# 4
COURT VOS SHOULD DE LECUNOS LES THE LESS SEPPE	and floorant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
ack of committment to election integrity, blocking to	wer prescription drug costs, and hagrant disrespect to	This own serious and agent and agent and agent and agent age	AND AND MUNICIPALITY OF DESIDENCE M	UST ALWAYS BE LISTED.
Terr beinging Litty light for MAII	ING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE 1 STREET & NUMBER OR RURAL ROUTE	NAME OF THE MUNICIPALITY OF RESIDENCE	DATE OF
THE MUNICIPALITY USED FOR MAIL	SING FUND CORP. POTONS	STREET & NUMBER OR RURAL ROUTE	Indicate Town, City, or Village	SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Town	1 1
	1 1	1 0#21	Uvillage MAT iDCo a cont	5/24/24
Ruse Moheren	RUPY Muherek	1275 N Junive base VR 204	city / ( ) C-C7 GV	12-11-1
lung mount	P. Py Titolica, et	101	UVillage Calidonia	71241211
2. (D) 146 AG 1000A	CLUSTIA HALMANA	W412 Crystalstring	City	J. E. 11241
MINOUS COMMONIN	Otos I Hour Tool I		D Town	1=174 7H
3 Marich	Olde AAroles	3) W/ () A	S Village City	13/2/12/
3 HAVELON	Sale I for	0 1 1 11 ) 10	Town	
101.			☐ Village	
4.			□ City	
			☐ Town	
5			City	
			□ Town	
6.			☐ Milage	
0			□ Town	
_ &			□ Village	
1			□ City □ Town	
			□ Village	
8-			O City	
			☐ Town ☐ Village	
9.			U City	
			□ Town	
10			☐ Village	
10.			- 10 < 1	1//00 0
100	. 10	Certification of Circulator	100 Dr BOLLUSIO	y Ichoro
1 mul //NNW	Certify certify	Tradida at	1 11-16-7	
,			nell nell nell nell nell nell nell nell	tion and personally obtained each
further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if	I were a resident of this state, would not be disqualified from voting un ed by the officeholder named in this petition. I know that each person	signed the paper with full knowledge of its content on the c	late indicated opposite his or her
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represent	I were a resident of this state, would not be disqualified from voting un ed by the officeholder named in this petition. I know that each person ing this certification is punishable under § 12.13(3)(a), Wis. Stats.		
name. I know their respective residences given.	I support this recall petition I am aware that faisity	ing this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1419
5-70172024	1/1/3	<u> </u>		-
(date)	(sign	ature of circulator) The Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   60	08-266-8005  web: http://elections.wi.gov   email: elections@wi.gov	
L-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	The Wisconsin Elections Commission   P.O. Box 7504, Madison, We 55707		

	We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or district	t of officeholder)
TO: The Wisconsin Election Commission  (official with whom nomination papers or declaration of candidacy for the office is filed.)			ho Wisconsin Statutes
Dahia Voo	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of t	tie wisconsin Statetos.
petition for the recall of			
(name of officeriolder to be resulted and	STATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, congressional,
(The reason for recall must be stated on petitions for city, village, town, and school district officials	The reason must be related to the official responsibilities of the officeholder.	140 Statement of reason is 124	
(The reason for recan must be stated on positions to stay,	and there from the CCP, failure to protect Wisconsin farmland from the CCP,		
legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance	e of imps from the core, failure to process and idiots."		
the state of the ground discounts	of for his own constitients by calling them whater-jobs, morons, and reserve	OF DUCKDINGE MILE	TALWAYS BELISTED.
lack of committment to election integrity, blocking lower prescription drug costs, and magrant disrespending the MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAT	AN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE	DATE OF
	STREET & NUMBER OR RURAL ROUTE	Indicate Town, City, or Village	SIGNING
SIGNATURES OF ELECTORS PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	1 Town 1001 101 101 101	Shinil
1 11 - ALG ONICK	1 2 NOS KOMEK FE THE	City City	0/16/14
Jonnes SAR SAMESURIFFIN	2020 F 13 HD 1 F) PIACE	Prown Class South	- Ini 124
1	310Strawn MINY CC	UVIIIage MALVIII	>/20/2
2. HIME & TUROL WITH WHERE	21821 1 900 A	Town	+101 /11/
	1011 Dallog Od	Otty Pudsuit 104	5/24/29
3. Olivia la nicianal llustelli benyano	1311 UUNCES RQ	ETOWN 1	1 1
How was cure	21111 1 2 1 0 1	UVillage MY 10/20 094 X	5/26/24
4 DUNG KNOW LISA LOCK	3910 WOOD Rd.	STOWN 01	al color
ousua de	1 1 1	Village IA I V ( 0 4 0 c ort	5/26/24
5. B-C. Cul Brian Crowl	3530 Word Id.	D City JUST COLUMN	
1		☐ Village	
6		City	
		O Village	
7.		□ City □ Town	
		_Q-Village	
8,		□ City □ Town	
		□ Village	
9.		G City	
		☐ Town ☐ Village	
10,		□ City	A 10
	Certification of Circulator	monroe Still Evan	1401 2 CGO
A louis Observity of		Verilia 1	
			and personally obtained each of
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older wh the signatures on this paper. I know that the signers are electors of the jurisdiction or district representations of the property of th	o, if I were a resident of this state, would not be disqualified from very	gned the paper with full knowledge of its content on the date	indicated opposite his of tier
the signatures on this paper. I know that the signers are electors of the jurisdiction or district repr name. I know their respective residences given. I support this recall petition. I am aware that fa	Issirving this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1420
name I know their respective residences given. I support this recail periods	<i>y</i>		1120
	(signature of circulator)	266 8005 lweb: http://elections.wi.gov.lemail:elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8.40 and 9.10. This form is prescrib	bed by the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	200-0005 (100. 100)	
DETING (NOT EXTRACT) THE INTERNATION OF SECTION 1			

		RECALLIETTION	C.1 Assembly District 63	
TO: The Wisconsin Election Commission		We, the undersigned qualified elector	ors of the Assembly District 65 (jurisdiction or district	ct of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	a 12 of the Wisconsin Constitution and §.9.10 of	the Wisombin status
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
	S to the state of the time	TATEMENT OF REASON FOR RECALD reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsionates of the		
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
NOBILI VOS SITURIO DE PECATICO FOI TILO COMPONIO	and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
lack of committment to election integrity, blocking i	ower prescription drug costs, and hagrant discosposition	THE MA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
		1208 MADISONSI	Town / Al C	5/25/2020
1 Robert Ruly	Volkand Pabart Valka		Ovillage LakeGeneva	3/23/33
110DERT Value	KOBERI VAIKA		D Town	5 75 104
2. Assistant	Tom Dardon	14040 At Scott and	O Village W. hackon	1 103 1-
Lacket Carl	) VI Stank		Town City of	5/26/211
3 1000	Madage Comise a negati	1427 Fairmeadon LA	A City	10031001
(Nowler X)	Amber Groverson	32,000 8	Town C	Thirth
4 Mr. 1 - Dong - Dong	1 Mideral Marchield	1.34109 - 100 de	Otty DOLOVOT	3/17-4
1 1 Inhay 1 lask of the	MICHAEL MOSTICE	O'TO DAILE ON	□ Town	Charles I
5 1601	11/1 /	21169 Dasa de	ority Delavan WI	15/20/24
" V Utry on tonse oc	1 mm	59 6 1 praire or	Town	7
6 Palm	Pruld Van	6522 Brever rodd.	City Bullington W	15/25/24
pravice	I HE HOLL	O'TO DIEVAL	D Town	(0.000)
7 ml n A	11.	4912 5 58 84	Ocity Williage Williams	3300U
Misa hirolle	Lisa-Jurcal	1000 3,00 011	□ Town ( . ∩	P-100
8 12000	Maller	1046 PUST Main	Ocity Water for d	23/02
" 10 V/ 5 5 5 .	MONY LUE NIGHEN	olo lasi ria.	Town (	and and and
9 0/ 10/	15 of 1 1 feel and	368 16	Ocity Sufficient on WI	25 5/25h
yann a	Warn e raignight	200 441601	□ Town	1-1-17/
10. 0 00 1	T - AA ai	3704 W Glenwood Dr	Usiliage Frank 111	1125124
Hours & your	-Juson P Droph			1100-0
1905001 91	191270-	Certification of Circulator	are RJ Nashville M.	L, 44675
1, Josef V 2	certify:	reside at No 10	(circulator's residence - include number, street, and municipality)	1 United and and of
(name of circulator)	Wisconsin or a U.S. citizen age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under	Wis Stat § 6.03. I personally circulated this recall polition	and personally obtained each of
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 under d by the officeholder named in this petition. I know that each person sign or this certification is punishable under § 12.13(3)(a). Wis, Stats.	ned the paper with this knowledge of its content of the date	
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. 1421
5-25-24	199	SHED		
(date)	Signal	unc of checolor) he Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005  web httpelections_wi_gov   email_elections@wi_gov	
EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	THE WISCONSIN ELECTIONS COMMISSION   1 5 500 770 ( THE PERSON )		

TO: The Wisconsin Election Commission	We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nomination papers or declaration of candidacy for the office is	filed)	(jurisdiction or	district of officeholder)
petition for the recall of Robin Vos	from office pursuant to Article XIII. Section	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		
(The reason for recall must be stated on petitions for city, village, town, and school district offic	ials. The reason must be related to the official responsibilities of the officeholde	i. No statement of reason is required to initiate the reco	ull of state, congressional,
legislative, judicial, or county officials.)			
Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), accept	ance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,		<u></u>
lack of committment to election integrity, blocking lower prescription drug costs, and flagrant disre	spect for his own constiuents by calling them "whack-jobs, morons, and idiots,"		
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT T	HAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE M	1UST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
	Rural address must also include box or fire no	Town	1 4 1
1 Cal Quelle	- 12 CIUN / 1/1 1 ALL	Village DIAA 110/E	7575555
LEGROTED LEGALE	2011/1/1	ocity 1 Dello	12/1/2/
2		□ Town □ Village	
		□ City	
		□ Town	
3.		□ Village □ City	
		□ Town	
4.		D.Village.	
		□ City	
5		El Village	
		City	
6.		□ Town □ Village	
		□ City	
7		□ Town □ Village	
		□ City	
		□ Town	
8.		☐ Village	
		Town	
9		☐ Village	
		□ City	
_10,		U Village	
		□ City	
	certify: I reside at 98/8 M	A , O , A.	- 0-
1. Jarin Ova Tanakie	certify: I reside at 9818 N.	lace thounds it	2 85000
frame of curulator		(circulators residence - include number, street, and numicipality)	ion and personally obtained each of
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older w the signatures on this paper. I know that the signers are electors of the jurisdiction or district rep	tho, it I were a resident of this state, would not be disqualified from voting under	and 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 nunishable under 8 12.13(3)(a). Wis Stats	ted the paper with rail knowledge of its content of the de	Петемен органие на отне
name, I know their respective residences given a support and recan pendon, I am aware that			Page No. 1422
5-25-24 Sa	Lisander of creditary		1/22
EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8 40 and 9 10. This form is prescr	interdeby the Wisconsin Elections Commission I P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005  web   http://electrons.wi.gov   email_electrons@wi.gov	
Decisio (see for any true intotaligation of this four is technically the page 22 a setting to this four is been a	MINISTER VICE VOICE VINION		

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nomination papers or declaration of candidacy for the office is filed)		(jurisdiction or district of officeholder)		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 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)			
	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 officeholde	T. No statement of reason is required to initiate the recall o	of state, congressional,
logislative judicial or county officials				
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,		
lack of committment to election integrity, blocking l	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"		
				OT A THE PER TOTAL
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUN	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
1		Kurai address must also melidie box of the no	arrown	<del></del>
1 May 1/ 0	MARK RUID	30301 Beachview Ln	U Village / Luter -	5-27-24
1600 1Cm	PINER RUID	30301 Beachview Ln	a dity	0
2 1/2 0/ 000	2 1 . 7	MICE DIL C. L	SVTown	6.27 211
- Sauce I. Shomal	Sarah L. Thomas	2405 Bate Street	ocity racine	2-61-24
			Town L	1 10
3 Musm & taller	Susan J. Fallon	1101 So Emmertsen Rd	acity MI Pleasant	5-27-29
Journ J. Two.	2- /4/1	3. 4.0.00, 13.00	□ Town	
4.	Lauren Alten	8710 Mary Dr.	Dily Mt. Pleasant	5-27-24
200	Lauran Tillan	0/10 190019 01.	O City VV ( ) Co-3000	2 61 61
5. //			U-Village	
			□ City	
6			□ Town □ Village	
O			□ City	
_			□ Town	
7.			□ Village □ City	
			□ Town	
8.			□ Village	
			□ Town	1
9			□ Village	
			City City	
10.			□ Town	
10.			C) City	
C1 E1	nestro-2 4	reside at Certification of Circulator 7 Pebble	0 100 00 10	220216
1 hannon W	OC+ certify:	reside at TEBBLE	Brook Dr. Convay HR.	72034
(name of circulator)			(circulator's residence - include number, street and inunicipality)	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	I by the officeholder named in this petition. I know that each person sig	ned the paper with full knowledge of its content on the date	murcarea 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 puntshable under § 12.13(3)(a), Wis. Stats.		2 11 4450

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

Page No. 1423

The Wisconsin Election Commission

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nomin	nation 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	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	CTATEMENT OF BEACON FOR BECALL		
(The senson for recall must be stated on potition		STATEMENT OF REASON FOR RECALL	- N4-4	A
legislative, judicial, or county officials.)	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 recall of	of state, congressional,
	ort 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 integrily, blocking	ng lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		<del></del>
THE MUNICIPALITY USED FOR M	AILING PURPOSES, WHEN DIFFERENT THAN N	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
<b>↓</b>	<u> </u>	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
$\sim 10^{10} \text{ M} \text{ A} \text{ A} \text{A} \text{A} \text{A} \text{A} \text{A} \text$	Value Stade :	244 Pool 0616 Va. 0	- Williage - A. Tau C	5/27/11
	hatelyn Steckling	31416 Redoak lave	ocity Wester Perch	20110
X MA VA	Maller Clarks	31111 801001 1000	Tyrown Co Lact	(=17-14)
3000)	Mathew Steckling	31416 Red Oak lane	city Waterford	3 21-21
X	Bulling William	DOIN COINGE POINT CH	Town	26/-14
- Thomas	UNITING HAICEO	304 3 001-15 10110. 01	Ecity Caladokua	1001011A
4 The form	Cody Parlovich	8496 Vestbrook Dr.	Village Sturtown +	5/00/24
5. pm M	Jagvin Mera	400 5. Kentrickare	Village Racine/Bullington	5-27:14
HIS W Merky	Leslie Mendoza	400 S. Kendvick are	Village Dacine Burlington	5.27.24
Topho B	Katia Betarrourt	473 Dutten St	O Village Bortington	8.1274
8 Martin Proce	Martin Arreaga	473 Dutton st	O Village Burlington	5.27-24
X Fire Vera		215001	□ Town	
121616 VIGIOR 1		07) Kiver Kille Cir	Scity Waterton	2-61-14
Cossica Mccush	figure Mtte	ROO Diogo S.	a village by lengton 5	127/24
, Madison Jane	Dewolf certify: I	reside at 12454 4151 ave	Pleasant Prairie, M.	53/58
I further certify I am either a qualified elector of	of Wisconsin, or a U.S. citizen, age 18 or older who if I v	vere a resident of this state, would not be disqualified from voting under \	(circulator's residence - include number, street, and municipality)  Wis Stat & 6.03 I personally circulated this recall petition a	end personally obtained each o
the signatures on this paper. I know that the sig	ners are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
		this certification is punishable under § 12.13(3)(a), Wis. Stats.		

Page No. 1424

(date)
(signature of circulator)

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

TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	
	(official with whom nomina	ation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
petition	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
		(name of officeholder to be recalled and office)	THE PERSON FOR DECALL		
			TATEMENT OF REASON FOR RECALL	No statement of regrou is required to initiate the recall of	of state congressional
		is 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	y state, congressional,
legislati Pobin V	ve, judicial, or county officials.)	rt of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
			his own constiuents by calling them "whack-jobs, morons, and idiots."		
TH	TE MUNICIPALITY USED FOR MA	AILING 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	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	SIGNATURES OF ELECTORS	TRIVIED NAME OF BEBUTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	Siditilità
1. (	0 / 1	D. ( -1 - 1/0	on a Team lo Au	UVJJage Koola O	5/24/2024
V	Quan Someth	Brigh Schreide	920259UEIR 110	Town	7/1/1/2
2.	Mr. Maria Dila	Mas all monarie ac	DOSQ Timbrack	□ Village () A C A	= 134124
/	MANNINVERSE	n (ase pur rester	2051 FBENTWELD	Town	7/2/
3. 4	7	4 - 1	177001	U Village Q	Ex211-211
6	Shere De Dan	has trene Desantiage	1 / (20 No W/5.	Town	5-27-29
48	sho to mar	Robert Olmit	228 Lmund	Utiliage College	5224-24
	4	176001		□ Town	
5. /	amelia Dorn	SOND Anda Somo	6.722 ~27 M AUC	OCITY RAPINE MIT	5-24-21
92	KKEV BRILLE	3 Rickey BRILLE	3205 RUSO ROAD	Ochy RACINE	5-24-24
7. 1	Pring Kings	Paige Sixuss	544/ North Meadows P	O Village Racine	5-24-7
-	3 - Tollowith	700192 111003111	1742 411.7	□Town	5-24-14
8.	6	> 15 rion Duchar	190 M. 110sum	OCHY 041 1216612012	7 012/
9. 8	Acht Can Os	Michael Cornega	326 Lewis St	O Village Runlington	5-2994
10.	May Shiff	Maureen Smith	324 Lewis St.	O Village Burlington	5-24-24
	1		Certification of Circulator	1- 2	
<sub>I.</sub> (	DOUG BRICK	EP, certify: I	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2533
-,			idea of the state would not be disquelified from voting under	(circulator's residence - include number, street, and municipality)	and personally obtained each of
I further	r certify I am either a qualified elector of	of Wisconsin, or a U.S. citizen, age 18 or older who, if I was 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	ed the paper with full knowledge of its content on the date	indicated opposite his or her
me sign	atures on this paper I know that the sig	Town at this and I notified. I am aware that folgificing	this certification is punishable under 8.12.13(3)(a). Wis Stats	• •	

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

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(official with whom nomina	ation papers or declaration of candidacy for the office is filed)		0	district of officerolder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
-	(name of officeholder to be recalled and office).	CELABRAMENT OF DEACON FOR DECALL		
		STATEMENT OF REASON FOR RECALL	11- No statement of reason is required to initiate the rec-	all of state, congressional.
The reason for recall must be stated on petition	ns for city, village, town, and school district officials. The	he reason must be related to the official responsibilities of the officeh	older, 140 statement by reason is required to initiale the reco	an of state, cong. costonat,
		trips from the CCP, failure to protect Wisconsin farmland from the CC		
lack of committment to election integrity, blockin	g lower prescription drug costs, and flagrant disrespect for	or his own constiuents by calling them "whack-jobs, morons, and idiots	н	
THE MUNICIPALITY USED FOR M.	ALLING PURPOSES, WHEN DIFFERENT THAN	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TH	E NAME OF THE MUNICIPALITY OF RESIDENCE I	MUST ALWAYS BE LISTED.
		SIREEL & NUMBER OF ROKAL ROOTE		DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
	5 0 1	21 0 1 1 01	Town Village VV	E/2/11/1
	Value Mitt	Al S. Wells St.	city / de Crerere	13/24/07
	Store or the	011 0, 0010 0.7	□ Town	
2			☐ Village	
-			City	
		9	☐ Town ☐ Village	
3.			□ City	
		<del></del>	Town	
4			☐ Village	
7			□ City	
			☐ Town ☐ Village	
5.			- City	
			□ Town	
6			- Q Village	
·			□ City	
			☐ Town ☐ Village	
7.			□ City	
			□ Town	
8.			□ Village	
			□ City	
			☐ Town	
9,			□ City	
			□ Town	
10.			□ Village	
			- City	
	•	Certification of Circulator I reside at 1877 FRUIT WOOD AUS	BATAVIA IA 5	2 < 3 3
1, DOUG BRICKE	Certify:	I reside at 18 / Fred 11 wood) Fred	(circulator's residence - include number, street, and municipality)	
(name of circulator)	40 41 1 30	ideal a Cable state would not be disqualified from voting to	under Wis Stat & 6.03   nersonally circulated this recall peti	tion and personally obtained each
I further certify I am either a qualified elector of	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disquamed from voting and by the officeholder named in this petition. I know that each personal transfer is a project by the personal transfer in the personal transfer is a project by the personal transfer in the personal transfer is a project by the personal transfer is a project by the personal transfer is a project by the personal transfer is a personal transfer in the personal	n signed the paper with full knowledge of its content on the	date indicated opposite his or her
the signatures on this paper. I know that the sig	gners are electors of the jurisdiction or district represent	the certification is punishable under 8.12.13(3)(a) Wis Stats		
	n. I support this recall petition. I am aware that faisifyl	ng this certification is punishable under § 12,13(3)(a), Wis. Stats.		Page No. 1426
MAY 24 2024	+ MINE	ature of circulator)		1720
(date)	(sign	ature 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

illione		. We, the undersigned qualified elected	ors of the Assembly District 63	
TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)		Quasaletion of district	
(official with whom nomination		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	Robin Vos  (name of officeholder to be recalled and office)	Itom office pursuant to ratiole rank, seems		
	`	TATEMENT OF REASON FOR RECALL		
(TI)	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,
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity blocking is	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"		
lack of commitment to decide integrity. Deciding the		THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
		10045. E Wind Lake Rd	Town union Grove	- 211 211
1. Dol Selecca Vorcaro	Repecca Porcaro	Union Grove, WI 53182	City Groot	5-24-24
Renecca Porcaro	RUECCA TOTCATO	VIII OID	Town Union 6 rove	
2 000	-T-V11	bots Ewindtok Rd	□ Village	5-24-24
198	Toda & Nower	Union Grove at Soil	D Town	C 311 211
3	.00 100 100	Colone Callins	Maxillage Ry Cline to	15-64-24
De MMOR	Sadre MONTRE	62 1 194100 CV. 101571	Town	
4. /2 //. /	101	11 - T Cale Nie	UVillage Parala Tra	15-24-24
" HUMM	Steven Madison	665 pex lipec and April	Town	
5 0 1	( ) la a la a la a	I CO FILE DIE ANDA	Uvillage 2 OV	13-20-20
5. Represidenda	IN ANDERCO VONOKIVE	1105× 10×114PCIV FUTUR	acity During Di	00.101
19 racolveve	C 1/ D	Dod T would be	Town Dillage Din () 18m -	9-24-21
6. ) Oshug Katur	OShace Batys	acc E. may KETSV. Pa	acity 1964 Clary Of	09,0
-	. , , ,	0200 1 11 11 11	□ Town □ Village	5- 14-211
7.000	Jessua Lones	35) E. Marlet H 400	acity by hoten	2 21 24
10	23350	211 001 01 1 0	D Town	5/01/1/1
8. C) with my 1/2 Its	I Anthony Waris	1 16 WEST STOTE ST	sicity bur Matual	21 24/24
- VIWWING	THINDIN DUVID		Town	e/210/210
9. Mars of the charge	Mariela train	840 Hunters Keden Fr	city Senva City	7/29/09
The state of the	1 war car a cr	1120 0	Town 2	5/2/1/2/
10. // 10. //	Hisan Glassman	11130 Dralas Aug	Ocity Kacink	112914
- Aller IV	ALLON GIGGSTIFF	Continuation of Circulator	1 1 1 5	3 V
Listos		Certification of Circulator 976 47th	71 V2(1	2966
I,		reside at	(circulator's residence - include number, street, and municipality)	and narroundly obtained each of
I further certify I am either a qualified elector of	Wisconsin of 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	indicated opposite his or her
			icu tile paper with full knowledge of his content on the date	was remarked by the state of th
name. I know their respective residences given.	I support this recall petition. I am aware that falsifyin	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1427
5.24.24				
(date)	(signat	ure of circulator) re Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	66-8005  web: http://clections.wi.gov   email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8.40 and 2.10 This form is prescribed by tr	te wisconsid Licenois Commission   1 0 Box 150 i, 112		

TO: The Wisconsin Election Commission		We the undersigned qualified at	Col. Assessed British	
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec		
petition for the recall of	Robin Vos	from office pursuant to Article VIII Section	(jurisdiction or dis	strict of officeholder)
	(name of officeholder to be recalled and office)		on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petition	is for city, village, town, and school district officials. Th	the reason must be related to the official responsibilities of the officeholder	er. No statement of reason is required to initiate the recall	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,	•	and the state of t
lack of committment to election integrity, blocking	g lower prescription drug costs, and flagrant disrespect to	or his own constiuents by calling them "whack-jobs, morons, and idiots."		
SIGNATURES OF ELECTORS	DELING FURFOSES, WHEN DIFFERENT THAN N	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
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
1. 1.11	11110	733 Milwaukee Ave #116	□ Town	SIGNING
wife	ember leiner	Burlington but 5505	a City Burlington	5/29/24
2. 1/ Clbs 08 2 la	V Maria de la	211011 1	C3,Town O	701/47
rawayin mes or	Kaitigh Anges	39901 W state Street	ocky Surlington	5-27/24
3. 10. 1 -12	$\alpha \rightarrow 0$		Town	101
Mallerther	Steplene Kucu	1414 N Birms Lake Q -	Ocity Bushown	5.21.28
4. 1 1 hill.	6 4011 0	22 . 1 1 = 1	□ Town	22101
JA JALVS	Frank Dellavie	309 N. Nochester 31	O City Poch STEV	5-27-24
5.	Jill Lecount	300 1/ 0	□ Town	12101
you decourt	111 Lecourt	309 W. Rochesterst	Oches ter	5/27/20
6.	<i>2</i>		□ Town	310119
Junas mercia	SUE MICHELSON	2916 INDIAN TRL	City RACTUE	MT2713
7/01/17	11111-11-5	13 011 5	□ Town	01-11-20
Muchalledon	HIGHTIEFE	1201-4th RACINE	City RALINE	5-77-24
*Halam C. Wilson	1000	1247 500 1211	Town Village	3-3-1
Man Cl Willoll	Than Wight	1017 De 10:00 10 1001	Scity Praire	527.24
9./// 11/1624	iller 103 cm	IGUS VIII	D Town	- 22
1414 W 11/101	THEY UTINE	1813 Fore alich	e city / Lush	8-21-20
1000 VICKS) HICKEN	Marison Hinkell	9181 and dock	O Village 1 1 DO O CO ST	K 27 21
marson mence	LI MILIONI III III	I I C LOU CO CO CO	Gity M MEUSUA	100101
L Josias	Andula certify: I	Certification of Circulator	174 1 17	Ci acii
(name of circulator)	A CONTRACTOR OF THE CONTRACTOR	V 1 1	7 MM Myo Deach	PU 3294
I further certify I am either a qualified elector of	Wisconsin, U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under W	(circulator's residence - include number, street, and municipality)	-1
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed his certification is numbered by the officeholder named in this petition. I know that each person signed his certification is numbered by under \$ 12.12(2)(x). We see that	ed the paper with full knowledge of its content on the date in	mu personally obtained each o
5 . 7 7 . 7 (1)	a support this recan petition. I am aware that falsifying	this certification is punishable under § 12 13(3)(a), Wis. Stats.	g on the date in	opposite its of fici
(date)				Page No. 1428
L-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8.40 and 9.10. Thus form is prescribed by the	e of circulator) Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-	2005 L 1 W W 3 W W	
	,	33/07-/984   508-266-	-8005 [web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Electi	on Commission			We, the undersigned qualified	electors of the Assembly District 63	
(official v	with whom nomination papers or de	eclaration of candidacy for the office is f	iled)	, , , , , , , , , , , , , , , , , , , ,		(jurisdiction or district of officeholder)
petition for the recall of _		obin Vos		from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution	n and §.9.10 of the Wisconsin Statutes
	(name o	of officeholder to be recalled and office)		OF BEACON FOR DECALL		
				OF REASON FOR RECALL		
		ige, town, and school district officia	als. The reason must be rela	ited to the official responsibilities of the officeh	older. No statement of reason is required to in	nitiate the recall of state, congressional,
legislative, judicial, or county of						
Robin Vos should be recalled to	r his tacit support of the Chines	e Communist Party (CCP), accepta	nce of trips from the CCP, f	allure to protect Wisconsin farmland from the CC	<u> </u>	
lack of committment to election	integrity, blocking lower prescrip	otion drug costs, and flagrant disres	pect for his own constiuents	by calling them "whack-jobs, morons, and idiots	п	
THE MUNICIPALITY	USED FOR MAILING PURI	POSES, WHEN DIFFERENT TH	IAN MUNICIPALITY O	F RESIDENCE, IS NOT SUFFICIENT. TH	E NAME OF THE MUNICIPALITY OF RE	ESIDENCE MUST ALWAYS BE LISTED.
SIGNATURES OF ELI	FCTORS P	RINTED NAME OF ELECTORS	STI	REET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDE	ENCE DATE OF
SIGNATURES OF EEL	i i	MINTED NAME OF ELECTORS	Ru	al address must also include box or fire no.	Indicate Town, City, or Villag	age SIGNING
1 Matel	V DV	STIN STANG	1400B	WEST ST BAS	OTOWN VNION GR	ONE 5/27/24
					□ Town	
2.	/				□ Village	
					Li City	
3					□ Town	
-					□ Village □ City	
					□ Town	
4.					D.Village	
					□ City	
5					□ Town	
3					_ □ Village	
					City	
6.					☐ Town	
					City	
					□ Town	
7.					☐ Village	
					- City-	
8.					☐ Town	Design of the second se
					□ Village	
					□ Town	
9.					☐ Village	
					□ City	
10.					☐ Town	
					☐ Village ☐ City	
<u> </u>	Λ '	/			1 d City	
I,	of circulator)	, cer	Certif rtify: I reside at	ication of Circulator	7th Ha Vis Bo	ach FL 32946
		a LLS citizen age 19 or older who	if I ware a ranidant of this	state would not be discussified from	der Wis Stat. § 6.03. I personally circulated this	intinicipality) 5
the signatures on this paper. I kn	now that the signers are electors	s of the jurisdiction or district repre	sented by the officeholder	named in this petition. I know that each person	der Wis, Stat. § 6.03, I personally circulated this signed the paper with full knowledge of its conf	is recall petition and personally obtained each of the tent on the date indicated opposite his or her
name. I know their respective r	esidences given I support this	recall petition. I am aware that fall	silying this certification is	punishable under § 12.13(3)(a), Wis. Stats.		
~ L1.	11		)/			Page No. 1429
(date)	-1		(mature of circulator)			1420
EL-170 (Rev. 2019-09) The information	or his form is required by Wis-State	s. 86, 8 40 and 9.10. This form is prescribe		mmission   P.O. Box 7984 Madison WI 53707-7984   60	8-266-8005   web: http://elections.wi.com/lemail:election	ns@wi gov

The Missessia Florian Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
	Robin Vos	from office pursuant to Article XIII. Section	on 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		
(The reason for recall must be stated on petitions f	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	j state, congressional,
		ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
Town with the Man Hop Man	THE PURPOSES WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MAIN		SIREEI & NUMBER OR RURAL ROOTE		DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
		BULL BOLL ST	Town Village DISPITATE	5/24/24
12	ALLEN JOSING	39) RENDALL SI.	SCITY BURLINGTON	2/01/27
0.0	0	214 1/ 11 C+	Town Purchage	5/24/201
2. 82.00	Sarah Volina	391 Rendall ST.	City DUV 11970V	101177
- 11 X / M ///	Charles College	linia cir. I A	Town Village	C17 51707 W
3. Ather Dollation	Christopher Goldstein	4019 SBegument Ave	a city A 9015 FS WITE	3/6/1/1004
		- 2 M2 - 2004   P/	Town Q Village Q	(Indlame
4. Welm Welm	WILLIAM OYIND	N5003 MORMON R	acity DOS DIOS 100	7/2/10/04
1 / / /	0.1011	2,113 41 /201 10.06	U Town	6/74/74
5. Nest Str	1 Moth Strucke	249 N CHNANICE	city / // / / TVV	3/27/0
1900	O. V.	7	OTown Village	C124 /11
6. 7 , 001	LOUIS W. DENKO	38601-315T. BURLINGTON	Ocity WHEATLANDY, VA	5/24/24
m n pun	2001100		□ Town □ Village	
7.			□ City	
			□ Town	
8.			□ City	
			Town	
9.			□ City	
	· · · · · · · · · · · · · · · · · · ·		Town	
. 10.				
• 10.			□ City	
Calari Da		reside at 2152 Keizen Rd, Gd	Lever 12 60026	
Gabriela Br	Umarcertify: I	reside at 2192 Reigen 10, GT	(circulator's residence - include number, street, and municipality)	
(name of circulator)		vere a resident of this state, would not be disqualified from voting under	Wis Stat & 6.03. I personally circulated this recall petition	and personally obtained each o
the signatures on this paper. I know that the circus	are are electors at the infisalition of district febreschied	by the directioned named in this petition. I tale it that each person 8	ned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
05124124	-	グラ		Page No. 1430
(date)	(signati	re of circulator)	NUMBER OF STREET	-
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8.40 and 9.10 This form is prescribed by the	or circulator)  Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005 [web: http://elections.wi.gov   email: elections@wi.gov	

TO: The Wisconsin Election Commission		we, the undersigned quantiled ele	Clors of the Placement Clores	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	ion 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
petition for the recan of	(name of officeholder to be recalled and office)			
	S	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	er. No statement of reason is required to initiate the recall o	of state, congressional,
Indictating indicial or county officials				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	D.11.2 01
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 Mah Styce	MARK STrue	3417 Ducktingham RD	Town Village STur. Towart	5-25-24
2. MS	mehas Schan	7411 old springs+	Drillage M+Pl-Co)at	5-25-24
. 14 0		,	☐ Town ☐ Village	r - r
3.			□ City	
			□ Town	
4.			O Village	
			D City	-
5			□ Town □ Village	
3,			U City	
		*	□ Town	
6.			□ Village	
***			□ Town	
7.			Q Village	+
			□ City	+
8			- B-Village	
0			C) City	
1247			☐ Town	
9			□ City	+
			□ Town	
10.:			□ Village	
				20
Gosnela Br	umar , certify: I	reside at 2/52 Rupeu Rd,	Glennia, IL 600	26
(name of circulator)		were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality)  ar Wis Stat 8 6 03. I personally circulated this recall petition	and personally obtained each o
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 of older who, 11 i	by the officeholder named in this petition. I know that each person sign	gned the paper with full knowledge of its content on the date	indicated opposite his or her
the signatures on this paper. I know that the signa	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		
name. I know their respective residences given. $5/25/202$				Page No. 1431
6 5/23/202		77		
(date)	(signate	ure of officulator) e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266-8005   web: http://elections.wi.gov   email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8 40 and 9,10. This form is prescribed by the	is wisconsin Elections Commission [1: 0: Box 7504, Madison, 441 55707-7504 [000		

3

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	4		
		TATEMENT 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,
legislative, judicial, or county officials.)	of the Chinese Communist Borby (CCB), accontance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking I	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LINC PURPOSES WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N.	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
10 deals Waterla	A Lile State	III. ATO A	Town  Village / / `	1 10:11011
"Charlian Describe	Analyiah Guardiah	III 8th Ave	acity Union Grove	5/29/24
2 1 1 1	11 0 0	1111 212 1	Town	0~1/1046
1 at yourder	L'artersucerdina.	11111 8 to Ave	ocity Union Grave	31001184
2 2		( Q+ h	Town	11.1
3 /1/2	Died Course Son	1115 ° HV	Brillage 11 mon Corone	15/241 2
	119 004-11.01-		□ Town	1
4.			☐ Village ☐ City	
			Town	
5.			□ Village	
			□ Town	
6.			O.Village	
			☐ City	
7.			- Q-Village	
			□ City	
8.			□ Town	
•			□ City	
9			☐ Town ☐ Village	
2			□ City	
10.			Town	
10.			☐ Village ☐ City	
	0 1	Certification of Circulator 11	2 2 1 10	
Jahon L	Orialit certify: I		Kal Bernton AB 7	7015
(name of circulator)			(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of	Wisconsin, or U.S. citizen, age 18 or older who, if I w	vere 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
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	the paper with full knowledge of its content of the date i	nuicated opposite his or net
iname. I know their respective residences given.	a support this recail petition. Fain aware that faist tong	unis certifications points indicate g 12 15(5)(a), wis bidis		Page No. 1432
- 2/21/21		reof circulator)		1702
(date)			6-2005 lively little //elections vir new lemail; elections@wi gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	et of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)		reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	state, congressional,
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		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	Γ 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. Jally Kritare	Jalla Latara	10 40 N. SunnyBlope Dr.	Village Mt. Pleasent !	5p5/24
2. Baylunger	Burker Few Por	262 93rd D -	Ocity Different	5/25/20
3. Botton Feils	Brittini Ferker	2852 93°9 St	- Town Styrteint	5/25/29
4. Man Vu	Moraan Venn	193 Nedue Ave	Orlinge Carle W	3123/34
5 A M	Richard Martin	9608 Hulda Dr.	O'Stage Startery WZ	5/25/24
6. all Pal	DONALD CIESIELSKE	125 W. GROVESTIR BULLINSPON, WI	Ullage BURLINGYON	5/25/24
7.		*	□ Ťown □ Village	
			U'City	
8.			□ Town □ Village	
6,			U City	
			□ Town	
9.			□ Village	
			Town	
10			_ Village	
			□ City	
, Panill A	Certify: I	reside at 230 Runned St RU		
(name of circulator)	Wisconsin or a LLS citizen are 18 or older who if Lu	vere a resident of this state, would not be disqualified from voting under \	(circulator's residence - include number, street, and municipality)  Wis. Stat. 8 6.03. I personally circulated this recall petition a	nd personally obtained each o
the signatures on this paper. I know that the signa	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs	ed the paper with full knowledge of its content on the date 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.		
5/25/24	_ h	A		Page No. 1433

(date)

(signature of circulator)

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

TO: The Wisconsin Election Commission		20	We, the undersi	igned qualified electo	ors of the	Assembly Distric	et 63	
	on papers or declaration of candidacy for the office is filed)		,	0 1			(jurisdiction or district	t of officeholder)
petition for the recall of	Robin Vos	from o	ffice pursuant to	Article XIII, Section	n 12 of the V	Wisconsin Co	nstitution and §.9.10 of t	he Wisconsin Statutes.
	(name of officeholder to be recalled and office).	TATEMENT OF RI	FASON FOD	DECALL.				
	3	IAIEWENI OF K	MASON FOR	RECALL	No statemen	t of magrou is mad	wired to initiate the recall of	state congressional.
legislative judicial or county officials	for city, village, town, and school district officials. The of the Chinese Communist Party (CCP), acceptance of tr				No statement	i oj reuson is req	ured to immute the rectile of	state, congressional,
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling	j them "whack-jobs,	, morons, and idiots."				
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESID	ENCE, IS NOT S	UFFICIENT. THE NA	ME OF THE	MUNICIPALI	TY OF RESIDENCE MUST	ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & N	TUMBER OR RURAL must also include box	LROUTE	N	IUNICIPALITY Indicate Town, 0	OF RESIDENCE	DATE OF SIGNING
1 Marchani	NANCY WYPISZYNSK	I 2038 S	0.775	St.	□ Town □ Village  Sticity	NÆST	Allis Wt	5/25/24
1104	7.17	10 7			☐ Town			
2. ( )					☐ Village ☐ City			
					□ Town			
3.					☐ Village			
					☐ City			
					☐ Town ☐ Village			
4.					☐ City			
					□ Town			
5.					D Village			
					□ City			
(					☐ Town			
0.					□ City		===.0	
					☐ Town			
7.					- U.Village			
					City			
9					☐ Town ☐ Village			
8,					□ City			
					☐ Town			
9.					☐ Village			
-					☐ City ☐ Town			
10.					☐ Village			
10,					☐ City			
	71	Certification	n of Circulato	r	- 1	1 /	1 (1)	
I, Daniel /	certify: I	reside at7	30 RIV	e wood	S(circulator's re	2, Ch Co	iber, street, and municipality)	<del></del>
the signatures 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	by the officeholder named in	n this petition. I kno	ow that each person signe	Wis, Stat, § 6.0 ed the paper w	3. I personally crith full knowledg	irculated this recall petition ar ge of its content on the date in	nd personally obtained each dicated opposite his or her
name. I know their respective residence given.	I support this recall petition. I amprove that falsifying	this certification is punishab	le under § 12.13(3)	(a), Wis Stats				Page No. 1434
EL-170 (Rev 2019-09) The information on this form is requi	(signature ired by Wis Stats §§ 8.40 and 9.10 This form is prescribed by the	re of circulator Wisconsin Elections Commission	P.O. Box 7984, Madis	son, WI 53707-7984   608-266	5-8005  web: http	//elections wi gov	email: elections@wi.gov	

TO: The Wisconsin Election Commission

Petition for the recall of Rean Vos (Authority Section 12 of the Wisconsin Constitution and § 9,10 of the Wisconsin Statutes.  The cases for recall must be stated on potitions for city, village, rown, and school district officials. The cases may be raided to the cofficial superior of the Circulation of	(official with whom nomination	on papers or declaration of candidacy for the office is filed)	we, the undersigned quantied elec		
The motion for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related in the official responsibilities of the official relationship in a control of placetary. In the control of the citizen trapport of the Citizen support of the Citizen	petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section		
(The reason for recall must be tasted on petitions for city, vallage, town, and school district officials. The reason must be related to the official responsibilities of the CIPC industry i				on 12 of the wisconstitution and §.9.10 of	the Wisconsin Statutes.
Figure 1 or should be recalled for his tend appoort of the Chinese Community Party (CP), acceptance of those from the CCP, halve to protect Wisconsin farminand from the CCP.  The MUNICIPALITY USED POR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, ROTS SUPPLICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATURES OF ELECTORS  PRIVITED NAME OF FLECTORS  PRIVING NAME OF FLECTORS  PRIVING NAME OF FLECTORS  Read Address mount along the control of the cont	(The reason for recall must be stated on petitions	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	ι. No statement of reason is required to initiate the recall d	of state, congressional,
THE MUNICIPALITY USED FOR NATURE PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTORS  PRINTED NAME OF ELECTORS  Rural address must also include box or five ro.  Rural address must also include box or five ro.  Rural address must also include box or five ro.  Rural address must also include box or five ro.  Disperimental of the property					
1. Rosa Mata Rosa Maty 336 M. KENDRICK  2. OPEN GOVAL HOME GOVALO CONTROL CONT					
1. Rosa Mata Rosa Maty 336 M. KENDRICK  2. OPEN GOVAL HOME GOVERNO HOLD ROSE OF RESIDENCE Biddlet Prom. City, or Village  2. OPEN GOVAL HOLD GOVAL ROSE STONING  3. OPEN GOVAL HOLD GOVAL ROSE STONING  4. AND HOLD GOVAL HOLD GOVAL ROSE STONING  5. JUST HOLD GOVAL GO	THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N.	AME OF THE MUNICIPALITY OF PROPERTY AND	100000
ROSA MATA ROSA ROSA ROSA ROSA ROSA ROSA ROSA ROS	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
3 Constituted and the segment of the properties of the purisdiction or district represented by the officeholder named in this paper with full knowledge of its content on the date indicated opposite his or her teachers. Teach and the paper with full knowledge of its content on the date indicated opposite his or her teachers. Teachers and the paper with full knowledge of its content on the date indicated opposite his or her teachers. Teachers and the paper with full knowledge of its content on the date indicated opposite his or her teachers. Teachers and the paper with full knowledge of its content on the date indicated opposite his or her teachers. Teachers and the paper with full knowledge of its content on the date indicated opposite his or her teachers.	1 ROSA MATA	-PM Rosa Mata	336 M. KENDPICK	Town Village half water	5-25-24
4 Photo In David Wiles 5830 N River Bay Rd War John 5/25 Rg  5 Julith Lille 5830 N River Bay Rd War John 5/25 Rg  6 Michael Mily 1765 Fish Hat day Rd 5/25 Town John 5/25 T	2 Jaren Garcia	Konen Barria	8423 Coriss Ave \$ 302	O'Village Chan Dan Din t	5-25-24
5 Julith Lilie Solo N Kiver Bay Rd Wr. Origing Warks fund 5/15/24  6. Michael Mily Milage Warks fund 5/15/24  7. Ima HWA Und Hyssi Milage Solo N Kiver Bay Rd Wr. Origing Warks fund 5/15/24  8. Origing Bulling Bulli	3	-Price Cantoy	108 Cummings St #4	ocity DP (avan	5/25/2
6. Michael Mily 7. Ima Hyd Unco Hydr 1455 Fish Hat they to order the first of the state of the s	4- Johnson Villia	Varid killie	5830 N KiVa Bay & Watsfeld W	city Waterley	5/25/24
7. / May Hy Charles   Shares		Franke Fille	5830 N Kiver Bay Rd Wh.	UVillage 11/CH / H	5/25/24
8.    Composition of Circulator   Circulator	MIChael Miller	Michael Miller	7265 Fish Hatchey Rd	U Village	5/25/24
9. Certification of Circulator    Continue of circulator   Continue of	I'ma tika	Una Hysi	1455 5 Famerton rol	O City	5/10
9. Certification of Circulator  Certification	8.	U			
10.  Certification of Circulator  (name of circulator)  (circulator)  (cir					
Certification of Circulator  (name of circulator)  (name of circul	9.				
Certification of Circulator  (name of circulator)  (circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include number, street, and municipality)  (name of circulator's residence - include num	10				
Certification of Circulator  (name of circulator)  (product of the control of the	10,			□ Village	
(name of circulator) (purple of circulator) (	D P   A - : 1	n:	Cartification of Cinculation	"City	
(circulator) (circulator) (circulator) (circulator) (circulator) (circulator) residence - include number, street, and municipality)  ne 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 large. 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 large. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  Page No. 1435		certify: I r	reside at 730 Parent of St Parent	Thland MA 29352	
ame. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is printshable under § 12.13(3)(a), Wis. Stats.  Page No. 1435	further certify I am either a qualified elector of W	isconsin or a IIS citizen ago 19 oz oldozuba (SI		21/21/21/21	
Page No. 1435	he signatures on this paper. I know that the signers	s are electors of the jurisdiction or district represented t	over a resident of this state, would not be disqualified from voting under W	Vis. Stat. § 6.03. I personally circulated this recall petition and	id personally obtained each of
Page No. 1435	name. I know/their respective residences given. I	support this recall petition. I am aware that falsifying t	this certification is printshable under § 12.13(3)(a), Wis. Stats.	o the paper with this knowledge of its content on the date in	neated opposite his or her
(Signature of circulator)	3/63/64				Page No. 1435
	(44,6)	d by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	of circulator)		1700



The Wisconsin Election Commission

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

# RECALL PETITION 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	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
logislative indicial or county officials		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots."	TOTAL STREET,	T AT WALLS BE A SCHOOL
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 MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Mustan	Matthew Helsen	1306 Hymner Are water	o Town City Union brove	5/25/24
2. 000 10	Hacey Faver	ROLD Higheren Avenous an	Uniage Union Grove	5/25/24
3. Warreley M	Charles Foll	3714 Raynon Ave Vinentinave	Ority Unity Grave	5/25/24
4. Mily faight	Morgan lorgette	120 8th aire	Othy UNIONGYOVE	5/25/24
5. Hoel I Had	Gail L. Hack	17437 58th Rd	Orone WT	5/23/2004
6 Thems Had	Thomas R Hack	17437 58 1" Rd	Uvillage Union GACUE Wit	5/25/0020
1 Tal May	Paul McChee	52 York St	Ocity Union Grove W.	9/29/2024
8 Rul	RICH DEVO	F 743 MÁN S-	O Town O Village O City O Town	5/25/20
9 100	Justin lavis	608814144 FORONTM	O City Union Color R	277451
10 Elwen	& LIVETING	IDII Main St	O Nilage Union GROVE	5/25/24
i, CHeis	HVV , certify: I	reside at Certification of Circulator	Circulator's didence - include number, street, and municipality)	DC20016
(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 the	were a resident of this state, would not be disqualified from voting under	Wis Stat 8 6 03. I personally circulated this recall petition a	and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the efficiency of the state	eu me paper will full knowledge of his coment off the date i	Page No. 1436
(date) 120°	(signatu	of circulator)  c Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005 lweb: http://clcctions.wi.gov   email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats 99 8 40 and 9 to This form is prescribed by the	T WISCONSIN LICONONS COMMISSION   F.O. DOX 7754, Middleon, W. 1. 33707-7704   000-20	· · · · · · · · · · · · · · · · · · ·	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)		reason must be related to the official responsibilities of the officeholder	, No statement of reason is required to initiate the recall o	of state, congressional,
		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking I	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kallobson	Keith Jackson	1010 11th ave vision Grove	O'Village UMON Grove	5/25/2021
2. Kgitt Trupula	Keith Prochaska	1100 Mt. Pleasant 1	Dring Mt Pleasent	5-25-24
3.	Letter General	SY43 CTYRIG	Ø Town □ Village □ City □ City	5-25-28
4.	2007 1100		□ Town □ Village □ City	
5.			□ Town □ Village □ City	-
6.			□ Town □ Village □ City	
7.			☐ Town ☐ Village ☐ City	
8.			□ Town	
0.			O City	
9.		*,	□ Town □ Village □ City	
10.			□ Town □ Village □ City	
1. Cheis the	certify: I	reside at 453 h 467 h 57.		WDC 3000)
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition led the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
name. I know their respective residences given.	support this recall petition. I am aware that falsi wing	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1437
(date)  EL-170 (Rev 2019-09) The information on this form is require		of circulator) e Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-26	6-8005  web: http://elections.wi.gov   email: elections@wi.gov	18

2827	25	RECADETETITION	C.I. Assembly District CO	
TO: The Wisconsin Election Commission		We, the undersigned qualified elec		staint of officer ald>
	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 the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
		STATEMENT OF REASON FOR RECALL		
· · · · · · · · · · · · · · · · · · ·	for city, village, town, and school district officials.	The reason must be related to the official responsibilities of the officeholder	. No statement of reason is required to initiate the recal	l of state, congressional,
egislative, judicial, or county officials.)	11 01 0 1 1 D. 1 (00D)	A line for a the COD failure to marked Williams in forming the COD		
Hobin 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,		
ack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect	t for his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN	N MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA		
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 0250	1 CAPTAIN 1		Town	5 211 711
VM 2006 WY	N. Sheeks	Hille Liberty In Burlington	OCHY DUYIMOLAN	5-24-24
		11.10	Town	
2.		· ·	□ Village	
			☐ Town	
3.			□ Village	
			□ City	
1			Town	
*			☐ Village	
			□ Town	
5.			□ Village	
			O City	
6.			☐ Town ☐ Village	
			□ City	
7			□ Town	
Le.			☐ City	
			□ Town	
8.			□ Village	
* (-0)	1		- City	
9.			□ Town	
N N			□ City	
10.			□ Town	
10.			Q Village	
		0 48 4 60 14	a say	
Vlad Litvin	i	v: I reside at 65 S 6000 pasture 15/v	1. 1 1 Apt 149 F. 2000	OR 97401
"	, certify	y: I reside at 65 3 6000 pasture 131 v	nd tol Apt 149 Eugene	0.0 77 101
(name of circulator)	Wisconsin or a LLS 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) Wis Stat 8.6.03 I personally circulated this recall petition	n and nersonally obtained each
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represer	ited by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date	indicated opposite his or her
		ring this certification is punishable under § 12.13(3)(a), Wis. Stats.	Luk	
	support and tour personnia			Page No. 4 4 2 0

Page No. 1438

(date) (signature of circulator)

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

(signature of circulator)

O: 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)		(jurisdiction or dist	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Se	ction 12 of the Wisconsin Constitution and §.9.10 o	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TO A TENANTE OF BEACON FOR RECALL		
		STATEMENT OF REASON FOR RECALL	ldes. No statement of reason is required to initiate the recall	of state compressional
(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 officeho	ider. No suitement of reason is required to initiale the recall	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	,	
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 MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
		01-111100	Town	110 mg 17
ama bica	Steps Johnson	1200 Miles 110	© Village □ City	8100 KU
10			Town	6 1
Blace James	How howers	8110 018 SOCING	City CX 1 KCSCP	7-92-91
3 3 0	10 / 100 1	01 1111	U Town	5-75-70
(m/x)	Fich Mactin	9608 Hulda -	ocity >+UC+5van+	122 24
4 2/ 1/ 1	0	los: 11.1	□ Town	7= 71
Susan Chark	1 SUSON HOPCAR	1801 1701 mes ave.	ocity KACINO	7 62-14
5	7.00 7.		□ Town □ Village	
			□ City	
6			□ Town	
			□ City	
7			□ Town	
			□ City	
8.			□ Town □ Village	
8.			U Village	
			□ Town	
9.			□ City	
		101	□ Town	1
10.			□ Village	
		Contification of Cinculator		
. Vlad Lity	certify: I	reside at ASS GROWN THE	sland td. Apt 149 E	ugene OR 97
(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 v	vere a resident of this state, would not be disqualified from voting un	der Wis, Stat. § 6.03, I personally circulated this recall petition	and personally obtained each of
the signatures on this paper, I know that the sign	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition, I know that each person this petition of 12 12(2)(a). Wie State	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 the trying	this certification is punishable under § 12,13(3)(a), Wis. Stats.		

Page No. 1439

EL\_170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi gov | email: elections@wi gov

TO: The Wisconsin Election Commission		we, the undersigned quantied ele-	Clors of the Accounty Pleases	
(official with whom nominat	ion 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, Secti	ion 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
	S	TATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	s for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	er. No statement of reason is required to initiate the recall of	of state, congressional,
legislative, judicial, or county officials.)				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tri	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1 11	4 0		Town	E LASTOR
1 Max /2	MEE GEST GESON	3533 Dought ave	Willage Prome	13/20/27
1	11:	2404 04 1	□ Town	[ [ ]
2.	1 To Railer	24810 Alark V	city Komsesville	1)115 h4
140	MA WENT	2 17 10 19 COURT	Cown 2 Courses Ville	13/01.
3. Ilyentala.	Harles History	37 ka 45 th 61	- DVIIIogo JAMAA HO OS	10175/76
	Thereo HIC MANEY!		a city Volled Will	112-12
			□ Town	
4.			☐ Village	
			□ Town	
5.			□ Village	
			□ City	
6			U Village	
			□ City	
_			□ Town	
1.			□ City	
			Town	
8.			Ü Village	
			City	-
9			☐ Town	
			□ City	
10			□ Town	
10.			☐ Village ☐ City	
		6 46 4 66 14	a ord	
V/(   1 :+	Vin certify: I	reside at 655 Gas Apasture 15	land rd. Apt 149 Eug	ere or 974
	certify: 1	reside at 633 Gaad passione 13	(circulator's residence - include number, street, and municipality)	
(name of circulator)	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 unde	er Wis, Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
the signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sig	gned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
05/00/08	- Cal			Page No. 1440

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

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nominate	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	t of officeholder)
petition 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 of the second of the sec	the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)		reason must be related to the official responsibilities of the officeholder	x. No statement of reason is required to initiate the recall of	state, congressional,
	of the Chinese Communist Party (CCP), acceptance of to	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."	V	
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF DESIDENCE MUST	CALWAYS DE 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. Porte	Devin Fuerst	1144 5 76th SE	Town Village Milwaucee	5.24.24
	000131	11 1 2: 10 11 31.	□ Town	
2.			☐ Milage	
			□ Town	
3.			□ Village	
			- a city	
4.			□ Town □ Village	
			City	
5			□ Town	
			□ City	
- ·			□ Town	
			□ Village □ City	
			□ Town	
7.			O-Village	
			□ City	
8.			☐ Town	
			☐ City	
0			☐ Town	
			☐ Village	
100			□ Town	
10.				
			□ City	
1, John Loga	certify: I	reside at 115 5th 5t NE Washington	Dc 20002	
(name of circulator) I further certify I am either a qualified elector of the signatures 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	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition an	d personally obtained each o
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification 19 punishable under § 12.13(3)(a), Wis. Stats.	1 1	
5-24-24				Page No. 1441
(date) EL-170 (Rev 2019-09) The information on this form is requi	A CONTROL OF THE CONT	Efficirculator) 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		We, the undersigned qualified elect	(jurisdiction or district	et of officeholder)
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)			
netitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
(The rea	ison for recall must be stated on petitions to	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
Robin V	os should be recalled for his tacit support o	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of a	committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
ILLK OF	Sommanion to clocker integral of the		THE NAME OF THE PARTY OF THE PA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
Tı	HE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	MUNICIPALITY OF RESIDENCE	DATE OF
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1	Matthew Mun	Mathew Murson	2148 Ravenswood rd	O'TOWN O'NIGHT ON NO STORE O'S STORE	5 5/24/24
2.	Dermis Rechon	DELONIS PORHOU	357 ORIGENST	Ocity Bullington), 492 53105	5/24/24
3.	Scott Des	Scott Dycus	249 Lewis St	Orown Our fix Xu W. 53/6	52424
4.	andoluz	Andrew Zarek	4085 kanest	ority Burinaton	5-24-24
5.0	Z Whit	Tin Roberts	475 Milwarker Au	Otiliage Bur 11-ytor	5-24-24
6.	In Rubat	Stacy Bobuts	475 "nilworter Acc	Othy Burlington	5-24-24
7.	blunder Chall	Branden Challz	15/9 center SY	United Barlington	5-24-24
8.	Buy Peter	Bil Peterson	6682 Haspital Rd	O Town O Village Octy  Burlyba	5-24-24
9.	Sand - Peter	Sandra Peterson	101082 Hospital Rel	Othy Burlington	5-24-24
10	July A	CHADLES COUTER	630 OAKST.	Other Burcing TON	5-34-24
	14 0 Con	Charles ( Carrier	Certification of Circulator, 19	hachlasta DC 20002	17 18
I	John La.	certify:	I reside at 113 5th 3t NE Apt 7 W	(circulators residence - include number, street, and municipality)	
	er certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person sign	Win Stat & 6.03 I personally circulated this recall petition	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 falsifyin	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1442
-	(date)	signal	hure of circulator) he Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	166-8005  web: http://elections.wi.gov   email: elections@wi.gov	
EL-170 (	Rev 2019-09) The information on this form is requ	nred by wis Stats 99 6 40 and 9 10. This form is prescribed by a		£	

		We, the undersigned qualified elected	ors of the Assembly District 63	
TO: The Wisconsin Election Commission			Um isdiction of district	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	A C 1 VIII Continu	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	II 12 of the wisconsin constitution and g	
	(name of officeholder to be recalled and office).	THE STATE OF DEACON FOR DECALI		
	S	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeriolder.	The statement of reason to require	
legislative, judicial, or county officials.)	45	too the CCP, failure to protect Wisconsin farmland from the CCP,		
Bobin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of commitment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constluents by calling them "whack-jobs, morons, and idiots."		
iden of community to elected the electronic to		UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
SIGNATURES OF EDSCIOLS			<b>₽</b> Town	T1.1121
10 6	1 11 1 11	to00 11 d Blid 1 249	City Mount Pleasart	124/24
Samen Spels	Javannah /11Chrock	5 graceland Divi, 18pt, act	D-Town	15/1/
2 8 00 10 05	0 00	LIBI WITH CHOKET	1 Village TO Ora my	1-12404
2 Donelle Killet	Donelle	2625 16 SURELE	Offown	1 1
0 1 11		115 11 44 11	Uvillage on Call Place and +	5/24/4
3. Cohia Wast	Musia martin	1551) /6 11 St	Ocity MOUNT 1109541	-10101
Necce 1 10 a de	The section of the se	110 1 DIL MI	Village II wat Plansont	ct 174/74
4. ( 112/2	1100 Volument	SSTO Apportiold Ild.	Gily MOUNT MICOSONT	2/4/1/41
Casic	U15 Kalligaer	J G 10 DILLY TIOS. VEGE	-EI Town	-14 -1
5.	1 - 1	2304 North	Ocity mount Pleasint	5/24/(4
S GW	JUYGE AMOVALL	) 1 4 6 XXIC	D/Town	7 7
	T I want	2711 1110 1.1	Village Marint Pleasant	5/24/24
8 8 VVI ST	I physter M West	246 Wander lane	Drown 12	1011
THE MERCEN	F-10)	2 0	D Village NABL 141 Y/ Co. (	5/24/26
7 Dogwood workt	Dames 11 12 Magrit	4492 Vales Nume	ocity MOWN / Pa(4)	3/6//6/
> Convect Milti	1) WIVE IN WITH	1101-11 1 1 010-	Ullage WA+ P/PG Sant	2-124124
8. 90m - VI 180 09	LONNIT VOVING	4430 Vales De 6/05	City VV7 1 1 1 7	3/-1/-(
WILLIAM	Dearning Journa	1 1 /0 /0:1- /	Town	2-1 120
9		USDD votes DR APT 208	Uvillage Mt Pkasant	05/24/24
John Daz	John Digz	9800 19103 011 11	□ Town	- / / /
10 00	1. 100 111/1/10	HILLIA ILLEGAD MAT 2019	UVIllage hit Veasant	5/24/14
10.	112ette VUUSVI	1990 90103 DE MIT 201	ocity /// Pundance	12/21/11
1/0   1:	6 11 11	Certification of Circulator	RIVE Carlshad, CA 9	2007
Caluentin (	offell certify:	I reside at 5185 Carlsbae L	the stand municipality)	
(name of circulator)			The state of the second language of the recall netition	and personally obtained each of
I further certify I am either a qualified elector of	f Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disquarited from voting and the she of secholder named in this petition. I know that each person sig	ned the paper with full knowledge of its content on the date	indicated opposite his or her
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person sig perfice certification is punishable under § 12.13(3)(a), Wis. Stats.	• •	
name. I know their respective residences given	I support this recall petition, I am aware that faisily in	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1443
5-27-2024				

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

TO: The Wisconsin Election Commission		RECALL PETITION	50	
(official with whom nominal	ion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified at		
petition for the recall of	Robin Vos	. We, the undersigned qualified elected	ors of the Assembly District 63	
	(name of officeholder to be recalled and office)	from office pursuant to Artists NAVIO	(jurisdiction o	r district of officeholder)
(The control of the c	to be recalled and office)	from office pursuant to Article XIII, Section STATEMENT OF REASON FOR RECALL	12 of the Wisconsin Constitution and 8 0 t	O = C+1 - TT:
(The reason for recall must be stated on petitions	for city, village, town, and school district, or	STATEMENT OF REASON FOR DECALL	- vibilitation and g.y.	of the Wisconsin Statute
Robin Vos should be recolled for him	o y and selloof district officials. The			
ves should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of	STATEMENT OF REASON FOR RECALL ne reason must be related to the official responsibilities of the officeholder. It trips from the CCP, failure to protect Wisconsin farmland from the CCP.	No statement of reason is required to initiate the rec	all of state
lack of committment to election integrity, blocking	Ower prescription drug costs, and the	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		uti of state, congressional,
THE MUNICIPALITY USED FOR MAL	LINC PURPOSE STORY	trips from the CCP, failure to protect Wisconsin farmland from the CCP, or his own constiuents by calling them "whack-jobs, morons, and idiots."  MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAM  STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no.		
SIGNATURES OF ELECTRON	LING PURPOSES, WHEN DIFFERENT THAN N	MUNICIPALITY OF DESIDENCE, 19		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OF THE NAME OF	E OF THE MUNICIPALITY OF BEST	
1 Strad	1	Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE N	TUST ALWAYS BE LISTED.
100	Matt Taylor		Indicate Town, City, or Village	DATE OF
and A	.0901		Town	SIGNING
2. 1 100111	0 110	ω1,57(05	City Burkington	[ ·
- don't	Darrick (no		Town	5-27-24
3. / 7 - 1 /-		CO TO TO, WILLIAM TO	Willege 2 1 d 1	
The Section	Donn artally		city" 4000USTE	15-27-74
8-1/01/11/02	370000		Town	/ -
KUCH KAPKA	Kellia Steaka	10 1 Walkers	City City	1
1300	NOTWORK!		Town /	0 2/2
5	100011	HILLOUT CHEEKING	City TYCL (VPOY	60001
00110	COVER GARAGE	404/ 0 4 / 5300	own Oo C. CC	1721.14
6.	1. VEVERC	11/1 01 (0) 70 01/11/01	Village	0
	Arthurson Comming	0000 1000 1000 1000	Town	77-71
7. 7. 1	The state of the s	110 Kanlese Ave so		20121
	30212011	100		1 200 011
o 10ml 1 ml		2819 Bear 10 de 5/19T	own	3 11-14
8 May	MINSO MAD	1.15 -1 - 50, 001 1001 100	ly (1)	<u> </u>
Charles I	Sustine months 19	DI BUDIENCI ANA A. Q'A. A SOFTE	own O	5-21-24
9 / m Y		SO I DIVINIS CLOSE DI DIXINI WAN IS	llage DIX I DAD	27 27
10h yes	Ton ha	801 Burney / / A # 110TO		12-0/24
0.		OUT Prowy Lank & Na Roan 1 300	Mage R / J	1 /
mull ) a la	Lucu Orta	11 20 Q1		15/27/24
	1314	1634 Edgewood Ave 30		1./.
(a) water Co	244011	Couties and a contract of the		3/27/24
mame of circulator)	certify: I res	Certification of Circulator		1000
ethor and C x D to	Onsin or a LLS oities - 10		(artsby) (1)	00 .0
signatures on this paper. I know that the signers are	e electors of the jurisdiction as district	a resident of this state, would not be disqualified to	ulator's residence - include number of met	72001
I know their respective residences given. I sup	port this recall petition day aware that falsiful aware	the officeholder named in this petition. I know that each possession	il. § 6.03. I personally circulated this recall petition of	
3-21-2024	Grand that this try brightnis	a resident of this state, would not be disqualified from voting under Wis. State officeholder named in this petition. I know that each person signed the percentification is punishable under § 12.13(3)(a), Wis. Stats.	aper with full knowledge of its content on the date in	dicated opposite the
				arealed opposite his or her
(Kev 2019-09) The information on this form is required by	Wis Stats §§ 8 40 and 9 10. This form is present add	circulator) consin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-8005   we		Page No. 1444
	Wiscons and the Wiscons and th	consin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608 266 2003	· strangered (2)	1444
		, 55707-7564 ( 008-266-8005  we	eb: http://elections.wi.gov   email; elections@wi.gov	
to the transfer of the transfe				

La El Allas Commission		RECALL PETITION  We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or distri	ict of officeholder,
The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)	Section Article XIII. Section	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	Robin Vos			
tion for the recall of	(name of officeholder to be recalled and office).  ST	FATEMENT OF REASON FOR RECALL eason must be related to the official responsibilities of the officeholder. eastrom the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall of	of state, congressional,
and committeent to election integrity, blocking I	ower prescription drug costs, and flagrant disrespect for h	nis own constiuents by calling them "whack-jobs, morons, and idiots."  UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA  STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no.	AND OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
of committee to election integrity, executing	WHEN DIFFERENT THAN MU	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	0.0
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rurai address must also melado estra	Town Day of A A	5-27-24
1, 1 11		The Known Ave Roune	ocity KACIVE	3
Atulu Mun	Stephen Newman	COUNT IN 2/1	Town Village Racine	3 27 24
I have all	MARINACIA MOINIMAN	727 10 KINZIE Are Pacine	Ja: Gily-	
4 MAMPA IEMMAN	MORGEORISMONTE	2224	D Town	5/21-124
/ / /	1 101.0	4220-83 St. Kenona	Bony Kenosha	5 1 1
12 why, andurous	hally that san	7 1 1 1/10/5	Town DVIIIage CALL	127124
15 11/ 100	C 1 1/ 1000	48X 1 Kain XW AVE WAS AUTOS	BONY WEATAUNS	le bel
Truly (noton	Dang Knussin	4. 0 1.10	Village CCEPATETO	5/27/24
5. In . I D	D. Ramalds	5229 2 40 to Correct THEIR	D Town	1-/2-17
Lacoria Keymen	p Diana neynotas	1191 Spacions CT	Willage Takes	-427/29
1000	Rient Pregn	TWIN LAKES, WI 53181	Town C is a local	15/20/04
ANK I -	Ture of the second	LUGO SUNSET DC #50 3100	- Dyillage KIVIIOCTOY	2/27/2
7-401110 15	Thelle Chagraco	100 Buckington WE Solo	Town C	5/27/24
1 miles	1000	440 Sunset Dr # Burlington WI 530	D Villago ()	0/12//-1
8 Day of las	Tesse Procto	(10 st soft) 1. Burlington 1. I say	D Town	5/27/20
May / The	3055	1-1 112	City BUVIII9 101	1/2/154
9 13 V/1 Km A	Rubin Asini	132 M150 1-17 PV. 1-1	□ Jown	5/97/74
(WEGV) FISH	10 1/2 /1/00	1.5001) Str & St 1.27	Dicity BUBLINGTON	13/01/51
10. Dandle Caba	banell caper	Certification of Circulator	101101 0013 1/2 1011	92008
Quentin C	5+1122, certify:	I reside at	(circulator's residence - include number, street, and municipality) ler Wis. Stat. § 6.03. I personally circulated this recall petit  Output  Output	ion and personally obtained of ate indicated opposite his or
(name of circulator)	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	ed by the officeholder named in this petition. I know that each person s	igned the paper with full knowledge of its content	444
the signatures on this paper. I know that the si	gners are electors of the jurisdiction or district represent	ed by the officeholder named in this petition. I have the sentification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 144
name. I know their respective residences go	· · · · · · · · · · · · · · · · · · ·	nature of circulator)  of the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   60		

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
	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)	TO A TOPA CONTROL OF DE A CONTROL DE CALL		
	Secretary williams are and asked district officials. The	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 o	f state, congressional,
logislative judicial or county officials )			1.0000000000000000000000000000000000000	, ,
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPAL PTV HSED FOR MA	IL INC BURDOSES WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEOR
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. Berton	Brett Mierkocki	1629 Repos ave.	o village o city Mt. Pleasant	5-24-20
2 Aget Camp	Robert Compton	1730 Derby Ave	Orivinge No. Pleasant	5.24-24
3 moles Cloud	Mrhall Coupton	1730 Derby Alle	Oth Mt Decant	5-24-24
4 hill as	Michael Jones	3817 YATES DL	U Town U Village MT. Pleasant	5-24-24
5 gran The	Tennifa Jones	3817 YHTES DK	O tillage Otty Desse of	524-24
6 Jan -	John Munoz	3825 Yates Dr.	Unilage of the City Mt. Pleasent	5-24-24
7. May	LOVEN LINDEMAN	CH47 CARNATION C+	Unillage Ocity Mt: Pleasant	5-24-24
& TRIMI V Scusso	Ethel Scaife	10514 Convention Du	Otiv M7 Measant	5-24.24
9 B Fort	Ben Foster	6045 Regency Hills Dr	Otiv MA Pleasant	5-24-24
10.		- /	□ Town	
TO:			□ City of the cit	
	ratomakis certify: I	reside at PSIS No 7th Place	e Phoents AZ 85	020
the signatures on this paper. I know that the sign	ers 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	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of ndicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifong	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 4.44C

5/24/24

(date)

(date

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 dis	strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
one of the character white and		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, vinage, town, and school district officials. The	reason must be related to the official responsibilities of the officenoider	The statement of reason is required to minute me recurs	o, o,
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking I	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 MU	JST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
BIGNATORES OF EBBETORE		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1- Davia Roducia	Maria Rodrian	1335 Rapids Orice	a Village Ka CINC	5/25/24
2 James Halfa	Turnes Holtz	1335 Rapids Drive	U Village Raciny	5/29/24
3. Amae Miro	Amber Motor	Hulda Br	10 Village Stutaust	5/25/24
12 incomment	Richard MoAh	Holde Dr.	University of the state of the	5/25/21
10 10 11 11 2.5		110 104	□ Town	
5.			☐ Milage.	
			□ Town	
6.			☐ Village	
			☐ Town	-
7.			□ Village	
			acity	-
.8			□ Town □ Village	
			шену	
0			□ Town	
9.			□ City	<del></del>
F			□ Town	
10.			☐ Village	
		G 418 41 6 G1 1 1 4 5 5 5	acity	
i, Larry 6	ratang/13, certify: I	reside at 98/8 M Place	Photos Az 850 Ze	
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 by the officeholder named in this petition. I know that each person sign	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 of indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
5-25-24	7	11 A branks		Page No. 1447

(date)

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

TO: The Wisconsin Election Commission	Constitution for the effect in filed)	we, the undersigned quantical en	(jurisdiction or dis	trict of officeholder)
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	C CC	ction 12 of the Wisconsin Constitution and §.9.10 c	
petition for the recall of	Robin Vos	from office pursuant to Article Affi, Sec	CHOIL 12 Of the Wisconsin Constitution and §.5.10 c	1 1110 11 1000110111 111111111111111111
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
	No. 10 Parties Afficials The	e reason must be related to the official responsibilities of the officehol	der. No statement of reason is required to initiate the recall	of state, congressional,
(The reason for recall must be stated on petition	is for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officerior		
legislative, judicial, or county officials.)	rt of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP		
		r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	ALLING PURPOSES, WHEN DIFFERENT THAN I	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MU	IST ALWAYS BE LISTED.
		STREET & NUMBER OF RURAL ROUTE	Mentell Alberta Grands	DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1.	2051 DOORS	asso Geres Die	D-Village Stuffer on t	5/25/04
+51())	INDA ROGERS	1000 craye pro	Town	11/11/11
2.	Bring Roses	9806 Grance Drive	acity Storte vound	5/25/24
	Dilan Rogers	1000 Children	□ Town	
3.			□ Village	
*			□ Town	
4.			☐ Village	
			□ City	
5.			□ Village	
3			City	
,			□ Town □ Village	
6.			□ City	
			□ Town	
7,			□ Village □ City	
	-		□ Town	
8.			□ Village	
		<u> </u>	□ Town	
9.			□ Village	
125			☐ City	
10.			O Village	
10.			□ City	
	7 0 1.	Certification of Circulator	17 , 1 500	
1 Lan 19	ratanalis certify:	I reside at 9818 V The Plan	ce Phoenia 1/2 85	020
(name of circulator)	1 1 1 1 1 1		(circulator's residence - include number, street, and municipality)	n and personally obtained each
I further certify I am either a qualified elector of	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting un	signed the paper with full knowledge of its content on the date	e indicated opposite his or her
the signatures on this paper. I know that the sig	mers are electors of the jurisdiction or district represente	by the officeholder named in this petition. I know that each person the distribution is punishable under § 12.13(3)(a), Wis. Stats.	signed the baker with tall knowledge of its comen on the date	
70-70-20 mm (mm)		ig this contraction is pullishable under 8 12-15(5)(a), 11 to States		Page No. 1448
5-25	-24 Zar	my parante		
(date)	( signa	nuré of circulator no Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   60	08-266-8005  web: http://clections.wi.gov. email:elections@wi.gov	
EL-170 (Rev.2019-09) The information on this form is re	quired by Wis Stats 99 8 40 and 9 10. This form is prescribed by a	A married and in the second		50



Gridial with whom necessarious popers is declarated of sundistory to the center of Problem Vor Problem	TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
Petition for the recall of	10:		n papers or declaration of candidacy for the office is filed)	,	(jurisdiction or dis	trict of officeholder)
The mission for recall must be stated on potitions for city, village, town, and school distinct officials. The receives must be related to be official received in the offi	petitio		Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
The reason for recall must be stated on pertitions for city, village, town, and school district officials. The reason must be related to the official reports of the official reports of the comment of t	•	-	(name of officeholder to be recalled and office)	THE STATE OF BEACHIES BECALL		
Interferential particular or country efficials processed for interferent protect Wisconian farminant from the CCP. Follows on another receivable of the receivable of the control largest to decide in missingly, blocking lower preception drug costs, and legand diseaseped for its cent constituted by earling them whiteh-jobs, morons and inforcs.*  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATURES OF LECTORS PRINTED NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATURES OF LECTORS PRINTED NAME OF ELECTORS SUBJECT A NUMBER OF REPORT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF STRUCK A NUMBER OF REPORT OF RESIDENCE AND STRUCK A NUMBER OF REPORT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF STRUCK A NUMBER OF REPORT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF STRUCK A NUMBER OF REPORT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF STRUCK A NUMBER OF REPORT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF STRUCK A NUMBER OF REPORT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF STRUCK A NUMBER OF REPORT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF STRUCK A NUMBER OF REPORT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  A DATE OF THE MUNICIPALITY OF			5	STATEMENT OF REASON FOR RECALL	No. 1 to 1	of state compressional
Riche toys should be mealed for his tack support of the Chinese Communits Party (CPP), acceptance of trips from the CCP, flawer to protect Wisconin formised from the CCP.  The MUNICIPALITY OF PRESIDENCE STREET A NUMBER OR RURAL ROUTE STREET A NUMBE	lanielat	ing judicial or county officials )			r, No statement of reason is required to initiale the recut	of state, congressional,
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED STREET & NUMBER OR RUBLA ROUTE  SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTO	Robin V	os should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of t	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTORS  Rand addates man and in online low so fire no  Anguist Solution  Angui	lack of	committment to election integrity, blocking l	ower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
SIGNATURES OF ELECTORS  PRINTED NAME OF ELECTORS  Rand addates man and in online low so fire no  Anguist Solution  Angui	T	THE MUNICIPAL PRO HEED FOR MAIL	LINC DUDDOCES WHEN DIFFERENT THAN A	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNTRES OF ELECTORS  Rual address must also include box or fire no  Indicate Town, City, or Village  SIGNING  Ind	<u> </u>	HE MUNICIPALITY USED FOR MAI		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEO
1. Day Acquist 5 32 Security 1 Pass Acquist 5 3/25/24  2 Day Taras 1, w Nay Nis 204 Jahrs 5 Tourist 1 Pass Acquist 1 Security 1 Pass Acquisite 1 Security 1 Pass Acquist 1 Pass Acq		SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS			SIGNING
2 May tax In Nay NS 209 Johns of Trulled Surface Street St	1.	DAIS	Day Lacquisto	3520 Slerwood ST Plasser	Ocity Mt. Pleasant	5/25/24
3  Orwing  Orw	2. (	Majozus	Im Nayonis	209 Johnson ST Bulled	U Village	5/5/2V
4. Certification of Circulator  In the certify I am either a qualified detect 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. 5 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that respective residences given. I support this recall petition. I am aware that fatisfy this certification is purishable under § 12.13(3)(a), Wis. Stats.  Page No. 14499		71/04/00	Ji lu			£ 5
4.	3.	* \( \( \mathbf{V} \)				
Continued to the signatures on this paper. I know that it esgecters cere selectors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective respectiv					☐ Town	
5.   Grown   G	4.					
5. OCIGN  Constituted to the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that the signers are electors of the jurisdiction of stirr 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 distribution is punishable under § 12.13(3)(a), Wis. Stats.  Page No. 1449						
Certification of Circulator   Certification   Certification   Certification   Certification   Certification   Certification   Certification   Certification   Certification   Certificat	5					
O Village	-					
Certification of Circulator   Converted to the junisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that full signing this certification is punishable under § 12.13(3)(a), Wis. Stats.    City						
7. Certification of Circulator  I, (anne of circulator)  If 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 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 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 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 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 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 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 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 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 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 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 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 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 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 Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be d	6					
Sectification of Circulator   Certification of Circulator   Circulat						
8. Certification of Circulator  I, (name of circulator)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that (distribution)    Page No. 1449	7.				O Village	
8. Certification of Circulator  I, Control of Circulator  I, Control of Circulator  I, Control of Circulator  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that addition is punishable under § 12.13(3)(a), Wis. Stats.  Page No. 1449						
Certification of Circulator  I, Covering 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 austiving this certification is punishable under § 12.13(3)(a), Wis. Stats.  Page No. 1449						
[Independent of the signatures of the signatures of the signature of circulator aware that stassiving this certification is punishable under § 12.13(3)(a), Wis. Stats.    Village   Circulator's residence - include number, street, and municipality)   Circulator's residence - include number, street, and municipality   Circulator'	0.					
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 addition this petition is punishable under § 12.13(3)(a), Wis. Stats.  Page No. 1449	-			, et		
I,	9.					
I,						
I,	10					
I,	.10.				- City	
I,				Certification of Circulator	· · · · · · · · · · · · · · · · · · ·	
(name of circulator)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signatures on this paper I know that the signatures 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 adsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  Page No. 1449		Patack	HOW Certific	resident 32 (covertor ) ave in	Him, CT 06001	
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each 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 distribute the signature of circulator).  Page No. 1449	1,				(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content of the date included opposite in or instance. I know their respective residences given. I support this recall petition. I am aware that additional this certification is punishable under § 12.13(3)(a), Wis. Stats.  Page No. 1449	I furthe	210 T 121	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	n 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. 1449	the sign	natures 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 sign	ned the paper with full knowledge of its content on the date	; indicated opposite his of her
Signature of circulator)	name.	I know their respective residences given.	I support this recall petition. I am aware that fulsifyin	this certification is punishable under § 12,13(3)(a), Wis. Stats.		
(signature of circulator)  (signature of circulator)  (EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266-8005   web: http://clections.wi.gov   email: elections@wi.gov		5/26/24		2//		1449
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	-	(date)	(signat	ure of circulator)		
	EL-170 (F	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	ne Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-20	66-8005  web: http://elections.wi.gov   email: elections@wi.gov	
	,					

12/

### **RECALL PETITION**

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec-	tors of the Assembly District 63				
10.	ion papers or declaration of candidacy for the office is filed)	(jurisdiction or district of officeholder)					
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.			
•	(name of officeholder to be recalled and office)	THE TENT OF BELCON FOR BECALL					
	S	STATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall	of state congressional			
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recuir	of state, congressional,			
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of to	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."					
			AND OF THE MUNICIPALITY OF DESIDENCE MIL	CT ALWAYS DE LISTED			
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	MUNICIPALITY OF RESIDENCE MU  MUNICIPALITY OF RESIDENCE	DATE OF			
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING			
1 0 111	- 1	60 10 121	D Town	P			
I tus the	David How.	3013-6) Street	otty Kenosha	7 - 77 - 5 4			
2	D 1/000	25 100 M 101	U Town	-20 31			
- 19 NITIS VO97	TRIVE 15 6055	RIVER ROLL	0 city V 0 0 0 0 540	5-<>-34			
3. 20/ A	1	Blue Mind	U Village LACLA	1-25-24			
MITITAMONIO	MAVUENN VOS	Kive read	acity Walles sac	7 ~ /			
4. 2 At 5 21 111	D.11/1/2 . 3.11/2		☐ Town ☐ Village				
Bully Colle	BILLY WILLS		☐ City				
5. • AA	DAILE MAY	W159 68600 LITTA	UVillage ( ) ( ) ( ) ( ) ( ) ( )	7-25-24			
	Drive full	00 1 1 2 3 0 1 1 1 0 0	Town	15 /			
6. 40 0	Vim Ducker	1820 Mond Strat	□ Village	e-24=24			
Jon James	1111 200.000	1020 / CMA 5/1881	Town	30001			
7. 8 7 8	1000000	2714 Churchy rd	O'Village Procent	5-26-24			
1) (1)	TOWNESS CONTRACTOR	E 161 CHILL 9	□ Town	1			
8.	Clarissy Janes	1121 Jewis 4	City City	5-16-29			
2 7000		HI I COP SI	Town O	1 .20 21			
* ANGULLI	Direes Manning	2013 Kearney Ave	O'Village RACUP	15-26-24			
10.			☐ Town ☐ Village				
10.			□ City				
0	\$ 3	Certification of Circulator	1 1-01				
1, atrick Howley , certify: I reside at 32 Coventy Lane in Arm CT 0600/							
(name of circulator)  I further certify I am either a qualified elector of	Wisconsin or a U.S. citizen, age 18 or older who if I w	vere 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 sign	I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her						
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 14EO			

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

1

The Maliana and Election Commission		We, the undersigned qualified elected	ors of the Assembly District 63	
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		Umisdiction or distr	
	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)			
	`	STATEMENT OF REASON FOR RECALL	c invited to initiate the second of	Crtata congressional
(The reason for recall must be stated on petitions f	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiale the recall of	state, congressional,
		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		· · · · · · · · · · · · · · · · · · ·
Robin Vos should be recalled for his tacit support of	or the Chinese Communist Party (CCP), acceptance of the	inparion the CO     tanks to p. st.		
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."		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
SIGNATURES OF ELECTORS	TRIVIDD WIND OF SEE TOTAL	Rural address must also include box of file no	□ Town	() / (
15D () A	- DA . 11 - 11 - 17	1401 11TH AVE #61	Brillage UNION GRAVE	1 5/24/24
January 10	PAUL SHACKLEY	1701 11 11 101	Town	-td=4
2.	· V	1176 A = #62-	City -Nown G-Vaye	1 5343
mile now	Meke wolf	1401 1117 ANE 62	□ Town	6 ( -11 /0/
3. Noulla Illand	t blankin Albert	1778 11th AVE. INCILER	city Union arove	15/27/20
HUMP 1 TOLDEN	r revyn river	1300	Town Coll Dollar	201 N
4. DC ha	20 & h D	1848 MEICSIAMIN MI)	City WURL & GAR	BELL X
0210	000	0 1	□ Town	0011211
5. WARA	Hunkan II	219 Vandue St	Devillage But haten	5.74.74
VIICE	11/1/1/101/11 -	7 11 3 0,0 13 6 3	d'fown . )	6 211.24
6. Tald Ille	Dalo Thurson	210345 NOCLIC RINGEDC	crity Who have	ン・スタースト
Nur C Marga	Elle In are	MUSTO TO TOUR THE STATE OF	Town Willage R. Attack	JU-24
7.	Benjamin Zimmerman	N6583 Parcylise Dr.	ocity Dur lington	0.2121
	20 Jan Com		Town	5-24-24
8. Roseman Warmeling	Roseman Wermeling	1088 HiddoNCreek #103	acity Bustinglan	3-29 -1
	A Version of the Married		□ Town	
9.	0		□ City	
			☐ Town	
10.			City	
		Certification of Circulator	10 (RAFTERN) IN 5	302
ANDREW HOI	certify:	I reside at 469 HILL CREST R	D GIVINIO 001 2	2001
(name of circulator)		11 11 11 11 11 11 11 11 11 11 11 11 11	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each
			ned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifyin	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1451
5/24/24	$\omega \times 1$	/ X		1451
(date)	(signal	tue of circulary) he Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	56-8005 lweb: http://elections.wi.gov.lemail:elections@wi.gov	
ET 170 (Per 2010 00) The information on this form is requi	ired by Wis Stats 88 8 40 and 9 10. This formus prescribed by the	he Wisconsin Elections Commission   P.O. Box 7984, Madison, wt 53707-7984   606-20	ococo proc. militaria management i successive de la cococo processive de la cocococión de la cococión de la coción	

### **RECALL PETITION** \_\_. We, the undersigned qualified electors of the \_\_\_Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(official with whom nomination papers or declaration of candidacy for the office is filed)				
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
-	(name of officeholder to be recalled and office)	WEATERWEATE OF DEACON FOR DECALL		
erro		TTATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state congressional
(The reason for recall must be stated on petitions to legislative, judicial, or county officials.)	or city, village, fown, and school district officials. The	reason must be retated to the official responsibilities of the officenoider.	The statement of reason is required to intitude the recall of	sidic, congressional,
Robin Vos should be recalled for his tacit support o	of the Chinese Communist Party (CCP), acceptance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking lo	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	Γ 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
1.1	-Kanron Parker	4450 yates dr 210	orly Mt Dleasant, W	5/26/24
2 Suparylernett	SUSAN WERNETT	1111 NSUNNISLOGEDA	Octive MT PLEAST, WIT	5/36/34
3. (mi mu	Connie Mun	1415 Oakes Rd	Ocity Mr / Yeas Pan W	5/26/24
4. Due himberg	Que Limbig	1429 Oakes Rd. #9	Ullage MT Pleasauf	5/24/24
5.			☐ Town	
			□ City	
6.			☐ Town	
**			City City	
7			□ Town	
7.			□ Village	
			□ Town	
8.			- D.Village	
-			□ City	
9			U Viliage	
			□ City	
10			□ Town	
10.			☐ Village	
<u> </u>	17	Cattlification of Cinculator		
I ANDREW	HOY certify: I	reside at 46 9 HILL CREST Re	AN GRAFTON WI 53	1094
(name of circulator)		70 1 11 31	(circulator's residence - include number, staret, and municipality)	
the signatures on this paper. I know that the signer	s 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 signs	Wis. Stat. § 6.03. I personally circulated this recall petition are different with full knowledge of its content on the date in	dicated opposite his or her
5/26/24		this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 1452
(date)	(signature)	of circulator)	5-8005 luvely http://clockions.wi.gov.lemail.elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified ele	ectors of the Assembly District 63	
	ation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Sec	tion 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)		v	
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petition	ns for city, village, town, and school district officials. Th	ne reason must be related to the official responsibilities of the officehold	der. No statement of reason is required to initiate the recall o	f state, congressional,
legislative, judicial, or county officials.)				
Robin Vos should be recalled for his tacit support	rt of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP, $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($		
lack of committment to election integrity, blockin	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 MUS	T ALWAYS BE LISTED.
77		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. Augal. Mary	Nancy Margis	5907 Independence Rd	O Town O Village Mount Pleasant	05/24/24
2. Pully	Patrick Comsons	5998 mt Vacoso Why	O Town Dillage City  M Dat Reason	5/24/24
3. Wond Viv	HARPREST, KAUR.	749 CREST WOOD DRIVE	Town   Village   Burlington (W1)	8/24/24
4 0 0	/		□ Town □ Village	
			— B City	
			□ Town	
3.			□ Village	
			□ Town	
6.		-	Q Village	
			□ Town	
7.			-CI-Village	
			□ City	
8.			☐ Town ☐ Village	1
			ucny	
0			□ Town	
-7-			☐ Village	
Property Control of the Control of t			□ Town	
10			□ Village	
			City	
I. Madeson	Tan Church certify:	I reside at Certification of Circulator	Pecasat Piacie WI 5	3158
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting und d by the officeholder named in this petition. I know that each person s	er Wis. Stat. $\S$ 6.03. I personally circulated this recall petition a greed the paper with full knowledge of its content on the date i	and personally obtained each of indicated opposite his or her
name. I know their respective residences given	Made and	ng this certification is punishable under § 12 13(3)(a), Ws. Stats.		Page No. 1453
(gate)	(signal		266-8005 lweb: http://elections.wi.gov.lemail:elections@wi.gov	

T-0			RECALL LETTION		
TO:_	The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
		ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict 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	f the Wisconsin Statutes
		(name of officeholder to be recalled and office)		gistio of	the Wisconstit Statutes
(The rec	anon for rocall must be stated as a still	Constant to the second of the	STATEMENT OF REASON FOR RECALL		
legislati	ive, judicial, or county officials.)	for city, village, fown, 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 recall o	f state, congressional,
Robin V	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."		
	sommanon to closton integrity, blocking	lower prescription drug costs, and hagrant disrespect to	r his own constituents by calling them "whack-jobs, morons, and idiots."		
TI	HE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF DESIDENCE MUS	TE AT THE AT THE PERSON OF THE
1	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	7) 45	The state of the s	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1, 1	MARIAN AMARIA	DALLE M LOCAL	300 Days - 45	CLTOWN 11	-1 1
	Though the Color	Michael 1901NG	200 CONCLU 20	City DUC LU & TOW	185/25/JUL
2.	11.	// / -	3160 Callas ave	ØTown 20	10 10
	+ time istore	Hecka Estrutu	180011991 301	Ocity LACING MANSIAMI	15/25/24
3	5-1/21/del-	- 1/2/42	21/20 11/10	Town O Trilage C O O 1 1 0 M angus (ul)	0010101
	MM DIGE	1.100 VOLUPE	DIOU MAINAM AUT	Otto COO Warsowald	1975/211
200			759076	□ Town	309109
1	Var Alel	LE CORINGE	Frister C+	the Village	5/20/14
5. 1	ho die Min	11:11:	127	Autown at CII	0/2914
1 /	melett ma toll	1 Mistur He L	198 Contres 87	□ Village	P DE lai
	C I OI MI	01 //	- 1	D Town	DX 1) 129
0. (	SLYW//	Gon 1/1/105	13xo martilian (+	Uvillage 12 //	=1 -0 ml -311
-	1000	760 (1/1/1)	100 174130 31	acity 124/14810	7 28 00
/e: 3	Notate Valances	Matri 1/2/22002	379 100 01	□ Town □ Village €	-1611
	The Difference	Matal Velazguel	- Jan St.	ocity DOV(1) ON-ON	5/25/27
8	All Con	Albino Flows	200 \ (1	□ Town □ Village	-130-120
8	19040 2 Coss	Allorna Laps	act Joan St	ocity Duy linition	5/65/29
9.	Be	Kouris B.	172 (127)	□ Town □ Village /\	Elm lau
1		L'ONTIS IZECCI	172 WSIGNE ST	OCH BURLIAGTEN	3/05/129
18-		Forest Schweitzer	6920 w. 7 mila Rd	D Village ZGMM INC	5/22/21
	7	100271 2000		O City	2/12/14
	11 /1 -	ence Ob Walf certify: I	Certification of Circulator	0	7
ı,	Madison Son	certify: I	1711611 41100	asant Prayne, WI 53150	
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	ere a resident of this state, would not be disqualified from voting under W	(circulator's residence - include number, street, and municipality)	
				of the paper with full knowledge of its content on the data in	d personally obtained each o
name II	know their respective residences given. I	support this recall petition. Jam aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	a me paper with this knowledge of its content on the date inc	neated opposite his or her
05	125/2024	Mallen	Il and Alakin		Page No. 1454
1 150 C	(date)	(signature	coloniculator)		3 1434
r-1\0 (Ke	עבטייט ווייט ו	ed by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 79.4, 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 elected	ors of the Assembly District 63			
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
	(name of officeholder to be recalled and office)	PEGALI				
	S	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, conoressional.		
	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 trittale the recuit of	state, congressional,		
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,				
		his own constiuents by calling them "whack-jobs, morons, and idlots."				
				T ALIVANO DE LICTER		
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 MUNICIPALITY OF RESIDENCE	DATE OF		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING		
		75112	□ Town	Elon -		
1.	A WHAMMEN	6 XXII Exp Focks	a Village	3/4/2/		
2 0 0 11 1	0 1 -1 9	2740 Fox Myone Waterday	Tourn St Village P	rlandavi		
2 Tamola Scalmola	in tame la Steenston	1 X170 30 X 30 W 1 531 F 100	OCHUPATA	5/2//27		
3. Alman Suranti	1 Le a Paula costa	33910 OPIOLE CIRPSULINA	Town	5/27/24		
1) Juxquet aumunte	1 Mugue Punivierser	of the orthogram with a	city DUV MOSON	5/21/01		
4 / lyn Jellot An	David Long	7/2: 14 (2 2 2 4 2/2)	□ Town □ Village (□ 1/200 □ (□ 1/4)	C107/24		
Mullinger	Vaniela Novak	1130 VV. Carpenterure	excity CIVEEN FIELD	3/2/147		
5. Maly	Mak inlainly	7170 W. Carperto Are	Utiliage Greenfiel	5/27/24		
6. Minery Husher	Milian Hannohren	24826 Wilson St	Village Car Me Winsasu	6/27/24		
/ / /		0-2	Town 200 Mirland	177/2/		
7. //_/	Kachel Glass	209 E Market OT	Ocity COMO-DVIIINAP	0/2//20		
2	7,000,00		□ Town □ Village	/ /		
8.			U-City			
			□ Town □ Village			
9.			□ City			
10			□ Town □ Village			
10.			□ City			
	1	Certification of Circulator		~ <u>_</u>		
I JAMES A CLA	RK, certify: I	reside at S891 US HUNNINAY IS8 F	BUSINESS HENDERSON NO	2337		
		ere a resident of this state, would not be disqualified from voting under		nd personally obtained each		
the cignatures 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 sign	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.				
MAY 27, 20=	Page No. 1455					
(data)	(signatu	re of circulator)	5 2005 hugh http://clections.vv.um.lemail.elections@vvi.gov			
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-260	5-5005 (web. mile that the transfer   chair elections wingov			

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	n papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	arrict 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	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATEMENT OF DEACON FOR DECALL		
(TI)		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 eny, vinage, town, and sendor district officials, The	reason must be related to the official responsionnes of the officendider	140 Materiem by reason is required to manate the recan	ty state, congressional,
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of ti	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,"		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MU	IST 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. 12/1	Andrew Caskerie	435 56. Ab A10'	Town Solm of S	W25/21
1	Minument Cypracy	107 /6/11/108	Town	1 2 2 2
Robin Somand	Robert Sommandel	GERRANDE LDE	a Village City City	525/24
	The state of the s	1 0	□ Town	1000
Inustal dentin	D Krysta Wenkins	0614 35 E AVE	Ocity Klnasha	5/25/24
4 ()	- 0		☐ Town	(f)
			City	
5			☐ Town ☐ Village	
0,			☐ City	
6			☐ Town	
- 0			□ City	
7			□ Town	
1.5			☐ Village ☐ City	
0			□ Town	
8.		the first of the state of the s	☐ Village ☐ City	
0			□ Town	
٧.			□ Village: □ City	
10			□ Town	
10			Uillage City	
<u></u>	2 0	Certification of Circulator 7.11.	3 4	
	ratanalorz certify: I		Phoenia Az	8500
		/3	(circulator's residence - include number, street, and municipality)	•
I further certify I am either a qualified elector of \	Visconsin, or a U.S. citizen, age 18 or older who, if I w	were a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	led the paper with this knowledge of its content on the date	marcaled opposite his or her
name. I know their respective residences given i	11	11 1 -		Page No. 1456
(date)	4 A grantin	re di circulato la Adamaha		1136
EL-170 (Rev 2019-09) The information on this form is requir	red by Wis Stats §§ 8 40 and 9 10 This form is prescribed by the	Wisconsin 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 Wisespein Floriton Commission		RECALL PETITION  . We, the undersigned qualified elect	tors of the Assembly District 63		
TO: The Wisconsin Election Commission (official with whom nomination)	on papers or declaration of candidacy for the office is filed)	we, the undersigned qualified elect	(jurisdiction or distr	ict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder, ips from the CCP, failure to protect Wisconsin farmland from the CCP,	. No statement of reason is required to initiate the recall o	f state, congressional,	
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	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	
Canlies J	Anneliese Funk	2315 Made Road	O Village Burlingfon	5/24/24	
2. Postale throw	Paxton Kwiatkowski	650 E Main St	Uvillage Water Ford	5/24 24	
3/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Jakob Hawkins	869 Hilltop Ln	a village Geroa City	5/24/20	
4 Jin Box	J.m Brustman	189. W Telfora	Uvilage Bulletan We	5/29/24	
Dansie Wormer	Jame Worner	32601 Yahnke Rd	O City Butneton	5/2//24	
V6. O Chilera	Shannon Herda	402 Huy 83	o Village Burlington	15-24-24	
7 Long Donath	Lori Reutouse	-35175 TOH P1	Orown Williage Burlington	5-24-21	
8 Waria Hereman	VIRGINIA HEGEMAN	24100 Durand app.	O City DOVER	5-24-24	
"Klah Maura	clean Shannon	1633 Marphy Ave	Village Bull Ne Son	5-24-24	
10.	Emilie Smith	180 Bridge St.	o rown o rown or rown	5/24-24	
Jaho Lead a certify: I reside at 115 5th 5t NF washington DC 2002					
I,					
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. 1457	
(signature of circulator)  (signature of circulator)  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					

	Election Commission		We, the undersigned qualified elect	ors of the Assembly District oo (jurisdiction or distric	et of officeholder)
(0	official with whom nomination	on papers or declaration of candidacy for the office is filed)		ů,	
petition for the recal	l of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of t	the Wisconsin Statutes.
•		(name of officeholder to be recalled and office)	TATEMENT OF DEACON FOR DECALL		
	**16	S	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, congressional,
tentalesting in staled on a	aunto affiniale		reason must be related to the official responsibilities of the officeholder.	,	-
			ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
			his own constluents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPA	LITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUST	T ALWAYS BE LISTED.  DATE OF
	OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	Indicate Town, City or Village	SIGNING
1. Mail	4.4	Aloria Vozguez	5932 Mersey D. 104	Village Maint Meason Let	0524.24
2. 85te	A STA	Ernes to Pratt	2110 Frankie PC APT 103	Village H. Pleasan H S34de	05/24/24
3.		Alouda Hidolgo	2110 Frankic PL APT 103	O Village Mt. Pleasant 53 to6	05/24/24
4.	th	Veronnic Ca munoz	7707 Durand AVE	a Town Al Village Mt D (a casent 53)7	7 05 24/2
5. Agn	2	latrece man	4013131 St	O Village Rache WT	5/24/12/)
6. Auss	~	Jermigh A Sur	942 Laugdon ty	Urliage MT Pheson	5/24/2 4
	for	Samona Jarres	6000 Murs 1203	□ Town □ Village □ City □ City	3/24/84
8000	do-	Britary chavez	ADI Dv. Martin luther him	P Village Cache	5/24/24
9 12	7	Peny (ac	6010 16th Street #102	Urillage Ut Phenzant	5-24-24
10.	211	James Ususer	4511 Chievy RD	O Village MT Alag Sarut	5/21/24
I, Pluia	broks	, certify: I		(circulator's residence - include number, street, and municipality)	10/0
the cionetures on this pe	nor I know that the cians	ers are electors of the jurisdiction of 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	Wis Stat. 8 6.03. I personally circulated this recall petition a	and personally obtained each of indicated opposite his or her
name. I know their res	pective 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. 1458

(date)

(engrature of circulator)

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

The Wissersia Floring Commission		. We, the undersigned qualified elect	tors of the Assembly District 63			
TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)	we, the undersigned quantities else-	(jurisdiction or distri	ct of officeholder)		
		from office purquent to Article VIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
petition for the recall of	Robin Vos	nom office pursuant to Afficie Affi, Seede	M 12 of the avisconsin Constitution and gives of			
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL				
	O to the second district afficials 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,		
	for city, village, town, and school district officials. The	Teason must be related to the official responsionness of the official	,	-		
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,				
lack of committment to election integrity, blocking I	lower prescription drug costs, and flagrant disrespect for	his own constluents by calling them "whack-jobs, morons, and idiots."				
The same control of the population of the part of the population of the part o	H INC BURBOSES WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.		
THE MUNICIPALITY USED FOR MAI		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	B.1.1.		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Villago	SIGNING		
100 1 1 1 1	11. 1	0710 0 11	Town D	as a sunta		
1. St. J. C. Cleba	Mich of T. Holes	7/1/ Vurand Hiller	City 5 therewart Wi	02.1449		
1) we for the	111 CHET WILLOW	Durand	□ Town	10-1		
200	EMORI WILLEAM	COS - OCHONOMO MILL	Ulliage Village	05-2434		
al palelem	EMKI WILLEIM	8820 DUMANUE AUE	City SIU/C/EUMINE	y may		
20/01/16/17	1 ANAMS	Surancy, sure	Town Village VI S3171	~ 74-21/		
VCALAMOS	1000 ADVIS	8 MANY ENNITHERE	city TUN	0 811047		
11/1/20	Trake	12520 2/1/04/11	Town Man of almaland	5-24-23		
4. My / 197	Craig 1900st)	100 000	City Village MOUNT 10 COASTAN	y a jay		
10.00			□ Town	1 211 NI		
5. 1. 1810	Thank Carl	11008 Jan 148 Aug	UVIIIage RAAMS	4-04-07		
Mallessin	Mann Stary	1620 Mycs MVE	O City	I date		
69 12. tt 1 . Keel	June 11 Actas	9017 Durand Ave.	Village Chus terrana	5/24/24		
Here	Jeanerse Eleker	Mild Donated lives	City / UT 3 C	1017/01/		
-			☐ Town	/		
7.			City			
			□ Town			
8.			□ Village			
			□ Town			
9						
			City			
10			□ Town			
10.			□ City			
		Certification of Circulator	1 10 1 1 1 2 5	12ln1		
Fiving Brooks , certify: I reside at 5713 16 th 87 Mount Pleasant WE 5390 B						
I, (surpe of sirgulator)	(circulator's residence - include number, street, and municipality)					
(name of circulator)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of 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 certification of the content of the certification 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 included opposite in the signatures.						
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.	V	Page No. 1459		
<1241'AU		De la companya della companya della companya de la companya della		1439		

(date)

(signature of circulator)

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

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63			
	on papers or declaration of candidacy for the office is filed)	•	(jurisdiction or dist	trict of officeholder)		
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Sectio	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.		
		TATEMENT OF REASON FOR RECALL				
(The reason for recall must be stated on petitions		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.)						
		rips from the CCP, failure to protect Wisconsin farmland from the CCP,				
lack of committment to election integrity, blocking l	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."				
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
James milten	JAMES M. WATSON	8800 Shannon lane #301	Sturte Vant	5/20/24		
2 Dowthy b. Watson	Dorothy H. Watson	8600 Shannon Law #301	Village Sturtevant	5/26/24		
3. Jim falley	Jim faller	1225 state st	Stown Village Racine	9/24/24		
4. Sunior Sozorge	Junior Soloroga	1631 holmes Aue	Village Racias	5/26/24		
5. / vis Upluerde.	Luis Upluerde	1631 Holmes AME	Uvillage City	5/26/24.		
6. Janey Porasil	NANCY POYASIK	225-60th AUE,	O'City KONOSKA	5/26/24		
7. an ful	Antrea Gradut	115 N. Bluemound av	Utiliage Ranka	5/26/24		
8. 4/mgf	LATASHA CARTER	115 N. Bluemound Ave	U Village Facine	5/26/24		
9. Gentsay affell	Cantrayl Saffell	1825Blake Ave	O Town Village Hacine	5/26/2024		
10.	0		□ Town □ Village			
1 1		Cartification of Circulator	7 7 1			
I, Stephen 1	Les 10 molton Certify: I reside at 1603 Lew Hope Rd Bendon AR 72015					
(circulator's residence - include number, street, and municipality)  I further certify I am either a qualified elector of Wisconsin, or a.U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of						
name. I know their respective residences given.	the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this continues the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this continues the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name.					
5/26/24		te of circulators		Page No. 1460		
EL-170 (Rev 2019-09) The information on this form is require	red by Wis. Stats. §§. 8.40 and 9-10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-260	6-8005  web: http://elections.wi.gov   email: elections@wi.gov			

		. We, the undersigned qualified	electors of the Assembly District 63	
TO: The Wisconsin Election Commission	non papers or declaration of candidacy for the office is filed)		Gurisaiction or	district of officeholder)
(official with whom nominat		from office pursuant to Article XIII. S	ection 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
petition for the recall of	Robin Vos	nom office pursuant to refere retries		
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
		STATE INTENT OF REASON TO THE OFFICE	older. No statement of reason is required to initiate the reco	all of state, congressional,
(The reason for recall must be stated on petitions	s for city, village, town, and school district officials. I	The reason must be related to the official responsibilities of the office		
legislative, judicial, or county officials.)	China Communist Borby (CCB), acceptance (	of trips from the CCP, failure to protect Wisconsin farmland from the CC	P,	
Robin Vos should be recalled for his facit support	of the Chinese Communist Party (CCP), acceptance of	or upper som the early and ideals	\ !!	
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	D <sub>1</sub>	
		MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	IE NAME OF THE MUNICIPALITY OF RESIDENCE M	MUST ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
SIGNATORES OF EEDE TO AS		r. fr.	O'Town D'village Danie / This	5/27/11
11 1 11 11 11	Lie MacParla	1005 18		116/129
Lan Caci Jul	My racifin	100	Ocity Citize Vivos	
		1 4 6056 01	□ Village	5/27/24
1 2 B S	(10	1003 58 16	DCity Union Ordine	111111
Duxton, Knig	000		□ Town	
3.			□ City	
- Louisian			□ Town	
4			-⊞ Village-	
4-			☐ City	
			D Village	
5.			□ City	
			- O-Town	
6			☐ Village	
			□ Town	
7			□ Village	
7.			☐ City	
			U Village	
8,			☐ City	
			□ Town	
9.			☐ Village	3100
			□ Town	
10			□ Village	
10,			□ City	- cis
		Certification of Circulator	Klair alan DIII	Evanston,
11-010 7	mmer wan certif	fy: I reside at   SICINO NICE \$4	. Ochangen LCG	60202
1. VOBOV V Z Y	THE THEORY COM		(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of	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	ander wis Stat. § 6.05. I personally encurated this recan person signed the paper with full knowledge of its content on the	date indicated opposite his or her
the signatures on this paper. I know that the sig	ners are electors of the jurisdiction or district represe	If I were a resident of this state, would not be disqualified from voting inted by the officeholder named in this petition. I know that each persitive the certification is punishable under § 12,13(3)(a), Wis, Stats.	out signed the habet with this knowledge of the content of the	1111
name I know their respective residences giver	<ol> <li>I support this recall petition am aware that falsif</li> </ol>	tring this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No.
5 172 124	1141511	9		1701
		ignature of circulator)	Long accounts have reflections where lemail elections/@willow	
(uaic)  F1_170 (Rev. 2010-00). The information on this form is re	quired by Wis Stats §§ 8 40 and 9 10 This form is prescribed	ignature of circulator) by the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984	1 008-200-8000 [web   julp reference wit gar   email electrons(gwi gov	
DEFINATION ENTERNAL THE INICIDIDATION OF THIS TOTAL IS TO	7			

TO: The Wisconsin Election Com	mission	RECALLIEITION		
	m nomination papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele		
petition for the recall of	Robin Vos		(jurisdiction or	district of officeholder)
· ·	(name of officeholder to be recalled and office)		ion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
(This area of Secretal area to the second		STATEMENT OF REASON FOR RECALL	, in this parties	
legislative, judicial, or county officials	i petitions for city, village, fown, and school district officials. T	The reason must be related to the official responsibilities of the officeholder	er. No statement of reason is required to initiate the reco	Ill of state, congressional
Robin Vos should be recalled for his tac	it support of the Chinese Communist Party (CCP), acceptance of	of trips from the CCP, failure to protect Wisconsin farmland from the CCP,		y string, continuity
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."	Y	
SIGNATURES OF ELECTORS	DRIVERS WHEN DIFFERENT THAN	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N STREET & NUMBER OR RURAL ROUTE	AME OF THE MUNICIPALITY OF RESIDENCE N	IUST ALWAYS BE LISTED.
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
1 Towark	1001 - 12 - 100201X	11192 11 011 01 1917	□ Town Λ . In Ou	SIGNING
	IN BUCKIN	648 MIST STOPE ST. AIR /	O Village City	15127120
2. Tarist	Rent Diver	221 100   1 1 1 1 201 5	Town	20010
70 10	5	321 Modridge 180. 184.3.	Octo BOLLEL Man	15/011.0
3 to the VA	eres Bethy Peres	164 10 21 1 82	Town Village CLMWSLOW	5:100901
4 37 1	CIS SCIT ACTS	M Dallac 8.	□ City	11/2/11/0
19 mille	Man Keith LallCE	H 45 11 James 80	Town Village RICA As SO	STINU
5.	11 11 0	TO TO JOHN JEW.	Town	300/01
Marin	- Madeline Hoelscher	801 Bownslake Dr	Other B. W. M.) M	Emal 12U
6.	5000 m00.10	1/2/2/2	□ Town	5/10/10
	THIND EXPINE	1021 690009 Ans	acity ROCINE	5/27/20
7. Aland Ver	Roman / Y	Mar in fact on	□ Town □ Village 17 A	
8 1000	11 0 - NOW LAME	Ides NV 6th Street	waiy Cherry	5137184
" chiming a	lu 23/5 5 musin Brown	1215 X 2	□ Town □ Village   ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓	2129101
9	Soseph Block	1005	Brown CANON	>0112V
CA PORT	1000 000	1008 58th Rd	Dillage DNION GROUS	00-12212
10.			□ Town	05/21/20
L'at IN			☐ Village	
· 1 Macula T	immerman certify:	Certification of Circulator	m Exanstor P	
name of cuculati	certify:	I reside at Stamon roe D	BElanstin allo	202
I further certify I am either a qualified ele	ector 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 V	Vis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained and
name. I know their respective residences	the signers are electors of the jurisdiction or district represented given. I support this recall petition. I am aware that first vin	d by the officeholder named in this petition. I know that each person signer by the officeholder named in this petition. I know that each person signer in the certification is punishable under § 12.13(3)(a), Wis Stats.	ed the paper with full knowledge of its content on the date	indicated opposite his or her
0 512710		s in a certification is pullishable tilider § 12.13(3)(a), wis. Stats.		11/10
(date)	Col (Signat	we of circulator)		Page No CO
L-170 (2019-09) The information on this for	rm is required by Wis Stats §§ 8.40 and 9.10 This form is prescribed by the	te Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	9-8005  web   http://electrons.wi-gov   email_electrons@wi-gov	
61			_	
B. 0 10.00	2000		~ <b></b>	
	(D)(A)		222	
			V. 13	

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 dist	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 o	f the Wisconsin Statutes,
petition for the recail of	(name of officeholder to be recalled and office)	, , , , , , , , , , , , , , , , , , ,		
	S	TATEMENT OF REASON FOR RECALL		4
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall	of state, congressional,
legislative, judicial, or county officials.)				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of to	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	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
101000		27427 Dover view Lane	□ Town □ Village i	5 25-7U
Kutu Kuteler	Rectic Cutella	Lane	City DOVEY	12.00
110100		1 11	Town /	5-25-24
2 6 X 1 X 1 X 1 X 2 X X X X X X X X X X X X	Tahn Stolleanst	1 - 271 Birlington Rd. Uninglaton	O City Paris	52524
gar) wown	Join DICHWELL	13 3. Delli Jion 11000	□ Town	
3			☐ Village	
			□ City	
1	and the second section of the section of the second section of the section of the second section of the section of		□ Town □ Village	
-4-	1/2-1-7-7-7		□ City	
100			□ Town	
5.			□ Village	
			□ Town	
6			- G-Village.	
		ř.	□ City	
7			☐ Town	
			□ City	
			U Town	
8			☐ Village ☐ City	The second of th
			☐ Town	
9.			□ Village	
			□ City	
10.			□ Village	
			□ City	
	9	Certification of Circulator	. /	
DOUG BRICK	€ P, certify: I		IE. / BATAVIA, IA	52535
(many of associator)			(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under V	Wis, Stat. § 6.03. I personally circulated this recall petition	and personally obtained each (
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date	moreated opposite his or ner
	I support this recall petition. I am aware that falsilying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No 1 7
MAY 25, 2024		yu-		1400
(date)		re of circulator)	coost 1 1 miles with the constant of the constant of	
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	e Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-260	2-8002 livep lifth elections will for Lewalt electious@will for	

TO: The Wisconsin Election Commission	1	We, the undersigned qualified el	ectors of the Assembly District 63	
(official with whom nomin	nation papers or declaration of candidacy for the office is filed)			rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	tion 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		
·	ons for city, village, town, and school district officials, The	reason must be related to the official responsibilities of the officehole	der. No statement of reason is required to initiate the recall of	of state, congressional,
legislative, judicial, or county officials.)	(1)	des from the OOB fellows to most at IAII assessed from the OOB		
Robin Vos should be recalled for his tacit suppo	ort of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocki	ing lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots," $$		
THE MUNICIPALITY USED FOR M	IAH INC DUDDOSES WHEN DIFFEDENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MIL	ST ALWAYS BE LISTED
7		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
-9 111	1 0 00	201 6 20	Town /) 1 /	1 /21
10 - 12H	1 SRAY VEURIP	2109 Stoyegar RV	Ocity Us/ 1996	15/25/17
			Town	10
2.			□ Village	
			O City	
3.			☐ Town	
		. 38	□ City	
4			□ Town	
4,		6 *	☐ Village	2.85
	\$:( <b>a</b> )		□ Town	
5.			□ Village	
10	9016	7 7 66	O City	
6			☐ Town ☐ Village	- 68
	No. of the second		City	
THY SECTION			□ Town	-
<u> </u>			- Q-Village	
			☐ City	
_8_			□ Village	1
			□ City	
200			□ Town	
9			- O-Village	
	_		□ City	
10			□ Village	
			□ City	
		Certification of Circulator	/	
1 DOUG BRICK	6 P- certify: I		AUG. / BATAVIA . (A	52533
(name of curulator)	Certify. 1	reside in	(circulator's residence - include number, street, and municipality)	
I further certify Lam 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 und	/ADDITION OF THE PROPERTY OF T	and personally obtained each
		by the officeholder named in this natition. I know that each person si		

E1.-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.wir.gov | email elections@wir.gov

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

TO: The Wisconsin Election Commission		. We, the undersigned qualified e	lectors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	nct of officeholder)
	Robin Vos	from office pursuant to Article XIII. Sec	ction 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)	Trom office pursuant to retrieve		
		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 officehol	lder, No statement of reason is required to initiate the recall of	of state, congressional,
logislative 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	12	
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect to	r his own constiuents by calling them "whack-jobs, morons, and idiots,"		
THE MUNICIPALITY USED FOR MA	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
SIGNATURES OF ELECTORS	TRIVIDO (MINIO OT BESSOTOTES	Rural address must also include box or fire no		JIGHHO /
12416	0 111114	and line Si	O'Town O'Village Chan Change To Lo	5/15
	Drian Floth J	SUM STANGORTS	City Coll 11 VOV 1 15 4	20/10
			□ Town	1
2			☐ Village	
			□ Town	
3			_D_Village	
			□ City	
4			☐ Town ☐ Village	
			□ City	
92			□ Town	
5.		and the second s	□-Village	
			☐ Town	
6.			□ Village	
			□ City	
7			☐ Town	
			□ City	
			☐ Town	
8.			□ Village □ City	
			□ Town	
9.			□ Village	
			☐ City ☐ Town	
10			☐ Village	
1.00			□ City	
		Certification of Circulator		
DOUG BRICK	- E 12 certify:	I reside at 1877 FRUITWOOD A	IVE. / BATAVIA IA S	25 <b>33</b>
I, DONG BRICK			(circulator's residence - include number, street and municipality)	
I further gortify I am either a qualified elector of	Wisconsin or a LLS citizen age 18 or older who if I	were a resident of this state, would not be disqualified from voting un	der Wis, Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
the signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	d by the officeholder named in this petition. I know that each person	signed the paper with full knowledge of its content on the date	indicated opposite his or her
	I support this recall petition. I arraware that falsifyin	g this certification is punishable under § 12.13(3)(a), Wis. Stats		Page No.
MAY 25 2024	Marse			17100
(date)	(signal	ure of circulator)		100
E1-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8 40 and 9 10 This form is prescribed by the	ne Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   60	08-266-8005  web http://elections.wi.gov   email_elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified of	electors of the Assembly District 63	
	papers or declaration of candidacy for the office is filed)	we, the undersigned quanties of	(jurisdiction or	district of officeholder)
· ·	Robin Vos	from office pursuant to Article VIII Se	ection 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
petition for the recall of	(name of officeholder to be recalled and office)	Tom office parsuant to Athere Ath, Se	etion 12 of the Wisconsin Constitution and §.7.16	of the Wisconsin Statetes,
		STATEMENT OF REASON FOR RECALL		
(The second for small most be stated an actitions for		he reason must be related to the official responsibilities of the officeho	older No statement of reason is required to initiate the reco	all of state, congressional.
legislative, judicial, or county officials.)	or city, vinage, town, and school district officials, th	te reason must be refated to the official responsionities of the officence	indica to sintement by reason is required to infinite the reco	in by sinic, congression
Robin Vos should be recalled for his tacit support of	The Chinese Communist Party (CCP), accentance of	trips from the CCP, failure to protect Wisconsin farmland from the CCF		
lack of committment to election integrity, blocking lo	wer prescription drug costs, and flagrant disrespect fo	or his own constiuents by calling them "whack-jobs, morons, and idiots,		
THE MUNICIPALITY USED FOR MAIL	INC DUDDOSES WHEN DIFFEDENT THAN I	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TH	F NAME OF THE MUNICIPALITY OF RESIDENCE A	IUST ALWAYS BE LISTED.
		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS,	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 180	0.1	ITIBU DOLCH	Prown YORKVILLE	25 My 29
1 1111111111111111111111111111111111111	Tours il A	136,11	□ Village	23 mg
1 WE BE	JAMZ> Fred	15541 DIEMANN 94	□ City	
2 // 11 101 1		100	Work VILL	1 - 2- 01
Shella Garcia	Sheila Baircia	15941 Dorband Ave #940	City	5-25-24
9,555	Official Control		□ Town	\
3.			□ Village	
			City	
4.			☐ Town ☐ Village	
			□ City	
			☐ Town	
5.			□ Village □ City	
			□ Town	_
6			□ Village	
			□ City	
7			Town	
			-□-Village □ City	
			□ Town	
8.			☐ Village	
			City	
9.			☐ Town ☐ Village	
			City	
			□ Town	
10.			□ Village □ □ City	
			L City	
· Gabriela B	50.4-	Certification of Circulator Polymers 2/52 Rupeu Rol	Glenview, 12 60026	•
1. Crarovelle 13.	rumar certify:	I reside at 2/52 Rugeu Ra	GIENDREW) IL GOOGS	
(name of circulator)		11 1 511 11 11 11 11 11 11 11 11 11	(circulator's residence - include number, street, and municipality)	on and paragraphy obtained again a
I further certify I am either a qualified elector of W	risconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting ur d by the officeholder named in this petition. I know that each person	simped the paper with full knowledge of its content on the de-	of and personally obtained each o
the signatures on this paper. I know that the signer	s are electors of the jurisdiction of district represented	ig this certification is punishable under § 12.13(3)(a), Wis. Stats.	signed the paper with tun knowledge of its content on the da	ne marcace opposite his or ner
name. I know then respective restrictives given. I	support uns recair petition, it am aware mat faisityin	is this symmetric is pulleriable under § 12.13(3 ga), wis state		Page No.
01/20/29		78 >		17700
(date)	(signat	tuto (priculator)	00 acceptant 1 to 101 c. 10 10 10 10 10 10 10 10 10 10 10 10 10	
EL-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	he Visconsin Elections Commission   P O Box 7984, Madison, WI 53707-7984   60	08-266-8005 [web_http_relections wi gov   email_elections@wi gov	

The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 c	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
	-	TATEMENT OF REASON FOR RECALL		
	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholde	$lpha_c$ No statement of reason is required to initiate the recall	of state, congressional,
legislative, judicial, or county officials.)  Robin Vos should be recalled for his tacit support.	of the Chinese Communist Party (CCP), acceptance of tri	ps from the CCP, failure to protect Wisconsin farmland from the CCP,		
Trobit vos strodia de recalica foi fils tacit support	of the conficae communistratily (cor ), acceptance of the	po irom the dor , fallare to protect viloconom fallimand from the dor ,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for h	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN MU	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MU	JST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
"Kimpely Hote	Kimberh William	1501 Shuman	Town Village City	5/26/24
2.	A Homo	2385 Jahra Rd	□ Village □ City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1100	1000	9 / 1	□ Town	1 1 1
12 m			□ .Viliage □ City	
1			□ Town	
4.			□ Village	
			□ City	
			□ Town	
5,			□.Village	
			□ City	
6			□ Town	
-			☐ Village	
			□ Town	
7			☐ Village	
			City City	
0			□ Town	
0			U Village	
			□ City	
0			☐ Town	
			□ City	
TELEPHONE			□ Town	-
_10.			□ Village	
		7777	□ City	
	owley certify: I r	eside at 32 (overly 2a	me in Avon, CT 060	
(name of circulator)			(circulator's residence - include number, street, and municipality)	
		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	ned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying t	this certification is punishable under § 12.13(3)(a), Wis Stats		Page No. /

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.gg wigov

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nomin	ation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
-	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
	Control Way and a head district a Waigle The	e reason must be related to the official responsibilities of the officeholde	T. No statement of reason is required to initiate the recall o	f state, congressional,
Indictative indicial or county officials )				
Robin Vos should be recalled for his tacit support	ort of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	ng lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
		IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
		STREET & NUMBER OF RUKAL ROUTE	MOTHER ABILT OF RESTREET	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
	Zusu Ban	9400 DURAND AVE	or Town Village City	52624
2 Divolat Wood	est Midd Lindokar	13/8 Villa Street	or Town Village Racine	5-26-24
3 4500	Tose Maguin	526 McHenry St	Ortown Ovillage Ocity  Builington	05 BG-24
4.	Converted Magnin	526 Mellenin st	Town Uillage Buylington wi	05/26/24
5 FAVIOLA PI VE	ERA FAVIOLA RIVERA	466. putton-st. AP 4	Othy Burlington Wi	05.26:24
"Vadith Rivera	Vadith Rivera	466 Dutton St Apt 4	Uillage Furlington Wi	05-26-24
1 David River	y David Privery	3003 Shore Ly	ocity Burlington w/	05-26-24
8	•		☐ Town ☐ Village	
			O Town	
			☐ Village	
			□ City	
10			U-Village	1
1			City,	1/17
. EluRA Brook	certify:	reside at	(circulator's residence - include number, street, and minicipality)	7+ W 634
(name of circulator)	of Wisconsin or a LLS, citizen age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under	er Wis, Stat. 8 6.03. I personally circulated this recall petition	and personally obtained each of
the airmatures on this name. I know that the ci	mare are electors of the jurisdiction or district represente	d by Me officeholder named in this petition. I know that each person si	gned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences give	n. I support this recall petition. I am aware that falsifyin	undis certification is punishable finder § 12 13(3)(a), wis stats.		Page No.4 (08)
L-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	hur Visconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-	266-8005  web http://elections.wr.gov   email elections@wi.gov	

TO: The Wisconsin Election Commission	n	We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nomi	mation 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, Secti	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		
The reason for recall must be stated on petition	ons for city, village, town, and school district officials. Th	e reason must be related to the official responsibilities of the officeholde	$oldsymbol{arphi}_{ii}$ No statement of reason is required to initiate the reco	all of state, congressional,
egislative, judicial, or county officials.)		the COD deliver to see the COD		
Robin Vos should be recalled for his facit supp	ort of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
ack of committment to election integrity, block	ing lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR M	AAILING PURPOSES, WHEN DIFFERENT THAN I	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE M	MUST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNITURES OF EBBETONS	THE TRAINED THE BEST ON	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 A			□ Town	
The state of			□ City	
. //	0 0	2	Town	0-11
1 Amount 11/1/	Connor Haser	2114 5 91.th St	Sercity CRST ALL	15/0(01200)
Exercise 1	11 1	0.000	Town A A i	01 100
3. Llexix	Hally Carson	16132 - Posemary Cone	Uvillage VID PCI SPINA	0860200
Heave I	LECKLOCK COLL	Thats	Octy 1 1/1 1(050x)7	19 91003
4. Madall Ilman	1 Madda La 11	1000 00 11000 CISIOL GI	Unillage   Wildow Carroll Co	05/9/0/20
Madewill	MINOCHEWAIV	11110111000000000000000000000000000000	City CILLY 1510 OVE	William
5	( )		□ Town	
			□ Village	
,	· · · · · · · · · · · · · · · · · · ·		□ Town	5:
6			☐ Village	
			Town	
7			☐ Village	
			City	
8.			□ Town	
			□ City	
9			□ Town	
			☐ Village	
10			□ Town	
10.			□ Village	
			□ City	
Modison Jar	CeloHE	reside at 17454 415+ av Plan	+ Oberio Alt 5	3150
TOTALISON , SON	certify:	reside at 17451 415+ are, Plan		0100
(marie or encountry)		were a resident of this state, would not be disqualified from voting under	(circulators residence mende number street and mining	on and personally obtained each
		by the officeholder named in this petition. I know that each person sign		
		g this certification is punishable under § 12.13(3)(a), Wis. Stats.		11-
03/2001 802		alland.		Page No.
(date)		ure of circulator)		
a170 (Rev 2019-09). The information on this form is re		e Wisconsin Elections Commission   P O Box 7984, Madison, WI 53707-7984   608-20	66-8005 lweb http://elections.wi.gov.lemail_elections@wi.gov	

11/10

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

TO: The Wisconsin Election Commission		we, the undersigned quantica electrical	(jurisdiction or distric	et of officeholder)
(official with whom nominate	on papers or declaration of candidacy for the office is filed)		· ·	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	THE TENTENT OF BEACON FOR BECALL		
		STATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, congressional.
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No sidement by reason is required to minute the recall of	ottile, emigramini
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots,"		
		UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MAI		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
OLIVAIT DT &	Phillips Wicks	muztieme ( MYP	UVIIIage City VCAN	5/26/24
- (1100)	China its is	Di Jiwer - Jace	□ Town	51001011
2. Arlin Alle	John Sexton	LADO NOODS AVOC	□ Village □ City	2126124
Jan	JUNI JAKION	1960	□ Town	BLU
Dynkota St. Martin	Dakata St. Martin	1143 tkermer Ave	Ocity ROZIA E	770047716
4 Man An Main	HOKALITA HAVAN	NISO3 PARECLAIKE RAND	Usillage Racing Racing Lawring	5/26/24
5. PM	W and low	12113 186010 1+	Unilage Roll Addreson	5/24/20
100	JOH I CO KOY	1011/00/11/199	Town	100
" aff m	Josh Markey	1-2113 STING St.	Octy Coche Pleasent	5/26/2
7. 30/2	Pake Julius	1063 Bluckird La	Ocity Union Gerove	5000000
1	n C	8123 631 2 111	Town & Ata Jack	Company of the
8 // //	KUNDY STUNER	3(6) 5116000	Boily / C/T (// 0/00	10
9 11111	Para Price 1	4831 46 TrALE TOWNER	D Town D Village M City D Village	10000000000000000000000000000000000000
10	70012 3000000	708121 875+ BUSTON WY	Village DV 15 (G)	80005/20/20
4/4/1	Court repairise	Ce v (e. ve/, 1/1)/-1 221	QCity VIII	
Madisa	n Take De Wolf certify:	reside at 12454 41 57		3168
(name of circulator) I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality)* Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each o
the signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	I by the officeholder named in this petition. I know that each person sign g this certification is punishable under § 12.13(3)(a), Wis. Stats.	ted the paper with this knowledge of its content of the auto-	11/10
08/25/202U	Sales	on fear freuen		Pago(No)
(date)	(signal	ure of ficulator)  le Visconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005   web   http://clections.wi.gov   email   elections@wi.gov	1 1
LIFT (IN (NEV 2019-09) The information on this form is requ	inted by wis state 88 a 40 and 5 to This form is prescribed by in	V	17	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nominated	on papers or declaration of candidacy for the office is filed)		(jurisdiction or disti	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	The Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials, The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		+
lack of committment to election integrity, blocking I	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LANG PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
has be did al	X YRIS NASTEWSKI	430 SHERVIN DR	City LON HESTER	5-25-24
2 Cloth Som	Juston Demant	433 Sheruh Dr.	Village Rochester	5-25-24
Jum White,	haitlyn Armston vo	310 Buckingham rd.	Village Sturtpuent	5-26-24
A New A State of the State of t	Levin Allen ir	927 Racine St.	Town O 3310-	15-2C-14
Annio Chami	ANTONIO CRAVE	3635 COUNTY ROAD H	Octy Franksullie	5/24/24
6. Paril Milas	Daniel Gibas	3705 County Hwy H	City Franksville	5/26/24
Many Straus	NAMU Strause	1401 Windson Way #5	Unilage MA Pleasact	5- 26- 24
8 Bell Francisco	BILL FLAMINIO	1401 WIN BOR WHT #4	O'Nilage MT PLEITHUT	5-26-24
9			☐ Town	4
			□ City	
10.			☐ Town	
			□ City	
1. Mike GAbleman certify: I reside at 5 475 S. W. Iliam's 17d New Barlin WI 5 3146				
(name of circulator)		were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis. Stat. 8 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date	ndicated 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.		
5/27/24	hag. / Ah	re of circulator)		Life Col
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	6-8005   web http://elections.wi.pow   email elections@wi.gov	ASA 1 20

TO: The Wisconsin Election Commi	ssion	We, the undersigned qualified elect	tors of the Assembly District 63	
	nomination papers or declaration of candidacy for the office is filed)		(jurisdiction or disti	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	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		
(The second for small sound be stated as a	atitions for aity william 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,
legislative, indicial, or county officials.)		▶.	The similarity reasons in requirements	,
Robin Vos should be recalled for his tacit	support of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, b	locking lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FO	OR MAILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF THE TORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATORESOFFEETORS	PRINTED IMME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1	1 a add Toman	DEC JOSA - St	Town Village	5/26/281
	1000000 imener	350 July	O TOWN DOVERNATION	9090
1 3	- 10. 3	11 11 WEST 10800 ST. > < I	ovilage Sontines ton	\$ 126 TOK
	yasey bog FG	Meg webe	□ Town	1/2/1/20
3 Tiax Vones	Jepa fravian Jones	Crest vesa	City Bully	3/26/27
		6.3	U Town Profiles	5-F21/211
Dos Mul Res	e Desimpor Pete	762 DOAN SY	a city PUT (1) 1970	1)/26/29
5 Taylo eller	Taylor Holbek	362 Joanst	Octy Bullington	5/26/20
6 Nevene & S	rent? Hersenia Service	324 W Ch (54 ngt St	Uvillage Barlinglon	5/26/24
7 Rooms Rosa>	- Rodrias Ross	374 w chastruitst	O Village Burlington	5/26-124
*	1 (/ 14 ) 5	200 200 000 000	Town Village	C196/24
" Inthe	Jeft Massey	1488 2 BLAT 12092 KM	City VVI IVA CITY	2100101
" Mode Wrug	My Milhe thresher	320 Bath Pool St	Othy TScrMigton	5/26/24
10. Say Ranke	Gary Ranke	5502 Bueng Park Rd	Unitage Waterford	5-26-24
	CPII	Certification of Circulator	# 1 17 6-	· ·
Larry	y Ova nhell of certify: I	reside at 98/8 1/2 4mpl.	(complete configure and minor street and minor solity)	20
I further certify I am either a qualified ele	ector of Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that	the signers are electors of the jurisdiction or district represented	I by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences	s given. I support this recall petition. I am aware that falsifying	uthis certification is punishable under § 12.13(3)(a), Wis. Stats.		Page Ne 7
5 -26	July (support	horivaks		1110
(date) E1_170 (Rev 2019-09) The information on this for	rm is required by Wis Stats §§ 8 40 and 9 10 This form is personibed by	Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	66-8005  web   http://electrons.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 nominal	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict 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.
•	G	(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,
	ve, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of c	ommittment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"		
Tu	IE 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	MUNICIPALITY OF RESIDENCE	DATE OF
	SIGNATURES OF ELECTORS	TRIVIED WHE OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
L =	My ulack on	M/ 11/20 2 2 C 2	2011817 1701	Town Village (CAM)	C-21 Del
	ship a see	W WATER	380/1457-10/	ocity Comme	000001
2.		11/1	Co. 1 (1 / 6	□ Town □ Village	5-26
/	Paris Carl	1/1(h) los Gallup	3440 total 12 to	city Cacing	-27
3. •			2.1.	Town Village //	0-1 N
3	11000	marsia Dal	2140 WOOD	city Vol I DE TESTAT	200
4 .	\ 1	777		Town	
1 4		Joan Szymazak	1123 Al Sympsone 1) ~# 10	Brillinge Mt Plencent	5-26-24
5	11 John an	11:1-		Town Village is 1 D S	-1-2:-61
J.	KJ Orden	KIT BYOWN	1225 N Sunnislope DV 103	a city MT 1/245421	3/26/27
6::	012 00	Tour 1 \ 1 1 1	1:209 NC 1: 17. 112	Town Village And Plant 7	7 121174
	J.K. Cenhu	verry welch	1309 N Sympylope Dr. 163	Town	3/20/2(
7.	1 1C	10/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	2=2 000 00 5	□ Village	1201201
		1 12 11170 SINTITY	750 Ocq 011 1	ocity Macine	51 20127
8 <	JEC	the air of the	MIN MANO HAS	Town Si Village	8/01/01
	W. H.	PIONETANIA	11101111111	City Union GOVE	2/06/014
9			111/10 11-1	☐ Town ☐ Village /	5/3/1/11
<u>.</u>	) ( PEAN	DAVID SCHW -	1910 1197 HAR & 34	City VIII ON CAROVE	)/20/27
10	>			□ Town □ Village	/ / .
				U City	
		4 = 0	Certification of Circulator	/21-	
I. 1	2046 BRIC	certify: I	reside at 1877 FRUIT WOOD		52533
Lfurther	(name of circulator) certify I am either a qualified elector of	Wisconsin or a U.S. citizen age 18 or older who if I w	vere a resident of this state, would not be disqualified from voting under	(circulator's refidence - include number, street, and municipality) Wis. Stat. 8 6.03. 1 personally circulated this recall petition a	and personally obtained each of
the signa	atures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
name, 1	know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		

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

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
-	(name of officeholder to be recalled and office)			
	S	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	f state, congressional,
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCR), accordance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		3.000 N. V. V. A.		
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	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SI, III ON SI JULIAN CONTROL OF THE	THIN 22 I WANT OF BEET ONE	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
(Barbarviaus)	Darrayvia Broughton	33333 15th St. Kennisha	Village Kend Sha, WI	5/26/24
2.10 11/18	Tour	101/5 21 11 1 1 2	O Town	E 121/20
THUNKOK	TRACY WEBS HERE	18th Wood and And	skilly Racino, Wie	0 /de/27
30/6		144X0 TEGO?	Village A 14 0/1000 CA	15/26/21
	Suice morale	A HOT XCLIES AUG	Locity 197 Pleasagn	2120194
4. 1	Macia Tavamille	4440 Vate #200	O Town O Village O City MAT Fle Cyast	1261.0024
5. Warung	Ran KUZOS	6540 mAMer#104	University of the state of the	5/36/2024
6 Jehn wild Duydon	Tommy Davidovic	1401 CA 11410 #12 /1401	U Town U Village U A SATA	3/26/2024
- January Wall	- July + Tricon	TOO MOOD	□ Town	5.12/10x1)
My lun	Brana Wher	1401 11th are #70	City LOIN THICK	5 2612024
0	1 - 1 th - 0 (-) (1	/ / /	□ Town	
8.			□ City	
			□ Town	
9			☐ Village	
			Town	
10.			U Village	
		45	City	
Madisen Ja	ne fewert certify: I	reside at 12454 4187 ave F	Deasent Hourie, M	3318
(name of circulator)  I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and minicipality) Wis, Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date i	ndicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this confification is punishable under § 12.13(8)(a), Wis. Stats		Page No 7 L
(date)	(signatu	ine of circulator)	4 9005 harb built fallen and a serial planting Committee	
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by	Wisconsin Elections Commission   P O Box 984, Madison, WI 53707-7984   608-260	o-one limb coccitors wi for I email electious@mi for	

( ): The Wisconsin Election Commission		we, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nominate	on papers or declaration of candidacy for the office is filed)		(jurisdiction or disti	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	ion 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
· ·	(name of officeholder to be recalled and office)			
	2	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 officeholde	er, No statement of reason is required to initiate the recall of	f state, congressional,
legislative, judicial, or county officials.)				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking l	ower 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	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF EDECTORS	THE TOTAL OF BEBUTONS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 SSAND	-Linoa Schmett	4410 Valos Apt 207.	or Town or Place of WI	5/26/24
2 Ath. lutto	Steven Connaite	4300 49785 Dr. Alt 201	Town Village Mt Plesent, WI	5/26/24
3 140	カハラ	437001 17 111	□ Town □ Village \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Tabla limber	JOHN THE THINK	city MT Meason-CL	5/20/24
1	LEMIN Lemke	1 202	□ Town	7 (1
July / Marin	THAI SONA IS LOW	1211 (UNNY Clope b/ 207	City MT Placent	5/26/24
c-way	Control of the contro		□ Town	
3			☐ Village	
			□ Town	
6			CJ Village	
			© City	
7.			□ Town □ Village	
			☐ City	
0			☐ Town	
8			- O-Village	
			☐ City	
9.			D-Village	
			☐ City	
10			□ Town	
,10-			☐ Village	
			d city	
T 1 1.	· ~	Certification of Circulator 7 % (20)	حالد ۱ ا ا ا ا	P1 100
. John Adam	certify: I	reside at 56 Ga	rive Lang Elizabetho	NU 1 1 1 109
(name of circulator)	Vicanaia and IIC -iti and 10 and danuba if I is	were esidem of this state, would not be disqualified from voting under	(circulator's residence - include number, affect, and municipality)	and paramelly obtained analy of
the signatures on this paper. I know that the signal	rs are electors of the jurisdiction or district represented	the difficeholder name in this petition. I know that each person sig	and the paper with full knowledge of its content on the date i	nd personany obtained each of
name I know their respective residences given	Is and electors of the jurisdiction of district topic series	the certification is punishable under § 12.13(3)(a), Wis. Stats.	ned the paper with run knowledge of its content on the date i	indicated opposite his of her
The state of the s	support this recait petition. I am aware than aissi	tille certification is purisitable tiller y 12.13(3)(a), WIS. Stats.		Page No. 7
2/26/2024		umen		15
EL-170 (Rev 2019-09) The information on this form is requir		ne of circulator) e Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-2	66-8005  web http://clections.wi.gov   email_elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ect 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.
potition for the road of	(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	e reason must be related to the official responsibilities of the officeholder,	. No statement of reason is required to initiate the recall o	f state, congressional,
legislative, judicial, or county officials.)				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	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	his own constiuents by calling them "whack-jobs, morons, and idiots."		-
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN N	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATORES OF EEE TORS	TRIVIED WATER OF BESCHOOLS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 17	Timethy (f)	MUN 5819 1645t APHIS	12 Town or pleasen +	5-26-24
2 (VI) A 21 A B 121 1	Nindiani Foldina	MUDA VALOS DE APT DI	Town M+ PPNSPA	K-76-74
" WY YOUN STANK	HANDIEM I SMILEN	1 100 1046) Dr. 111, 201	City VITA	) 26 2°(
2 - 10	(0)	1,20 000 -11	□ Town	- 21 -/1
13 James Klin slik	Dans Kambra	11634 NOOD KUAPT 16	City N+ DI-069 ent	5-45-21
Jen www.		1216 11 6	□ Town	
4 John Carly	1/ever 60019;	131) N >4my Slope Dr 4100	Styllage M+ Pleuson+ W]	5-26-29
54 , 1 1	1 a va Cabis	14/11-11H1/1/1/2 #32	Town Village	5/21/2
Lennala La Nat	1 aniaia 1-anam	1710 11 1900 00	acity MION FIOLE	126
00. 01. 0104			☐ Town ☐ Village	/
			□ City	
7			□ Town	
_/-			☐ Village ☐ City	process of the second of the s
			Town	
8.			□ Village	
			D City	
9.			☐ Town  ☐ Town	
			City	
10			□ Town	
10.			☐ Village	
- A DI	21.00	C. UE. H. CCI.	N N 11	(10 -
705P-V6	Steffer certify.	reside at Certification of Circulator Pale	DD Nashu: He MI	49073
	certify: I	reside at 3010 A Clara Police	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under		and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that alsifying	this configuration is punishable under § 12.13(3)(a), Wis. Stats.		HIAI
5-26-24	199019	MINN /		Page No.
(date)	(signati	ire of circulator)		1 1 0
EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats 68 8 40 and 9 10 This form is mescribed 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	

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec	tors of the Assembly Bisher so	. 6. 60h1.10
-	(official with whom nominati	on 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.
petitio	in for the recall of	(name of officeholder to be recalled and office)			
		S	STATEMENT OF REASON FOR RECALL		
(The rea	son for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholde	$ au_{*}$ No statement of reason is required to initiate the recall $lpha$	f state, congressional,
logislati	va judicial or county officials )				
Robin V	os should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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."		
T	TE MUNICIPALITY HEED FOR MA	H INC BURDOCES WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
			STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEO
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
i.	I coult	David Dinder	5608 Cambridge Laye Apt 3	orown orillage ority  Mt. Pleasant	5/26/200
2.	Dentsin	AGNES BENTSON	312 chal RD 5 Was MARINE DR #207	Othy Mt. Pleasant Othy Mt. Pleasant Othy Othy Othy Othy Othy Othy Othy Oth	5/26/202
3.	11/1/1	MOLLY RESCHER	Was harmer DR \$307	Town Village 1-7- PIBASKIVI City	5/26/2024
	10 cougi-	711007		Town	
4				□ Village	
7.20				□ City □ Town	
5				O Village	
1				□ City	
ran				☐ Town	
0.				☐ Village	
-				□ Town	
7.				CI Village	
-		7		□ City	
8				□ Village	HANNE THE PARTY OF
-				□ City	
				□ Town	
9				□ City	
				□ Town	
10				- D-Village	
				C) City	
Ι,	Patrick >				<del></del>
1 furthe	r certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	vere a resident of this state, would not be disqualified from voting under	Wis Stat. § 6.03. I personally circulated this recall petition	and personally obtained each
the sign	atures on this naner. I know that the sign	ers are electors of the jurisdiction or district represented	I by the officeholder named in this pelition. I know that each person sig	ned the paper with full knowledge of its content on the date	indicated opposite his or her
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.		- 11/11
	5/26/202	24 / 10			Page NPC
	(date)	(Signate	ure of circulator)		
EL-170 (R	ev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8 40 and 9 10 This form is prescribed by th	e Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-2	66-8005   web   http://elections.wu.gov   email elections@wi.gov	M 10 17
(11	,				

TO:_	The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
	(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict 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)	STATEMENT OF REASON FOR RECALL		
(The rea	son for recall must be stated on netitions		e reason must be related to the official responsibilities of the officeholder	No adadament of comment in a control to the total state.	
lepislati	ve, judicial, or county officials.)	for city, viriage, 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,
		of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,	المور	
			r his own constituents by calling them "whack-jobs, morons, and idiots."		
nack of c	onimitation to election integrity, blocking	lower prescription drug costs, and hagrant disrespect to	this own constituents by calling them whack-jobs, morons, and idiots,"		
TE	IE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.00	Ranke	Sebra Banke	5500 Suna PKlo Word	Dillage Westerford WE	5126/24
2.	1 Operal	Gary Original	7736 longlake Kd	Orthodory at	5/24/24
3/3	All de	Sarah Zastroin	7112 Ashwood Ln.	Ocity Wind Lake WI	5/26/24
4.9	A Cart	Staven Zastrow	711 Ashwood In	Orion Unilage Wind Lake WI	5/21/24
OM	elegandanbut	molissa Faillents	Holmes Ave	Othy Racine 15T	5/26/24
6.				□ Town □ Village	
				—id-City	
7.	(			☐ Town	
				D City	
8				□ Town	
0.				□ Village	
<u> </u>				City -	
9				☐ Town	
				□ City	
10				Town	
10.				□ Village	
				□ City	
I,	(name of circulator)	rafernally, certify: I Wisconsin, or a U.S. citizen, age 18 or older who, if I w	reside at 9818 M 7th Quere a resident of this state, would not be disqualified from voting under N	Phoen & Al 85020  (circulator's residence - include number, street, and municipality)  Wis. Stat. 8603. I personally circulated this recall petition a	nd personally obtained each o
the signa	ntures 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	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 Sats.	paper with the knowledge of the content on the date in	
	5-26-	24	Tany Johan	ki-	Page No. 7
EL-170 (Re	(date)  v 2019-09) The information on this form is requi		re of circulator)  Wisconsin Elections Commission   P O Box 7984, Madison, WI 53707-7984   608-266	5-8005 lweb http://clyctrons.vi.gos.lemail_elections@wi.gov	
				The state of the s	

I O: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	<i>y</i>
(official with whom nominat	ion 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	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)		·	
(The reason for recall must be stated on natitions		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	tor city, vinage, 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 reca	ll of state, congressional,
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	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,"		Pa 1
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME 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
Λ	41	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 Molly Sam day	Molly Jane Clark	110 74. H. Apt. 181	U Village CACINE	5-26-24
2. Chara la Colora	Charles a Mark	10 7th St #181	Town Clarity	5-26-AL
Cho Con	TOMMICS CUMA	0 00000	☐ City / Coun	20-14
marlyater	Mark Peterson	2848-96457	a city Sturte wont	5-26-24
4 whide Wall	WADDA WALKER	3213 OSBORNE BLVD	O Town O Village O City	5-26-26
5. Jay Sikes	Jay Sikes	7229 Dovalastus	Utiliage RACINE	5-71-04
Donald Poronel	Donald Pogotzy	ski 2037 Carlisla Ava	□ Town □ Village □ City	5-26-24
7 // // 0/18/11	01.1/1/1	LITH	□ Town	
For Elle	Kobin Koeller	34 16	Decity Racine	5-26-24
8 11 21	1	11. 0 11.100	□ Town □ Village	c 21 311
Paul Druly	an, C. Spauliki	4057 Coachelicht DV	a city CA/MONICO	3-4-24
9.			□ Town	
			□ City	
10.			☐ Town ☐ Village	
			□ City	
	abriel certify: I	Certification of Circulator reside at 3013 Schaeter Circulator	le Amleton Wiscons	sty 54915
(name of circulator)  I further certify Lam either a qualified elector of V	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	(circulator's residence - include number, street, and municipality)	on and parsonally obtained analy of
the 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 signe	ed the paper with full knowledge of its content on the dat	te 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.		HAM
May 26, 2024	grave grave	any Holmer		Pagd No
EL-170 (Rev 2019-09) The information on this form is requi-		Wiscon Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-266	8-8005   web http://electrons.wi.gov   email elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified ele	ctors of the Assembly District 63	
	nation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
petition 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 Statutes.
petition for the result of	(name of officeholder to be recalled and office)			
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitio	ns for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officehold	er. No statement of reason is required to initiate the recall of	f state, congressional,
logislative judicial or county officials.)				
Robin Vos should be recalled for his tacit suppo	ort 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	ng lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR M	ALLING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	NAME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
signatures of electors	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
Mulalo	angela Hale	5002 410 Are Unit B	Town Village CONOSNG, WI	05-27-202
2 14 01	Bilay Alfredson	33003 chirence st	Town Durlingson WI	5-27-20
	111109 (1110000)	3 30000000	□ Town	
-3	0		☐ Village	
			D Town	
4.			□ Village	
			□ City	
5			□ Town □ Village	
*			City	
			☐ Town ☐ Village	
6.			□ City	
			O Town	
<u></u>			□ Village □ City	
			□ Town	
8.			□ Village	
			U City	-
0			□ Town □ Village	_
-			U City	
10			□ Town	
10.	**************************************		□ City	
	01.001	Contification of Circulator		11- 110-07
1. Joseph	STEFFIER certify:	reside at SCO E COVERD	are RJ, Washville	MI, 49073
(name of circulator)  I further certify I am either a qualified elector.	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting unde	er Wis Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that the sign	oners are electors of the inrisdiction or district represented	d by the officeholder named in this petition. I know that each person sig	gned the paper with full knowledge of its content on the date i	indicated opposite his or her
name. I know their respective residences give	n. I support this recall petition. I am aware that falsifying	this confication is punishable under § 12.13(3)(a), Wis Stats.		
5-27-24	1000	HAW "		Page No Y
(date)	() ((signal	ture of circulator)		100
EL-170 (Rev 2019-09) The information on this form is re	equired by Wis Stats §§ 8 40 and 9 10 This form is prescribed by the	he Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53707-7984   608-	266-8005  web <u>http://elections.wi.gov</u>   email elections@wi.gov	

To Wisseria Floring Commission I		We, the undersigned qualified elect	tors of the Assembly District 63	
TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)	We, the underesgives quantities	(jurisdiction or distric	et of officeholder)
		from office pursuant to Article XIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	Itolii office pursuant to Attacke Atti, seemo		
		TATEMENT OF REASON FOR RECALL		
(T) 6	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,
to total discrimination of an administration of the later				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots,"		
				TARREST DE LICTER
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OF RUNAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
SIGNATURES OF ELECTORS	TRIVIED HAVE OF EEDE TONG	Rural address must also include box or fire no	Town 2	
1/1/1/	10.10	700 Dias of 70/	Village Buyling ten WIS9105	6-27-24
HATHON (1 Watcan	Hillian Withou	508N. Pinest. APT	dony / Direct	1210
Adia	1	CON BYON BURNEY	Unillage / 10/00	5077~261
12 KM I II Xtum	ASIMILI STERM	2011 D Mata tandiVIL	excity MITTI TOLO	Jac by
1000900010	1101000	120 4	Town RUCLION TO STORE 53105	F 77 50
3 K. Harrish	Kun Konelinski	1134 Accidite Court	City WI II M W	5'01 t dy
- no aligno	1 1/11 1 NODITIFICA	100 / ACTI / POR COOK	9 Town 0 , 534	0 '
4 hursely of	Thorne Band was	240x 3 Gangin Od File	avillage Dunington W.F	5-279
( XIDUNC) JOCY	Drane Danting	3100 CRILLIAN DA	Town Saus	
5 00 N 1 N 1 K	10 b. 160) lease	1472 1100 X	Willage Linkon Control	5-27-2
VILLICIAL WICE NEXEST	MILL Whether	111300000	Town Start	0 11
(9) man 1 Dise	D 11 D	1773 NEW SJ	sovillage 100 m GVOVE TO	5-27-24
OWNTHER GUNCON	Vanniel Kincon	1777 1000	City OUT 17	/ 1
7	M		□ Town □ Village	
1.			□ City	-
			□ Town □ Village	
8			□ City	
			□ Town	
9			□ Village □ City	
			□ Town	
10.			□ Village □ City	
		A 61	d dity	14010
PT 1 0110	2001	Certification of Circulator	DIN ANAMONTE AT	25392
1 STAN SISS	certify: I	reside at 10979 WASHLAND	Curvator's residence - include number, street, and municipality)	
(name of circulator)	Wisconsin or a LLS citizen age 18 or older who if L	were a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
the cignotures on this paper. I know that the sign	ers are electors of the inrisdiction or district represented	by the difficulties hattied in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date i	ndicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I away that alsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No Land
5/71/11	/1/4/1			
(date) 129	(signate	ure of circulator)		
EL-170 (Rev 2019-09) The information on this form is requ	lired by Wis Stats §§ 8 10 and 9 10 This form is prescribed by th	te Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-20	66-8005  web http://clections.wi.gov   email elections@wi.gov	

The Wisconsin Election Commission

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

(official with whom nominate	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	THE TRACE OF DE 180Y FOR DEC111		
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials, The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
	of the Chinese Communist Party (CCP), acceptance of ti	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of commitment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constituents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
a statistical state of the stat	1 1 1 1	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 Palsets Corell	WHIRGHT S RAM	HALL 3615 CANADA GOSEY	Town lack to the	5-28-24
2,	2618 CHADON GOOSE	KIDS Goose XING	□ Town □ Village □ City	
3.	Petro e 1 de tor	2	□ Town	<b>†</b>
24	feed to 3 3 de		☐ Village ☐ City	
4 /2 mg/2/2	Thorax His	18620 Country live Rd	Tom /	5-28-24
100	1110107 11100	13000 Carpity 1100 1100	Town	5 07
5.			□ Village	
			- G City	
6.			□ Town □ Village	and the second s
			□ City	
7.			□ Town	
			□ City	
8			□ Town	>
0.			☐ Village ☐ City	
			□ Town	
9.			□ Village	<del></del>
			City	
10,			☐ Town	
			□ City	
1, Rundy Blankens (name of circulator) I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I 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
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	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 falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No.
(date)	Esignatur	re of circulator)  Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-26	4 2005 last 1 w 11 w 22 last 2005	

	RECALL PETITION	ors of the Assembly District 63	- m 1 11 )
, and the second	We the undersigned qualified elect	ors of the Assembly District 63 (jurisdiction or district	of officeholder)
The Wisconsin Election Commission	ed)	n 12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statute
The Wisconsin Election Commission  (official with whom nomination papers or declaration of candidacy for the office is file	from office pursuant to Article XIII, Section	n 12 of the wisconstit Constitution is	
ition for the recall of	CTATEMENT OF REASON FOR RECALL	of serson is required to initiate the recall of	state, congressional,
,	SIAI Elvie of the official responsibilities of the officeholder	No statement of reason is required to the	
the state of partitions for city village, town, and school district official	s. The reason must be related to the stream		
e reason for recall must be stated on petitions for city, village, town, and school district official	as of trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
islance, marcial, or county of the Chinese Communist Party (CCF), acceptant	d idioto "		
islative, judicitit, or county of children is tacit support of the Chinese Communist Party (CCP), acceptant bin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptant with the Chinese Communist Party (CCP), acceptant by the Chinese	ect for his own constiuents by calling them whack jobs, have	THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTEI
k of committment to election integrity, blocking lower prescription and	THE N.	AME OF THE MUNICIPALITY OF RESIDENCE	DATE OF
THE RESERVE OF THE PROPERTY OF	AN MUNICITABLE SENUMBER OF RURAL ROUTE	Indicate Town, City, or Village	SIGNING
THE MUNICIPALITY USED FOR MAINTAIN PRINTED NAME OF ELECTORS  PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate (Comp.)	111
SIGNATURES OF ELECTORS PRINTED NAME OF EDUCATION		TOWN COMPANY C	5/28/20
	111-1-1 Day 1 5.1 ST	Total Genoa City WI	
1 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NISGS BIECHNINGE	Town Willage \ ) \ ` - (- \center \ e	1/20)2
Dout trans Laro France	10/1	Willage ) Wish Greve	5/28/2
7 1 2	1810 New st apri 18 Union Grove	Gity Chain Sign	11/
2 dieta Room Ovstra tyan	1010,000	Williage ()n - 6-9	5123/24
SYN5/D T	15 156 00	city War Croc	10/0-1-1
3 Hb 1111 Fren Brookling	Bay 15th Rue	Town	5/28/24
and and and		O City Stretevent	8/00/04
7	3333 Bukenbellan RD	□ Town	
Muchan a Amu	3373 010	Village R. 11 4	9-28-29
	N5516 Lyons Rol	City DONIE TOT	
5. XIII JET Starte	105)16 Lyons na	□ Town	-
Jelly she softies		☐ Village	
		D Town	
6,		□ Milage	
		□ City	
7.		☐ Town	
		□ City	
8		D Town	
O <sub>V</sub>		☐ Village	
		O City	
9.		□ Town □ Village	
		City City	
10		11/10/10	
	Certification of Circulator + 20 /or 0	18/16 1 - 60/0/	
Noun Zimmerwork	certify: I reside at 15/9/4 on ce 378 Eule	(circulator's residence - include number, street, and municipality)	and personally obtained
. WORN LIMITERVON	Certify, I reside at	der Wis, Stat. § 6.03. I personally circulated this recall petition	to indicated opposite his o
(name of circulator)	who, if I were a resident of this state, would not be disqualified from voting the	signed the paper with full knowledge of its content on the da	ac indicated Spiro
I. Characteristics of the paper. I know that the signers are electors of the jurisdiction or district.	epresented by the officeholder named in this petition. I know that each person	- 0	Page No.
I. (name of circulator)  I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older the signatures on this paper. I know that the signers are electors of the jurisdiction or district the signatures on this paper. I know that the signers are electors of the jurisdiction or district the signatures of the jurisdiction. I am award that name. I know their despective residences given. I support this recall petition.	Lassifying this certification is punishable under § 12,13(3)(a), wis builds		179 ()
			1 10
EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8 40 and 9 10 This form is pre	(aggraphic of circulator)	08 266 8005 liveb http://clections.wi-gov   email elections@wi-gov	
	resided by the Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   6	000-200-0000  1100  1111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
The 170 (Box 2010 00). The information on this form is required by Wis Stats §§ 8 40 and 9 10. This form is pre	School of the Control		
L-170 (Rev 2019-09) The information of this form to require			

TO: The Wisconsin Election Commission		We, the undersigned qualified el	ectors of the Assembly District 63	
(official with whom nominated	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, Sec	ction 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		
	S	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officehol	der No statement of reason is required to initiate the recali	l of state, congressional,
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeror	delign to statement by reasons to require	, ,
<i>legislative, judicial, or county officials.)</i> Robin Vos should be recalled for his tacit support of	of the Chinese Communist Parly (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
			NAME OF THE MUNICIPALITY OF DECIDENCE MI	UST ALWAYS DELISTED
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	MUNICIPALITY OF RESIDENCE MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
			□ Town	T 9 02 94
1.0-2.0 200	Carolyn I. Redmond	4055 nantucket Pl	city WT pleasant	5-28-24
Cololyn 4. Aschnie	Carolyn J. Reamond	1035 11011 010 121 71		28 -74
2.0 00 00	Anthony wilks	74DIX SDAINS SL	Uvillage On son grove	3 - 50 0
with the	Partition Office	2100 57 1 11	□ Town	= 200 711
3 DAD WATER DAG	I AMEAN DNIMONIED	LASTS Anter Rol	City (Alean) Ou	17-LX-LY
TRAJULLE	Mindy rogulaus-	TODO MINEST PET	□ Town	
4.			☐ Village	
			□ Town	
5.			☐ Village	
			☐ City	
6.			☐ Village	
			□ - City □ Town	
7			— U Village	
" · · · · · · · · · · · · · · · · · · ·			City City	
8			□ Town □ Village	
0,			□ City	
9.			□ Town □ Village	
·-			□ City	
10.			☐ Town ☐ Village	
10			City City	
1	NAPAY SAS	Certification of Circulator	that I I Warrand	- C34N-
1 PIVING BYON	) V S certify: I	reside at	2+ ME 125 d2011	Sorre
(name of circulator)	110 -12 - 10 - 14 - 10 - 17	vere a resident of this state, would not be disqualified from voting un	der Wis, Stat. 8 6.03. I personally circulated this recall petitio	on and personally obtained each
the cionetures on this paper. I know that the cion	ers 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 dat	te 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.		Tallal Carl
5 12x1 20				Theory SU
	(squate	nt of theulator)		
L-170 (Rev 2019-09) The information on this form is requ	aired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission   P O Box 7984, Madison, WI 53707-7984   60	18-266-8005  web   http://electrons.wi.gov   email electrons@wi.gov	

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

TO: The Wisconsin Election Commission			we, the undersigned quantied en	Consideration and	listrict of officeholder)
(official with whom nomination	n papers or declaration of candidacy for the office is filed)			3	
petition for the recall of	Robin Vos	fr	om office pursuant to Article XIII, Sec	tion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
petition for the recail of	(name of officeholder to be recalled and office)		•		
	9	TATEMENT O	F REASON FOR RECALL		
(The reason for recall must be stated on natitions for	or city village town and school district officials. The	reason must be related	to the official responsibilities of the officehol	der. No statement of reason is required to initiate the recu	ll of state, congressional,
Insidutive indicial or county officials )					
Robin Vos should be recalled for his tacit support of	f the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failu	re to protect Wisconsin farmland from the CCP,		
	ower prescription drug costs, and flagrant disrespect for				
				NAME OF THE MUNICIPALITY OF RESIDENCE M	IUST ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	STREE	ET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS		address must also include box or fire no	Indicate Town, City, or Village	SIGNING
Auchan	Grea Stowacki	2909	97th St Stutely	ON GITOWN STAREVANT	5/28/24
2 Open Glaco	Daila Rulder AS	1918 0	gilson Street in	Village Lacine	5/28/24
1/1/			C	☐ Town	
3/ / ,				□ City	
$\vdash V$				Town	
4.				☐ Village	
				□ City	
				☐ Town	
5.				□ City	
			150	□ Town	
6.				☐ Village	
				□ City □ Town	
7.				U Village	
				□ City	
				☐ Town	
8.				□ Village □ City	
				□ Town	
9.				Urllage	-
**				□ City	
				□ Town □ Village	
10,				□ City	
					2 62
the signatures on this paper. I know that the signer name. I know their respective residences given. I	Wisconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented a support this recall petition. I am aware that falsifying	vere a resident of this s by the officeholder na this certification is pu	inishable under § 12,13(3)(a), Wis, Stats	ler Wis. Stat. § 6.03. I personally circulated this recall petiti signed the paper with full knowledge of its content on the da	on and personally obtained each of
EL-170 (Rev 2019-09) The information on this form is require	red by Wis Stats §§ 8 40 and 10 This form is prescribed by the	e Wisconsin Elections Corr	imission   P O Box /984, Madison, WI 53/07-7984   60	8-266-8005  web   http://clections.wi.gov   email   elections@wi.gov	

		RECALLIETTION	Cut Accombly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified el	(nurisdiction of	district of officeholder)
(official with whom nominati	on papers or declaration of candidacy for the office is filed)			
	Robin Vos	from office pursuant to Article XIII. Sec	ction 12 of the Wisconsin Constitution and §.9.10	of the wisconsin statutes.
petition for the recall of	F - CF1- lides to be recalled and office)			
		TATEMENT OF REASON FOR RECALL		all of state, congressional,
The reason for recall must be stated on netitions	for city, village, town, and school district officials. The r	reason must be related to the official responsibilities of the officeho	ider, No statement of reason is required to intitute the reco	in by since, consignation
egislative, judicial, or county officials.)		COR delibera to protect Wicconsin formland from the CCP		
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tri	ps from the CCP, failure to protect Wisconsin farmland from the CCP		
ack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for h	nis own constiuents by calling them "whack-jobs, morons, and idiots,"		
ack of confinitioners to election integrity, blocking	John Protest	THE TO NOT CHEEK CHEMT THE	NAME OF THE MUNICIPALITY OF RESIDENCE N	JUST ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN MU	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
SIGNATURES OF ELECTORS	TKIN DD ( III III II		□Town	1/ /20
1/)	1 1 15 0	4518 Tromas St.	UVillage Racine	1 2/25/29
Wall-	CMIS TELEZ	45/8 1 MUMAS 2		1 1 1 1
79900			☐ Town ☐ Village	5/20/21
2. ////	(1)	1728 Michigan Stud.	ocity Nakine	0/28/29
/ h/ins	1 on tent	1100111011	□ Town	-1801714
3. 1911	CAMERUM Treeman	1708 10KB St	□ Village 1970 V	5/2001
W	( "TOTAL FRUITAL	1/ 2 2/2 3/	Town	
4	Name of the state		☐ Village	1
4.			City	
			□ Town □ Village	>
5.			□ City	
			Town	
6.			□ Village	
₹			□ Town	
7.			□ Village	
T <sub>E</sub>			□ City	
			☐ Town	
8.			□ City	
			U Town	
9.			☐ Village ☐ City	
			Town	
10			□ Village	
10,			i City	_
		reside at Certification of Circulator Ro	1, Gleuveeur, 12 60	0026
, Gabrilla 10	mmar, certify: I	reside at 2152 Rugeu Ro	, ounter j'e ve	
(name of circulator)			(circulator's residence - include number, street and municipality)	tion and personally obtained each
I further certify I am either a qualified elector o	f 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 u	a signed the paper with full knowledge of its content on the	date indicated opposite his or her
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting up to the officeholder named in this petition. I know that each person the certification is punishable under § 12.13(3)(a), Wis. Stats.	a signed the puper with ran monitores.	HICK
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 Se
05/28/202	.4			100
(date)	-/- Julinaty	de of circulator)	AND 266 8005 bush him //elections within lemail elections@wi gov	
EL 170 (Rev 2019-09) The information on this form is rec	quired by Wis Stats §§ 8 40 and 9 10 This form is prescribed by	Wisconsin Elections Commission   P O Box 7984, Madison, WI 53707-7984	000-200-0000 pro indesentation in sec forman and analysis	

		RECALL PETITION  We, the undersigned qualified elect	ors of the Assembly District 63 (jurisdiction or district	of officeholder)
O: The Wisconsin Election Commission (official with whom nonunation r	papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of the	ne Wisconsin Statutes.
etition for the recall of	Robin Vos  (name of officeholder to be recalled and office)  STA	ATEMENT OF REASON FOR RECALL son must be related to the official responsibilities of the officeholder from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall of s	state, congressional,
The reason for recall must be stated on petitions for positive, indicial, or county officials.)	city, village, town, and school district officials. The rea	from the CCP, failure to protect Wisconsin farmland from the CCP, own constiuents by calling them "whack-jobs, morons, and idiots,"		
obin Vos should be recalled for his tacit support of	the Chinese Communistration (Communistration)	own constiuents by calling them "whack-jobs, morons, and idiots,"  NICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N  STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no	OF DESIDENCE MUST	ALWAYS BE LISTED.
ack of committment to election integrity, blocking lov	ver prescription drug costs, and hagrant are	OF DESIDENCE, IS NOT SUFFICIENT, THE N	AME OF THE MUNICIPALITY OF RESIDENCE	DATE OF
TOP MAIL	ING PURPOSES, WHEN DIFFERENT THAN MUN	STREET & NUMBER OR RURAL ROUTE	Indicate Town, City, or Village	SIGNING
THE MUNICIPALITY USED FOR MAIL	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Town ROCHESTER	,
SIGNATURES OF ELECTORS	TRINGS	1 1 1 P 1 P 1	o city Rochestier	May 28, 202
1. Oli lette Omich	ELIZABETH Joseph	OUT THINK HERE	☐ Town	·
Chablen Joseph	PP+ PIL		□ City	-
2 0 0 '			□ Town	
2, 3,000			□ Village	
			Town	
3.			U Village	
			□ City	
4.			D Town	
*			☐ Village ☐ City	
			□ Town	
5.			U Village	
			□ City	
6.			☐ Town ☐ Village	
			U City	
7.			□ Town	
			□ Village	
			□ City	
8.			☐ Town ☐ Village	
			□ City	
9.			Town	
10			☐ Village	
10.  1. DOUG BRICK (name of circulator)  1 further certify I am either a qualified elector o	age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under the officeholder named in this petition. I know that each person at this certification is punishable under § 12.13(3)(a), Wis, Stats.	(and municipality)	5 2 5 3 3 In and personally obtained er e indicated opposite his or h
the signatures on this paper. I know the residences given	I support this recall petition. I am aware that that	d by the officeholder named in this petition. Taked with the petition of the p		110

		RECALL PETITION	Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	Ors Of the Assembly District 66 (jurisdiction or distric	t of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	or Adiala VIII Social	12 of the Wisconsin Constitution and §.9.10 of	
petition for the recall of	Robin Vos	from office pursuant to Article Affi, Section	112 of the Wisconsin Comment	
•	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		C. A. A
	s : : : : : : : : : : : : : : : : : : :	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressionai,
(The reason for recall must be stated on petitions to	for city, village, town, and school district officials, The	14/Jacobsin formland from the CCP		
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
9090 360	the days costs and flagrant disrespect for	his own constituents by calling them "whack-lobs, morons, and diots."		TAL WAVE DE LISTED
To be a second of the second o	LING BURBOSES WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	DATE OF
	LING PURPOSES, WHEN DITTERED ECTORS	STREET & NUMBER OR RURAL ROUTE	Indicate Town, City, or Village	SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	grown // and accomme	5-701-21
1 KPN KVRT	Her flos	165 19 WAS A HUE. UNION	Octy VORKOICUE	2 78-24
1,61	11/1-12 10	1000 1111 1 0	□ Town □ Village	5-28-24
2. Tony Boulovel	1 Thritamil	1255 West blue Cocini w	Town	- last
IONY DIONA	6911 01 00 100 11	120 11 POA 12 WILL VOUINING	UVillage VOI 1 VO	57814
3 PMMMM WENE	STANTISM IS CONT	1085 WILLI DIW MANUTY	□ City □ Town □ Village □ Village	Q Dx 124
4 John Vass	Jahn VASS	1028 North 13/401	City RACIVE	660
5. Ch 12	Chinill h	10105 291- que Pleasamprais	City Pleasant Prairie	3/28/2/
6 1) 1 2	D Simple of	460 Mill one not 204	Orive Union Grove	5/28 124
Kyca Dy2 11	Kyan Stowar tybyndigh	TWO COPY	Town 10	CINKHE
7. 19 111 VIL	1. 11. 11/7	Melos Burlington VOIS	o City Sylind for	10/0/01
the fide son	M. Muster	10,000	□ Town □ Village	
8,	Mr. K low S. A manto		□ City	
	1410/10/10/30		□ Town □ Village	
9			□ City	
			□ Town □ Village	
10		- Company of the Comp	□ City	
		Contiduction of Circulator	1 P1 1151	
WOGH ZIMW	vermancertify:	I reside at 1519 Monroe St Elem	glon 4 60202	
1,			(circulator's residence - include number, street, and municipality)	and personally obtained each of
(name of circulator)  I further certify I am either a qualified elector of	f Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	aned the paper with full knowledge of its content on the date	indicated opposite his or her
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represente	by the officeholder named in this petition. I know that each person be the state of		2 / A / A
name. I know their respective residences given	I support this recall petition. Tamaware that labelly	this certification is punishable under § 12.13(3)(a), Wis. Stats.		1300 (1) (1)
>10 10 104	1/4/1 /00			1100
(date)	(Signal by Wig State 88 8 40 and 9 10. This form is prescribed by	oture of circulator) the Wisconsin Elections Commission   P.O. Box 7984, Madison, Wt. 53707-7984   608-	266-8005   web http://clections.wi/gox   email elections@wi/gov	
EL-170 (Rev 2019-09) The information on this form is rec	lauren nå Ara State 22 o 10 and 2 to 110 tours 12 beautiful			

# RECALL PETITION Assembly

TO:	The Wisconsin Election Commission			We, the undersigned qualified elect	ors of the Assembly District 63	
	(official with whom nominated	on papers or declaration of candidacy for the office is filed)			(jurisdiction or distr	
netitio	n for the recall of	Robin Vos	fr	om office pursuant to Article XIII. Sectio	n 12 of the Wisconsin Constitution and §.9,10 of	the Wisconsin Statutes.
petitio.	in for the recall of	(name of officeholder to be recalled and office)		·		
		S	TATEMENT O	F REASON FOR RECALL		
(The rea	ison 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 o	f state, congressional,
logislati	ve judicial or county officials )					
Robin V	os should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tri	ps from the CCP, failu	re to protect Wisconsin farmland from the CCP,		
		ower prescription drug costs, and flagrant disrespect for I				
Ti	JE MUNICIDAL ITV USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN MI	UNICIPALITY OF I	RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
- "			STREE	ET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS		nddress must also include box or fire no	Indicate Town, City, or Village	SIGNING
A.	Lan len	in Carn Lewis	312	Settlemit Di	O Village Rochester, UI 500	5/28/24
2	1/ht ha	Mike Greer	277	settlement Dr	O'Village Rochester, WI	5/28/24
, 1		V-1100			☐ Town ☐ Village	
3	•				City	
					□ Town	
4	82				. D. Village	
					□ City	
5.					□ Town □ Village	
3,					LI City	-
					□ Town	
6.					□ Village	<del>-</del>
					C) City	
7					☐ Town	
7.					☐ City	
-					□ Town	
8					.□.Village.	-
					□ City	
9.					☐ Town ☐ Village	
30	·				□ City	
-					□ Town	
10	15.44				U.Village	+
					□ City	
I. Conthac	Janet (name of circulator)	EVEN Sentify: I	reside at		(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. 1 personally circulated this recall petition a	and personally obtained each o
1 Iumne	r certify i am either a quantied elector of	wisconsin, or a U.S. chizen, age to or order who, it is well-	by the officeholder on	med in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date i	ndicated opposite his or her
the sign	atures on this paper. I know that the signe	I support this recall petition. I am aware that falsifying	the conficenciation is no	mighable under 8.12.13(3)(a). Wis State	ed the paper with ran knowledge of its serious on the anner	1.600
name.	know their respective residences given	I support this recall petition. I am aware that faisifying	tals certification is po	inishable tilidel § 12.15(5)(a), wis stats		Page No A
	21746	) 4 & [uh 0]	V 4 1/11/	112		1 4 4 6
	(date)	(signatur	e of circulator)			1101
L-170 (R	ev 2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9 10 This form in prescribed by the	Wisconsin Elections Com	mission   P O Box 7984, Madison, W1 53707-7984   608-26	6-8005  web http://elections.wr.gov   email elections@wi.gov	Fr ou states (%)
		)				

TO: The Wisconsin Election Commissio	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)		(jurisdiction or dis	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	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	-		
		STATEMENT OF REASON FOR RECALL		
	ons for city, village, town, and school district officials. Th	e reason must be related to the official responsibilities of the officeholde	x. No statement of reason is required to initiate the recall	of state, congressional,
legislative, judicial, or county officials.)  Robin Vos should be recalled for his tacit supp	port 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."		
THE MUNICIPALITY USED FOR M	MAILING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
11/1/1	111111		Town	Siditilità
HAVI TOO	-Hodel-995in	5817 22 nd ove, Kenicha,	Willage Kinosha	5/27/2
The state of the s	-19at -143111	or say minera	D Town	100/00
2010	Milliar   PlATEO	2037 611074 101/1	Otiy RKUKU	4/20/21
100	THOUGHT CITY	20110/1000000	□ Town	17/20/01
1 1 11 11	Branches Schwardthere	4148 8014 St	Ocity Franksuille	5-2824
my franch	Didicited Machigan Co	7//8 8-5 1	EFTOWN // O/	0/2011
1°(X/// ^ )	Jonathan Martinez	1520 hichard ave	City MH GIECOSCINT	5/20/21
1 10 11	0 11/0		Town Village	S/20 /21
1 sunt	DAVIOL HOUST	- 1382 Geneva 82	Ocity Racial	108 PK
63 11/1	10 10	dia- hal	Town	5-1 6/20
	David Conzelez	8625 hos Ct	acity Visualesville	120/09
7. 2000		icas idia. M.	Village ✓ C ( ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	128/2/A
XVVO	Lavesa Avizola	18/10/10/18/T	city COUNT	1) 401201
8.7 (21)	7: 1	122011-1	Town Village	0254200
le fait 100e	DEGREY Mornas	2338 Hansen Hore	ocity Parcy P	Carried March
9. / M	Totalin 15 Jan	3925 M L	□ Town □ Village	15-28-24
	JUNGUIN 105 TV	16/15 ST	City VOINV(SV://	0000
10.			☐ Town	
			□ City	
	Grafanakis certify:	Certification of Circulator	D. 1 A7 5000	
	Tralanakis certify: 1	reside at 9818 No 7th Place,	(circulator's residence - include number, street, and municipality)	
(name of circulator) I further certify I am either a qualified elector	of Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under		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 sign	ned the paper with full knowledge of its content on the date	indicated opposite his or her
		g this certification is punishable under § 12.13(3)(a), Wis. Stats.		
5-28-7		A salembers		Parasir 4 U
(date)		ure of cyclifator)  Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984   608-20	66-8005   web   http://clections.wi/gov/ email=elections@wi/gov	

TO: The Wisconsin Election Commission	n	We, the undersigned qualified of	electors of the Assembly District 63	
The Wisconsin Election Commission	nation papers or declaration of candidacy for the office is filed)		Gurisaiction of a	listrict of officeholder)
	Robin Vos	from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)	A A COMPA		
	`	STATEMENT OF REASON FOR RECALL	and the state of t	U "Catata aguararsianal
(The reason for recall must be stated on petitic	ons for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officehor	older. No statement of reason is required to initiate the reca	u oj siaie, congressionai,
Robin Vos should be recalled for his tacit supp	ort of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CC	(6)	
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		
Table of Committee		Tuesday of the property of the	E NAME OF THE MUNICIPALITY OF RESIDENCE M	IUST ALWAYS BE LISTED.
THE MUNICIPALITY USED FOR M	MAILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TH	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 1		Kittel budgess must diet motera	□ Town	E170124
17/	Al-alaa litte	1731 (1.cm + P)	Ocity Racine	3/2012/
1/1///	11/1/1/1/1/ - 1/2	1 7/16 Chicary Rd	Town	0000
2 1/1 M-10 -	- 1 / (100	2123 Laborate De	El Village // (C)	1328-61
11/10	Varia Vincon	3/33	D Town	
300	3	I was a second of the second o	□ Village	57875
3	Se HVPN.	2/44 Jul 2	a city ZOCINO	7 20 2 7
21 /25		CC C ( ) V O (	U Town	States
4. (Auras	Hudren Lastelle	6500 5 LOOMIS ROT	city Norway	3/28/24
00000	7 (00.000)	Gittings O 1	□ Town	-120611
5. On to Karde	anh Onima	2771 Gills	City PT DRUG	28/24
Chief ( ach 2	Cold Works	000	□ Town	
6			CJ City	
			Town	
7			☐ Village	
			☐ City	
8			——· -□·Viliage	
0.			□ City	
			☐ Town ☐ Village	
9.			City	
			☐ Town	
10.			☐ City	
		Continuation of Circulator	7 S S S 200	
VI = 1	itvip, certify:	Certification of Circulator	2 island Ind. Apt 143	Eugene or 97
, Vlad L	, certify:	reside at 655 Good partition	(	0
(name of circulator)  I further certify Lam either a qualified elector	r 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 t	under Wis. Stat. § 6:03. I personally circulated this recall petit	non and personally obtained each of
			n signed the paper with full knowledge of its content on the d	and indicated opposite his or her
name. I know their respective residences giv	ven. I support this recall petition. I am aware that taking the	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No.
05/28/2024				
(date)	(signa	ture of circulator) he Wisconsin Elections Commission   P.O. Box 7984, Madison, WI 53707-7984	408 244 8005 hugh hum delections we you temail elections@wi pov	
El 470 (D - 2010 00) The information on this form is	required by Wis Stats 88, 8,40 and 9,10. This form is prescribed by the	he Wisconsin Elections Commission   P.O. Box 7984, Madison, W1 53/07-7984	000-200-0003 [web inth selections wi Eng   entitle elections[a] or got	