

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Russell Hayes	8951 McHENRY ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/6/24
	Pamela Schroeder	8855 McHenry St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/6/24
	Chelsea Reihner	1233 Eastbrook Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/6/24
	Matt Reihner	1233 Eastbrook Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/6/24
	_____	_____	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/6/24
	Jacqueline Hayes	8951 McHenry St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/6/24
	CAROL GUMS	33509 Bohner Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/6/24
	Nicole Lillstrand	8566 Steele St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/6/24
	Nicolle Meshey	33814 Hillcrest dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/6/24
	Peter J Richter	8551 HORIZON DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/6/24

1. MATTHEW SNOREK certifies: I reside at 30739 Running Fox Trl Burlington, WI 53105
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/6/2024
(date) (signature of circulator)

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	Patricia Pechacek	8436 WREN ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
	Kayla Richter	32836 S. Lakeshore Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
	James King	32821 S. Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
	Logan King	32821 S. Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
	Tammy King	32821 S. Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4.6.24
	Charity Martin	517 Randolph st.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4.6.24
	Crystal White	517 Randolph st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4.6.24
	Gretchen Kretschmer	32836 S Lakeshore Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-6-24
	Preston Latham	32830 S. Lakeshore Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/6/24
	Preston Latham	32830 S. Lakeshore Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/6/24

I, MATTHEW SWOREK, certify: I reside at 30839 Running Fox Trl Burlington, WI 53105
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	ERIC Liljestrand	4566 Steele St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
	Alexis Christie	8566 Steele St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

1. MATTHEW SPOREK (name of circulator), certify: I reside at 30839 Running Fox Trl Burlington, WI 53105 (circulator's residence - include number, street, and municipality)
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	Candace Black	30847 SUN CT Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/8/24
	Donna Regner	32408 Karcher Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/8/24
	Rebekah Smith <small>(EMON)</small>	32610 Karcher rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/8/24
	TODD Emon	8620 FIELDSTONE CT	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON WI	4-8-24
	CAROL REINART	8724 CHARRA DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON WI	4/8/24
	Steve Rowley	8752 Fishhatchery Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
	Chris Pulera	8523 Charles St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
	William Urban	8660 Buena Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
	Mike O'Reilly	7860 Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
	Brett Maggs (Maggs)	8651 Hilltop Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/8/24

I, MATT SNOREK, certify: I reside at 30839 Running Fox Tr Burlington, WI 53105
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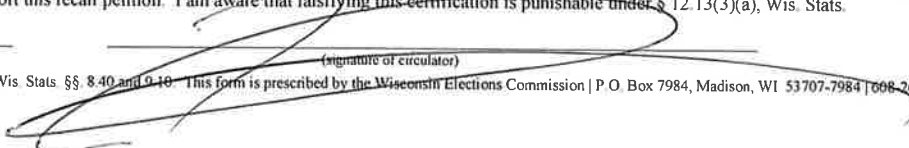
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1. 	Jason Szablowski	33900 Crestview DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
2. 	Thomas Sturino <small>(Sturino)</small>	8933 Pheasant Run	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/8/24
3. 	Mary Leigh Sturino <small>(Sturino)</small>	8933 Pheasant Run	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/8/24
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

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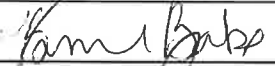

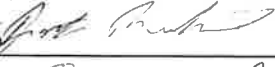
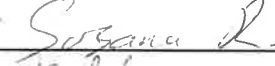
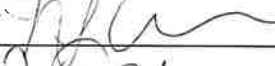

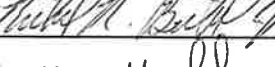
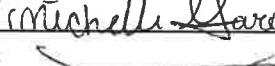
4/8/2024
(date)

(signature of circulator)

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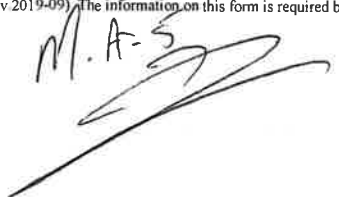
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1. 	Bonnie Babe	2420 Marshall Square	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plover Kansasville	4-9-24
2. 	Terrence W. Roeschen	29449 EAGLE Ridge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/9/24
3. 	Justin Roeschen	29449 Eagle Ridge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-9-24
4. 	Susana Rehollar	33705 Franklin St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-9-24
5. 	NANCY CORBIN <small>(Cardinal)</small>	3360 1 CONTOUR DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-9-29
6. 	Janis Belianis	7703 Franklin St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	7-9-27
7. 	Richard R. Bichsel Jr.	34100 White Oak Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-9-24
8. 	Michelle Garcia	7662 Highland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/9/24
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

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	Samantha Holst	3321 Harrison St Kansasville, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/10/24
	Ralph Holst (Ralph Holst)	3321 Harrison St Kansasville, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-10-24
	Brittany Labadie	24007 Carlisle Ave WI Kansasville	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-10-24
	Miersa M. Ortiz	24206 Carlisle Ave WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/10/24
	Benjamin Ortiz	24206 Carlisle Ave WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/10/24
	Lauren Rosario	24206 Carlisle Ave WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/10/24
	Scott & Lisa Madison	3518 Van Buren St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-10-24
	Lisa Madison	3518 Van Buren St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-10-24
	Haylin Ganhart	3505 Van Buren St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-10-24
	Scott Ganhart	3505 Van Buren St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-10-24

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4/10/24
(date)

(signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	William Sobocinski	2826 Lakeshore Dr. ^{Kensauville}	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/10/24
	Mike Wanke	24825 Quincy Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-10-24
	Kalissa Calixto	_____	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/10/24
	Kalissa Calixto	24206 Carlisle Ave.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/10/24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City M.A.S.	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, MATT SNOREK, certify: I reside at 30839 Running Fox Trail, Burlington, WI 53105
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
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	James P. Kubacki <small>Kubacki</small>	8076 Fishman Road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-11-24
	Amber Kubacki <small>Kubacki</small>	8076 Fishman Road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-11-24
	Noah Dowd	8076 Fishman Road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-11-24
	TOM BIENERMAN	8950 McHENRY AVE RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/11/24
	Nicole Krause	8925 McHenry St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-11-24
	Mike Cahill	8905 McHenry St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-11-24
	Josh Feldner	8801 McHenry St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-11-24
	JOHN GADZIK	8515 McHENRY ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-11-24
	MELODY GADZIK	8515 McHENRY ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-11-24
10.			<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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4/11/24
(date)
(signature of circulator)

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1.	Dawn L. Morey	1342 71 st Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-8-24
2.	Lee D. Morey	1342 71 st Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-8-24
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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5/8/24
(date)

(signature of circulator)

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1. <i>David Perez</i>	David W Perez	6238 Hilltop Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	April 3 2024
2. <i>Eva Perez</i>	Eva Perez	6238 Hilltop Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	04/13/2024
3. <i>Sean Hayes</i>	Sean G Hayes	1036 Wisconsin Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	04/16/24
4. <i>Norman Stephan</i>	Norman Stephan	11241 Spring St. Mt. Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/10/24
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Teff Zink*, certify: I reside at 2115 W Vineyard Rd Phoenix AZ 85041
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
4/15/2024 *Teff Zink*
(date) (signature of circulator)

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	RICHARD GERBER	3602 MONARCH DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE	4-16-24
	JAMES GOSLINE	1410 11th AVE #19	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-16-24
	JEFF ZOLD	1410 11th AVE #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-16-2024
	TIMOTHY CAMPBELL	1401 11th Ave #72	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/16/2024
	FRANK M. POKEY	1401 11th Ave #71	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/16/2024
	FRANK M. POKEY JR	1401 11th Ave #71	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/16/24
	KYLE FOUILLE	1001 58th Ave #112	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/16/24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Maria DeSautel certify: I reside at 11080 E Dale Lane Scottsdale, AZ 85262
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/16/2024 Maria DeSautel
(date) (signature of circulator)

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	Richard T. Rehberg	28000 Plank Rd Burlington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-17-24
	Karina Schuttehelm	214 Crossway Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-17-24
	Jim Schuttehelm	214 Crossway Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-17-24
	Matt DeCheck	29010 Plank Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-17-24
	Megan Ehlen	249466 old Hwy A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-17-24
	Elizabeth Picazo	1306 Carlin Ct.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-17-24
	Steven R Picazo	1306 Carlin Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-17-24
	Lawrence H. Petric	1324 Carlin Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-17-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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	MARLENE DUBIAK	9105 MICHIGAN AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEUANT,	4-18-24
	LACI ROZBICKA	3115 Meachem Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-18-24
	MARY AVILES	3121 Meachem Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/18/24
	Ermael Hernandez	5932 Margery Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/18/24
	Katie Spranger	6014 Margery Dr #102	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/18/24
	William Urban	6030 - Margery Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-18-24
	Kate Volten	2021 Frankie #10A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/18/24
	SIDDHARTH MAURYA	2021 Frankie Pl #101	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/18/24
	Jennifer Simpson	2021 Frankie Pl #102	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4/18/24
	Jada Laliker	2042 Frankie Pl #202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/18/24

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1. <i>Joe Jacas</i>	<i>Joe Jacas</i>	<i>Frankie Pl. # 2110 Facke</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT PLEASANT</i>	<i>4-18-24</i>
2. <i>Jonathan Bethron</i>	Jonathan Bethron	<i>2106 Frankie place</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MOUNT PLEASANT</i>	<i>4-18-24</i>
3. <i>Green Greene</i>	Green GREEN	<i>5835 Margery 103</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>4-18-24</i>
4. <i>Suzetha</i>	Suzetha	<i>5833 Margery Dr 205</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>4-18-24</i>
5. <i>K-Kark</i>	Kark	<i>5833 Margery 205</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>4-18-24</i>
6. <i>Andres G</i>	AG	<i>2030 Frankie Pl 204</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>4-18-24</i>
7. <i>Andres G.</i>	Andres G.	<i>2030 Frankie Pl 204</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>4/18/24</i>
8. <i>Linda Sasamoto</i>	Linda Sasamoto	<i>4242 Taylor Harbor E #6</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>4/18/24</i>
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Maria DeSautel, certify: I reside at 11080 E Dele Lane Scottsdale, AZ 85262
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/18/24 *Maria DeSautel*
(date) (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	David Coria	241 Peters Pkwy, Burlington, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/2024
	Kerry Gonzalez	157 Leek's St Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/2024
	Julie Koldewey	322 Conkey St Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/3/2024
	Roger Koldewey	372 Conkey St Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-2024
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jovan Knezic, certify: I reside at 10601 W Carter Rd Franklin WI 53132
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

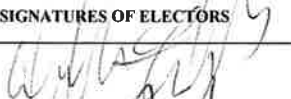
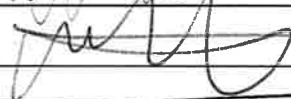
TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Aleksandra Zelich	231 mill ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/4/24
	Erin Niemyjski	27800 Washington ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	4/4/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jovan Knezic, certify: I reside at 10601 W Cortez Rd Franklin WI 53132
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	David Greziger	11823 Hwy 11	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant WI	4-13-24
2.	ARTHUR AMADIO	2917 96th ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STURTEVANT WI	4-13-24
3.	Mandi Nemole	1217 Florence Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4-13-24
4.	Joe mihalovic	9501 Corliss Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
5.	NICOLE FERRER	9501 Corliss Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
6.	Steve Lalante	2901 91st Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
7.	Kyle Harvula	426 Smith Rd 2320 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/13/24
8.	DIANNE ROBINSON	9429 Hawthorne Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/13/24
9.	Ashley Zimmerman	9518 Jasmine Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/13/24
10.	HARRIET ZUZENE	4th Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/13/24

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

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

4-13-24 Linda C. Torio
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>[Signature]</i>	Gerald Johnson	33919 Yahnke Rd	<input checked="" type="checkbox"/> Town Burlington	4-14-24
<i>[Signature]</i>	Judith Johnson	33919 Yahnke Rd	<input checked="" type="checkbox"/> Town Burlington	4-14-24
<i>[Signature]</i>	THOMAS WINKLER	33325 YAHNKE RD	<input type="checkbox"/> Town Burlington <input type="checkbox"/> Village Burlington <input type="checkbox"/> City Burlington	4-14-24
<i>[Signature]</i>	Jamie Worner	32601 Yahnke Rd	<input type="checkbox"/> Town Burlington <input type="checkbox"/> Village Burlington <input type="checkbox"/> City Burlington	4/14/24
<i>[Signature]</i>	Chris Worner	32601 Yahnke Rd	<input type="checkbox"/> Town Burlington <input type="checkbox"/> Village Burlington <input type="checkbox"/> City Burlington	4-14-24
<i>[Signature]</i>	CAROL FETTES	32455 YAHNKE RD.	<input type="checkbox"/> Town Burlington <input type="checkbox"/> Village Burlington <input type="checkbox"/> City Burlington	4/14/24
<i>[Signature]</i>	Barbara J Krawczyk	155 Sunnyside E	<input type="checkbox"/> Town Burlington <input type="checkbox"/> Village Burlington <input type="checkbox"/> City Burlington	4/14/24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Linda C. Torio, certify: I reside at 2200 Pillard Drive Conway WI 53034
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
4-14-24 *[Signature]*
(date) (signature of circulator)

RECALL PETITION

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

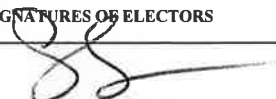





STATEMENT OF REASON FOR RECALL

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

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

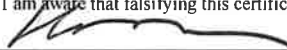
lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Tina Smith	1911 N. Emmertson Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/17/24
	Michelle Calariles	2429 W Emmertson Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/17/24
	MICHAEL J. FERGUSON	2116 N. Emmertson Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/17/24
	Todd J. Maynard	1540 N. Emmertson Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/17/24
	Tad Christensen	5609 Deerfield Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/17/24
	Corrie L. Roland	6034 Deerfield Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/17/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael Mohn, certify: I reside at 3059 Churchville Rd Churchville MO 21028
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/17/24 
(date) (signature of circulator)

RECALL PETITION

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

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


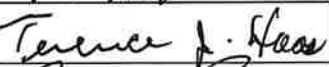

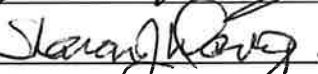
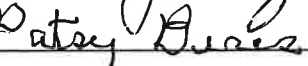
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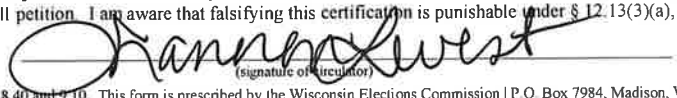
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Randy Halverson	5748 Cambridge Ln. #2	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-6-24
	TERENCE J. HAAS	5740 Cambridge Ln. #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-6-24
	Amy Ramsey	5740 Cambridge Ln. #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
	Sharon J. Davis	5810 Cambridge Ln. #17	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-6-24
	Patsy Bares	5847 Cambridge Ln. #6	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. Shannon West certify: I reside at 17 Pebble Brook Dr Conway Ar
(name of circulator) (circulator's residence - include number, street, and municipality) 72934

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

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

RECALL PETITION

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

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(name of officeholder to be recalled and office)

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<i>Dawn Penprazi</i>	Dawn Penprazi	1408 10th Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
<i>KENNETH DANIELS</i>	Kenneth R. Daniels	313 OAKHILL CIR. 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-8-24
<i>Kathleen C. Daniels</i>	KATHLEEN C. DANIELS	313 OAK HILL CIR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-8-24
<i>Randall F. Stoner</i>	RANDALL F. STONER	8125 McHenry Street	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
<i>Steven L. Stoner</i>	Steven L. Stoner	8125 McHenry St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
<i>Paul Uhlacher</i>	Paul Uhlacher	34425 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4-8-24 Shannon West
(date) (signature of circulator)

Page No. 222

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Dawn Squires	745 17 th Union Grove, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove, WI	4-9-24
	Dawn Smith	673 FOX-TREE CR Burlington, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4-9-24
	Kelly Smith	673 FOX-TREE CR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4-9-24
	Jessica Smith	658 Foxtree Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4-9-24
	Rebecca Vandehen	658 Foxtree Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4-9-24
	Shauna Armes	641 Foxtree Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-9-24
	Nicole Nelson	643 Meadow	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/9/24
	Gerald Hirst	1005 State St 104B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Charlie Gallo	1003 State St. 104C	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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4-9-24
(date)

(signature of circulator)

RECALL PETITION

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

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	James LeClair	15941 Durand Ave Lot 35c	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove WI	4-10-24
	Michael Pederson	14314 58th Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4-10-24
	Jackie Irish	1511 Braum Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Recline	4-10-24
	Abe Behringer	15328 Braum Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Recline	4-10-24
	Yodira Roman	1300 West Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturgeon	4-10-24
	Christian Riccio	4430 Yates Dr. #106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-10-24
	Carrie Whitehead	4430 Yates Dr. #208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-10-24
	Erik Tiggle	4440 Yates Dr #209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-10-24
	Andrew Fondren	4400 Yates Dr. #201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-10-24
	Dasha Clark	4400 Yates Dr #212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-10-24

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	Roben Aviles	4400 Yates drive 212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/24
	Jeremy Zimmerman	4400 YATES APT 106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/10/24
	Terese Russo	4400 Yates Drive 105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/10/24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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4-10-24
(date) (signature of circulator)

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	Eric Fladwood	3013 90th Street	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	4-20-24
	Fitzer Ross	2351 Thor Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-20-24
	Jill Jensen	3216 Moorland Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine 53405	4-20-24
	Sarah Webb	1501 Laura Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant 53406	4-20-24
	Melissa Welner	548 Briody St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4/20/24
(date) (signature of circulator)

Page No. 226

RECALL PETITION

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

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1. <i>Cheryl L. Tyllo</i>	CHERYL L. TYLLO	1458 MEADOWLANE AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT, WI	4-6-2024
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Rita Huff, certify: I reside at 4902 Milestone Cir, Olive Branch, MS 38654
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/6/24 Rita Huff
(date) (signature of circulator)

RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
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	Lynette G. Rasmussen	1672 10 th Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/21/24
	Randy Rasmussen	1672 10 th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/21/24
	JoAnn Gregor	3121 Flank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bowlings Green	4/21/24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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4/21/24
(date) (signature of circulator)

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	Michael Barker	31531 Bear Arbor Dr Apt 204	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/24/24
	Heidi Landmeier	1408 McLean Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/24/24
	Kevin Edwards	2225 Rowenswood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-24-24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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4/24/24
(date) (signature of circulator)

RECALL PETITION


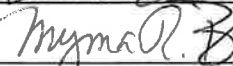

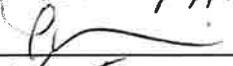

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Omar Amin	5800 Mountvernon way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount pleasant	4/29/24
2. 	Myrna R. Bellomy	600 E Mt. Vernon Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/22/24
3. 	Alicia Prozzalo	2530 Rollingfields Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/22/24
4. 	Tara Nielsen	2542 Wynfield Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/22/24
5. 	Kathryn Lema	2542 Wynfield Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/22/24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4/22/24
(date)


(signature of circulator)

Page No. 230

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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1. <u>PAT DOBROWOLSKI</u>	<u>Pat R. Dobrowolski</u>	<u>506 Quail Point Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant</u>	<u>4/5/2024</u>
2. <u>Don Curfen</u>	<u>Don Curfen</u>	<u>6617 Kingsview Dr.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant</u>	<u>4/13/2024</u>
3. <u>James Lee</u>	<u>James Lee</u>	<u>3620 37st</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant</u>	<u>4/5/2024</u>
4. <u>Leva & Niessen</u>	<u>Leva & Niessen</u>	<u>6810 Redstone Cir</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant</u>	<u>4/5/2024</u>
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

RECALL PETITION

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

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	Brian Schoessow	740 S. Emmertsen Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-6-24
	Renee Schuessow	740 S. Emmertson Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6-24
	MAUREEN GENEWICH	5528 CAMBRIDGE LN #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-6-24
	Kaitlin Torosiano	5542 Cambridge Ln #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
	Linda Nielsen	3603 Cambridge Ln #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4-6-24
	Heidi Jahn	5617 Cambidge Ln #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
	RANKA Milosevic	1521 WINDSOV #6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-6-24
	Amber Soos	5701 Cambridge Cir #6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
	Diane Waid	5701 Cambridge Cir Unit 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
	Dave Bruno	5727 Cambridge Cir. #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6-24

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

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

4-6-2024
(date)

(signature of circulator)

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	Leah Fisher	5727 Cambridge Cir. #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant WI	4/6/24
	Cathy Dykstra	5727 Cambridge Cir #	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant, WI	4/6/24
	JAMES WEISHORN	5936 CAMBRIDGE CIR #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT, WI	4/6/24
	Nancella Smalley	5742 Cambridge Cir #6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant, WI	4/6/24
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, D. Reed Porter, certify: I reside at 2886 W. Pioneer Grove Rd Cary, IL 60013
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
4/6/2024
(date) (signature of circulator)

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(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Patricia Pamela Landry	1156 N Sunnyslope	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-7-24
2.	Susan Jester	142 Portico Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-7-24
3.	LaVonne CINKO	1812 STATE ST. #106E	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24
4.	Paul Cinko	1012 State St #106E	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7/24
5.	Timothy Schinagl	1012 State Street 202E	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7-24
6.	Brandon Caldwell	107 State St #101A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7/24
7.	Janette Ream-Kenyon	1011 State St #207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7/24
8.	Geoffrey Ream-Kenyon	1011 State St #208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7/24
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. D REED Porter certify: I reside at 28866 W. Pioneer Grove Rd. Cary IL 60013
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
1/7/2024
(date) (signature of circulator)

RECALL PETITION

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
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	BARBARA SCHMIDT	353 meadowlark Dr. Apta	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-8-24
	MELISSA STIPEK	1408 North 10th Ave Apt 24	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
	Hella Goering	915 Park Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
	Carol Smith	919 PARK Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-8-24
	Irving Smith	919 PARK Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove Wis	4/8/24
	Janet A. Lamont	927 Park Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/24
	Denise Dycus	249 Lewis St. 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-8-24
	Patrice M. Fless	11670 10th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-2024
	Patricia Peterson	2136 Quail Pt Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-8-2024

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

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

4-8-2024

(date)

(signature of circulator)

Page No. **235**

RECALL PETITION

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

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	Reelene Panyk	10024 Kraut Rd Franksville	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/4/24
	Joe Panyk	10024 Kraut Rd Franksville	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/4/24
	Grace Schumacher	5000 Grace Land Gardens	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/4/24
	LEE LAITINEN	1308 LATWOOD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE	4.4.24
	Pat Doud	1045 Bedford Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-4-2024
	JOSEPH MAKOWKA	1124 Bedford	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-4-2024
	Dawn Wade	1055 Stratford Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-4-2024
	Rachel Rogstad	1014 Hastings Court	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-4-2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Josias Andujar, certify: I reside at 876 47th Ave Vero Beach FL 32966
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-4-24
(date)

(signature of circulator)

Page No. 236

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TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
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1.	Thomas Nye	8326 Ashley Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/5/24
2. 	Takiya Raymond	3105 Kearney Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/5/24
3.	Dominick Ntoli	335 Veranda Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/5/24
4.	Mona Mohammed	254 Veranda Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	04/05/24
5.	Tillyn Kragenbrink	333 Retic Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/5/24
6.	Cameron Amos	2833 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Startevant	4/5/24
7.	Russell Skouron	2916 86th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Startevant	4/5/24
8.	ROBERT CHRISTMAN	6624 PRIMROSEWAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/5/24
9.	Louise Newbury	2320 - 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Startevant	4/5/24
10.	Barb Zimmer	1516 Monroe Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4-5-24

I, Justas Andrus, certify: I reside at 876 4th Ave Van Buren Pl 32904
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-5-24
(date)

(signature of circulator)

Page No. 237

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	JOHN LUNDA	3301 3301 KENNEDY DR	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/5/24
	Zach Gubnick	5446 Hwy 31	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	4/5/24
	Hannah Williams	1011 Bluebird Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/5/24
	Mariah Busch	3256 Kennsington Sq Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/5/24
	Chris Nidan	8333 majestic 1st Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-5-24
	Rebecca Stammen	137 Westminster Sq	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Michelle Roberts	8915 Gittings Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/5/24
	Amber Zabor	2950 87th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/5/24
	Lisa Melendy	1594 Durand Ave 30D	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/5/24
	David Mondes	2840 87th 102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-5-24

I, Josias Andaya, certify: I reside at 376 9th Ave Via Beach Pl 52964
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-5-24
(date)

(signature of circulator)

Page No. 238

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
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	Paul Kuklinski	16129 Braun Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stoughton WI	4-5-24
	Christine Luxem	89330 Eagle Ridge Dre	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4-5-24
	Jenni Matter	1521 Windso-way unit 5	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant WI	4-5-24
	Lisa Bergles	4219 3 mile R	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond WI	4-5-24
	Donald Durkee	15941 Durand Ave, lot 39C	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	4-5-24
	Francis Schmidt	1012 State Street 21E	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	4/5/24
	Misty Schmidt	1012 State Street 21E	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	4/5/24
	Annette Kohn	1500 11th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	4/5/24
	Shenicka Bolton	1344 N. Stuart Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant WI	4/5/24
	Nicholas Hoxen	1426 N. Stuart Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant WI	4/5/24

Certification of Circulator

I, Justin Anduja, certify: I reside at 876 4th Ave Van Buren FL 32966
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-5-24
(date)

(signature of circulator)

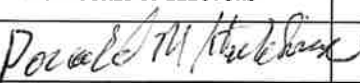
Page No. **239**

RECALL PETITION

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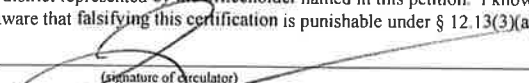
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1. 	Donald M. Hutchinson	8113 Clinton St. Racine	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine W.	4-5-24
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Josias Andujar, certify: I reside at 876 8th Ave Vero Beach FL 32946
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

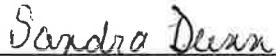

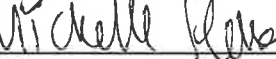

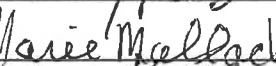
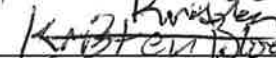

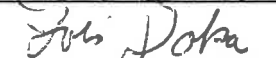
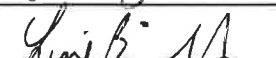

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)

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

STATEMENT OF REASON FOR RECALL

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

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1. 	SANDRA DUNN	935 So STUART RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/6/24
2. 	Joseph Meyers	922 STUART ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/6/24
3. 	Michelle Flores	904 S STUART RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mount pleasant	4/6/24
4. 	Corey Bloomer	601 S. STUART RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mount Pleasant	4-6-24
5. 	Marie Mallach	739 main Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-6-24
6. 	Krista Bloss	601 S. STUART RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mount Pleasant	4-6-24
7. 	Eileen M. Schroeder	119 S. Stuart Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
8. 	LOIS DOKA	15941 DURAND AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville Union Grove	4-6-24
9. 	Lori Bischoff	15941 Durand Ave 260	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4-6-24
10. 	Scott Walbych	1300 WAUKESHA RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	4/6/24

I, Josias Andujar, certify: I reside at 876 47th Ave Vero Beach FL 32966
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

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	Todd Willingham	496 Tributary	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-6-24
	Catherine Scott	45941 Durand Lot #32	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Yorkville	4-6-24
	Lyle R Roder	15941 Durand Ave Lot 37 D	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Yorkville	4-6-24
	Robert Moore	1120 Oakes RD #206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine Mount Pleasant	4-6-24
	Yvonna Playa Casiano	1120 oaks rd 105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine Mount Pleasant	4-6-24
	Alreen Shah	1120 OAKS RD #103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine mount p,	4-6-24
	Judy Chaltell-Sanchez	1120 OAKS RD # 103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mount pleasant	4-6-24
	Franklin Olson	1120 OAKS RD Apt # 103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City mount Pleasant	4-6-24
	Marie Camposano	1120 OAKS RD # 103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mount Pleasant	4-6-24
	Jaynae McCre	1120 oakes Rd # 104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City mount Pleasant	4-6-24

I, Josias Andujar, certify I reside at 876 47th Ave Kenosha WI 53146
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
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	Kyle Lowrey	1120 oakes Rd Apt. 107	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-6-24
	Sarah Duncanson	1120 oakes Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-6-24
	Leatrice White	1120 oakes Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-6-24
	Jordan Bader	1158 pram Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT pleasant	4-6-24
	Julia Jones	7408 Granite Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6-24
	Bob Thomas	7408 Granite Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6-24
	Nil Patel	1520 Rain tree lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6-24
	Linda Johns	1088 Hastings Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6-24
	Lynn Jones	1111 Jackson Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6-24
	Bob Thomas	1046 Jackson place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6-24

Certification of Circulator

I, Josias Andujar, certify: I reside at 876 47th Ave Vero Beach FL 32966
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-6-24
(date)

(signature of circulator)

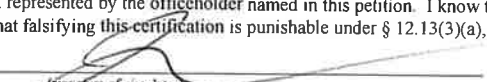
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<i>D. Turner</i>	DAMIANI TURNER	1044 JACKSON PK	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	<u>4-6-19</u>
<i>M L</i>	MARK LARSEN	1780 NEW ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WENON GROVE</u>	<u>4-6-19</u>
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Josias Andujar, certify: I reside at 876 47th Ave Van Buren Pl 32966
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
4/6/19 
(date) (signature of circulator)

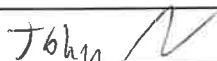
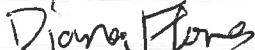
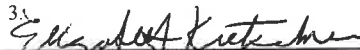
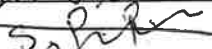

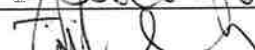
RECALL PETITION

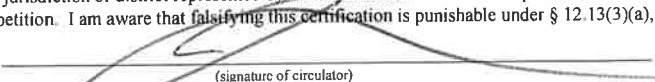
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
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(name of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

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

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Johnathan Medel	1127 Spring valley road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	04/07/24
2. 	Diana Flores	209 E. Market St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	04/07/24
3. 	Elizabeth Kretschmer	201 meadow land st ^{road}	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/07/24
4. 	Jack Stauden	3731 Beechmount Av.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenseesville	4/07/24
5. 	Heidi Foss	9406 5 mile	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Francesville	4/7/24
6. 	Jack Stauden	9406 5 mile	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Francesville	4-7-24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Josias Andujar certify: I reside at 376 47th Ave Vero Beach FL 32966
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
4-7-24 
(date) (signature of circulator)

RECALL PETITION

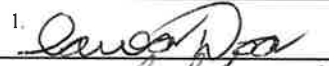


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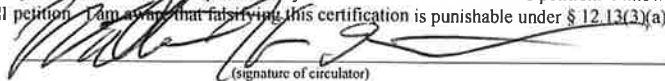
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	darreon woods	1609 1/2 Blaine ave Apt 2nd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine, WI	Apr-4-24
	Jennifer Gonzalez	1246 Oregon St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI	4-4-24
	Priscila Gonzalez	1246 Oregon St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI	04-04-24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Walter Harrison Stoermer, certify: I reside at 36 Hampshire Cir. Little Rock, AR 72212
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-4-24
(date)


(signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
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	Korie Gese	2808 Hwy V	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/5/24
	DAVID G BRAUN	8205 BOE GLEN CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4/5/2024
	CHAD SNEY	7825 WHITETAIL	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/5/24
	MIKE CHEORDIK	7224 Creek View Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City alb puma	4/5/24
	Allen Lee	7926 Creek View Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-5-24
	Michelle Lee	7926 Creek View LA	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-5-24
	Bruce Schatzman	2828 Parkshore DR. S 349	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-5-24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Walter Harrison Stoermer, certify: I reside at 36 Hampshire Cir Little Rock, AR 72212
(name of circulator) (circulator's residence - include number, street, and municipality)

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

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
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<i>Mary M Maronek</i>	Mary M Maronek	5521 Cambridge Lane #3	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24
<i>Elena Anderson</i>	Elena Anderson	5533 Cambridge Ln #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
<i>Steve S. Brusko</i>	Steve S. Brusko	5617 Cambridge Ln #5	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
<i>Patricia Brusko</i>	Patricia Brusko	5617 Cambridge Ln #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
<i>Renee Adams</i>	Renee Adams	5701 Cambridge Cir Unity	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
<i>Biff A. Kreking</i>	Biff Kreking	5749 Cambridge Cir. Unit 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Walter Harrison Stoermer certify: I reside at 36 Hampshire Cir Little Rock, AR 72212
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-6-24 Walter A. Stoermer
(date) (signature of circulator)

RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
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1. <i>Susan J. Exterovich</i>	Susan J. Exterovich	15941 Durand Ave. #93C Union Grove, WI 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4-7-24
2. <i>David Fay</i>	DAVID FAY	15241 Durand Ave. #356 Union Grove, WI 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4-7-24
3. <i>P. Becerra</i>	PELRO BECERRA	600 12TH AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/7/24
4. <i>Irene Becerra</i>	IRENE Becerra	600 12TH AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/7/24
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Walter Harrison Stoermer, certify: I reside at 36 Hampshire Cir. Little Rock, AR 72212
(name of circulator) (circulator's residence - include number, street, and municipality)
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4-7-24 *Walter Harrison Stoermer*
(signature of circulator)

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(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
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	Janet Brinkman	3710 Princeton Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
	Karly Esobur	882A Fox Haven drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
	John P. Pearsa	8210 Brown Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
	Kerry G Turnipseed	3047 86th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
	Shaula Sanders	3047 86th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
	Trish Witsch	281-303-5545 ^{3816 #1} Buckingham	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
	Marta G Draz	1308 Vine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/14/24
	Chris J Foreman	1312 Vine st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/14/24
	D. Reed Porter	2886 W. Pioneer Grove Rd. Cary, IL 60013	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, D. REED Porter, certify: I reside at 2886 W. Pioneer Grove Rd. Cary, IL 60013
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-14-2024
(date) (signature of circulator)

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	WILBUR R. SIMONSEN JR.	2705 COOLIDGE DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-6-24
	AXEL SIMONSEN	2705 COOLIDGE DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	4/6/24
	RAY DEMUYCK	22140 Schiroeden Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/6/24
	STEPHANN HENNING	4606 Sheard Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/6/24
	DAVID KULES	23124 County Line Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-6-24
	ROGER FISH	25000 CHURCH PL.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	4/6/24
	DAVID SAMALIS	3731 S. BRETTON RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-6-24
	AARON BARKER	26520 church rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-6-24
	ALFREDO ZAMBRANO	5932 Margery Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-6-24
	JESSICA LEWNY	5936 Margery Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-6-24

I, Maria Desautel, certify: I reside at 11080 E Dale Lane Scottsdale, AZ 85262
(name of circulator) (circulator's residence - include number, street and municipality)

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

4/6/2024 Maria Desautel
(date) (signature of circulator)

RECALL PETITION

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

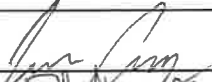


STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Juan Cruz	5633 47th ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/6/24
2. 	Philip Wagner	5936 Margery Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24
3. 	Danny Trossen	1301 Meadoulane Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-6-24
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Maria Desautel, certify: I reside at 11080 E Dale Lane Scottsdale, AZ 85262
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4/6/2024 Maria Desautel
(date) (signature of circulator)

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	Hans F. Graiser	3324 Ascot Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	04-07-2024
	Damian Rogovin	3521 Ascot Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-7-2024
	Braxton H. DeGarmo	5630 Braun Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/7/2024
	PAULA R. S. DeGarmo	5630 Braun Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-7-24
	Andrew E. James Marweg	3701 Burr Oak Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-7-24
	Lee McCaule	3531 C Hippocottan Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-7-24
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Maria DeSautel, certify: I reside at 11080 E Dale Lane Scottsdale, AZ 85262
(name of circulator) (circulator's residence - include number, street, and municipality)

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4/7/2024 Maria DeSautel
(date) (signature of circulator)

Page No. 253

RECALL PETITION

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

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

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	Lauren Ebersole	4242 Goleys Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine Wj	4/20/24
	Michael Ebersole	4242 Goleys LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/20/24
	Michael Sanchez	4002 Sherclain Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant	4-20-24
	Luke Holcomb	18620 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-20-24
	Marissa Lacy	1825 Superior St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/26/24
	Karen Grabner	2519 W Crescent St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/20/24
	Jasmine Craymond	3203 20th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/20/24
	Nance L. Wyatt	2800 Fischer Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
	Kaitlyn Anders	34901 W state street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24
	Wesley Wolfowicz	24636 Timberline Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Watertown	4/20/24

I, Grace Huff, certify: I reside at 50377 Oakview Dr. Chesterfield MI 48047
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-20-24
(date)

(signature of circulator)

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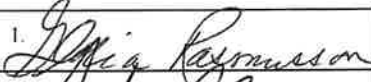
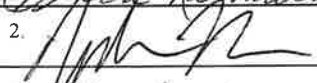

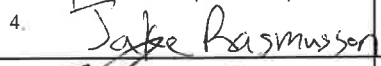


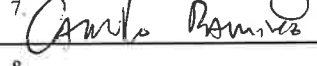
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1. 	Gloria Rasmussen	1672-10 th Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove WI</u>	4-21-2021
2. 	Matthew McIntyre	1548 Serena Lane	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4-21-21
3. 	Hunterschmude	1329 River Knoll Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/21/21
4. 	Jacob Rasmussen	1323 River Knoll Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/21/21
5. 	Nathan Pehlhammer	1324 River Knoll St.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/21/21
6. 	Donna Schaefer	1306 River Knoll St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/21/21
7. 	Camilla Ramirez	1417 14th Ln	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4-21-21
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Grace Huff, certify: I reside at 50377 Oakview Dr. Chesterfield MI 48047
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-21-24 
(date) (signature of circulator)

RECALL PETITION

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1. <i>Grace Kilt</i>	Grace Kilt	111 Emerald Dr.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-22-24
2. <i>Feliberto Garcia</i>	Feliberto Garcia	134 Emerald Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-22-24
3. <i>Victor Garcia</i>	Victor Garcia	5421 Taylor Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-22-24
4. <i>Alice Odom</i>	Alice Odom	1105 Walton Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4/22/24
5. <i>Eddie Jones</i>	Eddie Jones	2210 Savoy Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4-22-24
6. <i>Laurie Carter</i>	Laurie Carter	5418 3rd St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4-22-24
7. <i>Cassandra McDonald</i>	Cassandra McDonald	1438 Deane Blvd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4-22-24
8. <i>Devon Hall</i>	Devon Hall	4215 DuRand ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4-22-24
9. <i>Melissa Thomas</i>	Melissa Thomas	1229 Frankln. St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4-22-24
10. <i>Alicia Cast</i>	Alicia Cast	1606 Fleff Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4-22-24

I, Grace Huff, certify: I reside at 60371 Oakhau Dr. Chesterfield MI 48047
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4-22-24 *Grace Huff*
(date) (signature of circulator)

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1.	Yanto Hillert	1412 Rur Knoll St ^{Burlington} WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-24
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Justin Moser, certify: I reside at 50345 OAKVIEW DR, CHESTERFIELD MI 48047
(name of circulator) (circulator's residence - include number, street, and municipality)
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	JEFF SAWICKI	2828 Cottage	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-23-24
	Bobbi Prill	4915 Schoen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-23-24
	Pete Kica	4710 Schoen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-23-24
	JESSA ELSE	2815 Russet St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI	4-23-24
	Duane Mizelos	1007 Emmertsen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rociek WI	4-23-24
	Juan Perez	335 Emmertsen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-23-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Justin Moser, certify: I reside at 50345 Oakview Dr, Chesterfield MI 48047
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
4-23-24
(date) (signature of circulator)

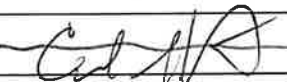
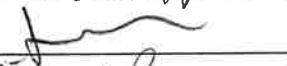

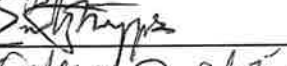
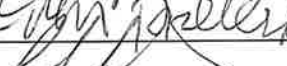

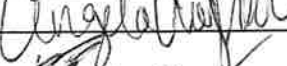

RECALL PETITION

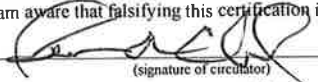
TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to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

STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Carol Ann Hunt	4012 N Main	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	4/20/24
	Samantha Freeman	232 Bridge St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/20/24
	Brigitte Rummeli	27623 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4-20-24
	Emily Niemyjski	19224 52nd Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	4-20-24
	Owen Raleigh	724 Oak St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4-20-24
	Eduardo Vargas	186 Waters Edge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4-20-24
	Angela Creffner	3300 75th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Selem</u>	4-20-24
	Tyler Alesing	280 Indian Bend Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/20/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, JAMES A CLARK, certify: I reside at 5891 US HIGHWAY 158 BUSINESS HENDERSON NC 27537
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
APRIL 20, 2024 
(date) (signature of circulator)

Page No. **259**

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Ashley K.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	MARTINIO Angeles	419 McHenry St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	7/21/24
	Branda Griffith	724 Hillside	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	7/21/24
	Judy Hudson	524 Kendall St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4/21/24
	Donald Williams	249 Amanda St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/21/24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. JAMES A CLARK certify: I reside at 5891 US HIGHWAY 158 BUSINESS HENDERSON WI 27537
(name of circulator) (circulator's residence - include number, street, and municipality)

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

APRIL 21, 2024
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	ANGELINE DUNFORD	15941 Durand Ave #390	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Yorkville	4-6-24
	Greg Eschenbach	24911 M. W. Baker Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kinsville	4-6-24
	DAVE SCHWARTZ	1410 11th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	4/6/24
	Justus Paullo	22827 Casandra Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville, WI	4/6/24
	Linda Fische	3406 Polk St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville, WI	4/6/24
	Sarah Oliver	2513 N Beaumont Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waterloo	4-6-24
	Randy Newbold	25500 County Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	4-6-24
	Daniel Anderson	2222 Mealy Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/6/24
	David Miller	24840 Columbus	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Dover	4-6-24
10.				

I, Michael Moran, certify: I reside at 3059 Churchville Rd Churchville MO 21028
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	James Flees	24709 Aclanst Kansas	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/6/24
2.	Isiah Parrish	4402 S. BEAUMONT AVE, Kansasville, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	4/6/24
3.	Makenna McCawley	4402 S. BEAUMONT AVE, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	4/6/24
4.	WILLIAM H COOK SR	24911 MINNETONKA DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE, WI	4-6-24
5.	MATT SZABOWSKI	22441 DURANT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	4-6-2
6.	Patricia Fitzpatrick	716 S. Beaumont Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-6-24
7.	TERRY MOLL	24430 KICKAPOO DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	4-6-24
8.	Charles Neitzel	24809 Church Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-6-24
9.	GUSTAVO GARCIA	26144 WILDORAV	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/6/24
10.	Gustavus		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael Morn, certify: I reside at 3059 Chervenville Rd MD 21028
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
4/6/24
(date) (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	John Dillman	2620 LAKE SHORE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-8-24
	JOSEPH DILLMAN	2620 LAKE SHORE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-6-24
	JAMES MONTORF	3500 VAN BUREN ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	4-6-24
	KARLENE WANKE	24825 Quincy Ave Kansasville WI 53139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	4-6-2024
	Nancy Tjernberg	2319 Lincoln Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-6-2024
	Amber Miller	25201 Duquand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-6-2024
	Cameron Erickson	2716 Lincoln Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-6-24
	Nicholas Kubera	24616 Wilson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-6-24
	Desirae Ladewig	24810 La Follette	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover / Kansasville	4/6/24
	Scott Petersen	17610 Old Yorkville Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4-6-24

I, Michael Maem, certify: I reside at 3059 Churchville RD churchville MO 21028
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

Page No. 263

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	LINDA SPENCER	2224 DEERFIELD PARK RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Dover</u>	4/6/24
	Dawn Russo	4019 S Beaumont Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Dover</u>	4/6/24
	KYLE OLSEN	737 W Blvd #	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-6-24
	Shiloh Key	1236 Bluff Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-6-24
	Uriel Ramirez	1826 woodland ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-6-24
	Josi Zawala	1830 woodland ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-6-24
	Felicia Garter	1853 woodland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	4-6-24
	Sasha Nlekan	1237 Valley dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/6/24
	Monsee Yang	1236 Bluff Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/6/24
	Deshaemang	1236 Bluff Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/6/24

I, Michael Morin, certify: I reside at 3059 Churchville RD Churchville MD 21028
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/6/24
(date)

(signature of circulator)

Page No. **264**

RECALL PETITION

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

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1. <i>Mary Eche</i>	Mary Eche	1323 Bluff Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24
2. <i>Cabinon</i>	SCOTT MURKIN	1720 Center St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24
3. <i>Yolanda Duenas</i>	Yolanda Duenas	1860 13th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24
4. <i>Joe L Duenas</i>	JOE L DUENAS	1860 13th ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24
5. <i>Enadio Sandaval</i>	Enadio R Sandaval	1826 Woodland Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24
6. <i>Doris Strickland</i>	Doris Strickland	1704 12th st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-6-24
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael Marx, certify: I reside at 3057 Churchville Rd Churchville MD 21028
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/6/24

(date)

[Signature]

(signature of circulator)

Page No. 265

RECALL PETITION

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

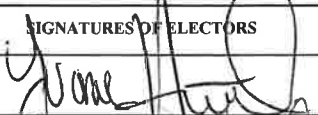
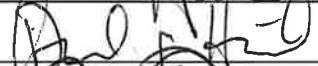


petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire #</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	WONNE HARTZ	6528 LINCOLNSHIRE DR.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-12-24
	DANIELLE J. HARTZ	6528 LINCOLNSHIRE DR.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-12-24
		6517 South Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-12-24
	Jonathan Muehling	5942 Jocanne Dr 203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-12-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael Moran, certify: I reside at 3059 Churchville RD Churchville MD 21028
(name of circulator) (circulator's residence - include number, street, and municipality)

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


4/12/24 (date)  (signature of circulator)

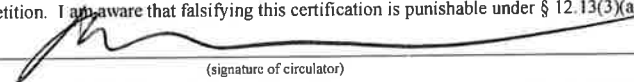
RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)
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1. 	CINDY TAYLOR	1504 SHUMANN DR UNION GROVE 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/11/2024
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael Morin, certify: I reside at 3057 Churchville RD Churchville MD 21028
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a) Wis. Stats.
4/11/24 
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
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	Erin Adamec	7155 COX RD KANSASVILLE WI 53139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	4/11/24
	Linda Brusian	1820 New St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
	Amanda Ladenig	1820 New St #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4.11.24
	Cliff Morrison	1380 PARK PL #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	Bob Orre	507 Ruth Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
	Steve Wopking	1297 New St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
	Rosemarie Brooks	1612 Millbrook	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
	John Lockov	1700 1/2 200th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
	Hannah Lorenz	1122 New St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
	MICHAEL TAYLOR	1504 SKUMANN DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/11/24

I, Michael Malin, certify: I reside at 3059 Churchville RD Churchville MD 21028
(name of circulator) (circulator's residence - include number, street, and municipality)

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

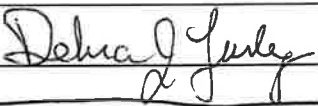
4/11/24
(date) (signature of circulator)

RECALL PETITION

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

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1. 	DEBRA TURLEY	1415 13 th ave apt 101	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael Maern certify: I reside at 5059 churchville rd churchville mo 64028
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/10/24 
(date) (signature of circulator)

RECALL PETITION

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

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

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1. <i>Jennifer Garity</i>	Jennifer Garity	2028 Sandstone Ct	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-7-24
2. <i>Jay Garity</i>	Jay Garity	2028 Sandstone Ct	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-7-24
3. <i>Richard Gobel</i>	Richard Gobel	1517 92nd ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-7-24
4. <i>Jean Gobel</i>	Jean Gobel	1517 92nd St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-7-24
5. <i>Anely Carrillo</i>	Anely Carrillo	3213 67th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove / Yorkville	4-7-24
6. <i>David Shannon</i>	David Shannon	4222 S Beaumont Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kauasville	4-7-24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

I, Michael Martin, certify: I reside at 3059 Churchill RD Churchill WI 53024
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/7/24
(date)

Michael Martin
(signature of circulator)

Page No. 270

RECALL PETITION

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


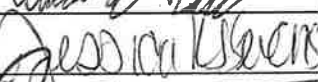

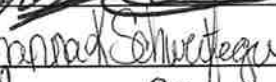

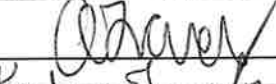
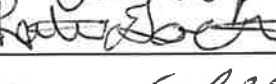
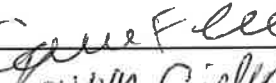
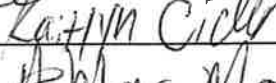
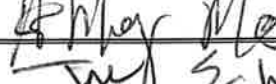
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(name of officeholder to be recalled and office)

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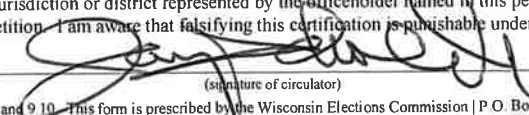
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	Anthony Bednar	1810 new st.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Jessica R Stevens	842 18th Ave Apt 207	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Jacob S Ostrander	842 18th Ave Apt 207	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Shanna K Schwetjega	731 16th Ave Union Grove, WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Andrew Hoepsted	823 16th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Abbie L Lacey	335 18th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Katie Goet	345 18th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Carrie Fell	341 18th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Laitynn Cider	308 18th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Ashley Moss	520 16th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24

I, Jay Schroeder, certify: I reside at 1295 N. Lake St Neenah WI 54950
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/9/24
(date) 
(signature of circulator)

Page No. 271

RECALL PETITION

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

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	Robin Vos Allison Forgett	1220 8th ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/10/24
	Talitha Tuchon	738 9th Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4.10.2024
	Gary H. Stevens	1115 9th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-2024
	Mary E Stevens	1115 9th ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-2024
	Karla Barrus	1440 Park Pl, Apt 6	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	Oneida Hagen	1121 Bluebird Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	Joel Crowbridge	9318 Center St Union Grove	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	Lucas	1324 Center St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, JAY SCHNEIDER, certify: I reside at 1295 N. Lake St. Keweenaw WI 54950
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/10/24
(date)

(signature of circulator)

Page No. 272

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Rita Kerkman	18433 Durand Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/11/24
	Sandi Holat	640 Elliot Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
	Simi Singh	1912 Elliot Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/2024
	Crystal Gotta	1400 West St Apt 64	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/2024
	Jacob Gotta	1400 West St Apt 64	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
	Manpreet Singh	1400 West St Apt 69	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
	Kim Bernardino	739-13th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
	Mike Ryuka	809 High St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jay Schroeder, certify: I reside at 1295 N. Lake St. Neenah WI 54956
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/11/24
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Suzy Bohlman	600 Mink Ranch Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rochester	4/29/24
2.	Elizabeth Joseph	604 Mink Ranch Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rochester	4/29/24
3.	Vince Partopoulos	2920 EVERGREEN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ROCHESTER	4/29
4.	Nice Ricciardi	2530 N. River Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rochester	4/29
5.	Colleen Fischbach	509 N. ROCHESTER ^{WATERLOO}	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ROCHESTER	4-29.
6.	Nancy L Andersen	28815 Washington ^{Waterford}	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rochester	4/30
7.	Melissa Halko	29403 Eagle Ridge DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/30
8.	Darren Kisting	921 Prairie View Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/30
9.	Nick Kint	29414 River View Plany	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/30
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jay Schroeder, certify: I reside at 625 N. Lake St. Neenah WI 54956
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/30/24
(date)

signature of circulator

RECALL PETITION

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Thomas Rasiro	8 373 Randolph St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.18.24
	Alesia Coumb's	372 Randolph St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/18/24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Steven Sean Ohlrogge, certify: I reside at WS 174 Memorial Drive Elkhorst WI 53121
(name of circulator) (circulator's residence - include number, street, and municipality)

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

04-18-24 
(date) (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Michelle Kuppe</i>	Michelle L. Kupper	5608 Cambridge Ln #7	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-6-24
<i>Darized Dimpler</i>	Darized Dimpler	5608 Cambridge Ln #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6-24
<i>Susan E. Nunnn</i>	SUSAN E NUNN	5608 Cambridge Ln #8	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
<i>Mitra Ansari</i>	<i>Mitra</i>	5608 Cambridge Ln #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24
<i>Angela Ragland</i>	ANGELA RAGLAND	5632 CAMBRIDGE #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT, WI	4/6/24
<i>Eileen Barootian</i>	EILEEN BAROOTIAN	5624 Cambridge Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/6/24
<i>Judy Olson</i>	JUDY OLSON	5726 Cambridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. pleasant	4/6/24
<i>Brian Wolf</i>	Brian Wolf	5734 Cambridge Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
<i>James Vandenberg</i>	JAMES VANDENBERG	5734 Cambridge Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/6-24
<i>Dylan Oldenburg</i>	Dylan Oldenburg	6700 Marine Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24

Certification of Circulator

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

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

4-06-2024 Linda C. Torio
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Stephanie Hanson</i>	Stephanie Hanson	5830 Cambridge Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-6-24
<i>Hannah Wasilait</i>	Hannah Wasilait	5830 Cambridge # 5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City " "	4-6-24
<i>Neil J Zimmerman</i>	Neil J Zimmerman	5820 Cambridge Ln Unit 7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-6-24
<i>Jane Zimmerman</i>	Jane Zimmerman	5820 Cambridge Ln Unit 7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-6-24
<i>Jeremy Olk</i>	Jeremy Olk	4002 W. Johnsons Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caladonia	4/6/24
<i>Nora Schreiber</i>	Nora Schreiber	5835 Cambridge Cir # 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/6/24
<i>Beth E Wood</i>	Beth E Wood	5827 Cambridge Cir # 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/6/24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

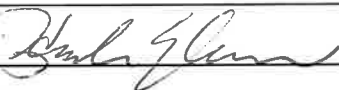
4-06-2024 Linda C. Torio
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Hannah Elmer	15441 Durand Ave #74C	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7/24
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Linda C. Torio, certify: I reside at 2220 Willard Drive Conway A R 72034
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-07-24 Linda C. Torio
(date) (signature of circulator)

RECALL PETITION




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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jason Schrik	8817 Citadel Ter	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/10/24
	Jan Gresl	22225 Washington AV	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-10-24
	Jeanne Thom	22273 Washington Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-10-24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. Cinda C. Torio certify: I reside at 2220 Rolland Drive Conway AR 72034
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-10-2024 Cinda C. Torio
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
[Signature]	Ernesto Gutierrez	3424 23rd St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stoughton	4-12-24
[Signature]	DANNY KING	6536 Biscayne Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-12-24
[Signature]	Dana Berry	6356 BISCAYNE Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-12-24
[Signature]	Iyad Masoud	6440 Carnation Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-12-24
[Signature]	Bez Demaynck	3820 Britton RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/12/24
[Signature]	Deik Schumacher	18618 Spring St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/12/24
[Signature]	Tim Paisley	18417 Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4-12-24
[Signature]	Kristy Bonner	182398 Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-12-24
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4-12-2024 Cinda C. Iorio
(date) (signature of circulator)

RECALL PETITION

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

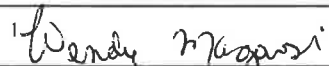





petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

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	Wendy Margowski	9328 millstone DR	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/4/2024
	Chris Margowster	9328 millstone DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/4/24
	Brewer Woodhull	1356 Pinecone Ridge	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/4/24
	MARY NELSON	1356 Pinecone Ridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/4/24
	MARY NELSON	1356 Pinecone Ridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/4/24
	Darlene McGrath	8711 Arbor Hill Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/4/24
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Janet Paquette (name of circulator), certify: I reside at 128 Holland Lane Little Rock Arkansas 72223 (circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

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

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

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	Tammy Whitney	1351 High Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	4/5/24
	David Belgoin	1129 High St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	4-5-24
	Joaquin Hernandez	1117 High St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24
	Heidi Pakeel	1401 11th Ave. Trl #71	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union	4-5-24
	Maura McTigue	1207 Center Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-5-24
	Elise Chase	1122 13th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/5/24
	Thomas Sams	4736 Saint Resis Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-5-24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Janet Paquette, certify: I reside at 128 Holland Lane Little Rock, Ar 72223
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kathleen Strong	5910 16th St 1G	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine/Mt. Pleasant	04/06/24
	Michael Luebke	5940 16th St 103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	04/16/24
	Dhara Patel	5920 16th St 202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	04/06/24
	Kim PAWZUN	1405 S. EMMERSTEN RD APT 203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	04/06/24
	Zack Ziegler	608 S. emmersten rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	04/06/24
	Alexandra Capponi	3913 86th pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	04/06/24
	Pinki Patel	6616 108th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/6/24
	Tulicia Dyson	1948 12th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-6-24
	Johnny Rlyce	1948 12th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-7-24
	Ben Oley	1002 Emmertsen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-7-24

I, Moira Rounds, certify: I reside at 15872 N 18th St. Phoenix Az 85022
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/6/2024
(date)

(signature of circulator)

RECALL PETITION


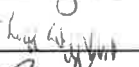







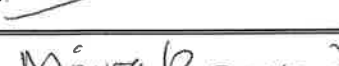
TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to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

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1. 	Angela Brown	1625 Boyd Area	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plymouth, WI	4/6/24
2. 	Long Way Dick	1625 Emmertsen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24
3. 	Britany Vega Cruz	155 S. Emmertsen Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24
4. 	HARLEY FELLION	38 S. Emmertsen RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
5. 	Janice Fellion	38 S. Emmertsen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
6. 	Alex Whole	127 S. Emmertsen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24
7. 	Anthony All	1532 Osgood St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24
8. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Maira Rounds, certify: I reside at 15872 N 18th St Phoenix Az 85022
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/6/2024 Maira Rounds
(date) (signature of circulator)

RECALL PETITION

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

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

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	LORINE TOWNSEND	1445 Emmertsen Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/7/24
	Richard Gregory	5900 16th St #103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/7/24
	Ricardo Iazo	5910 16TH ST #104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/7/24
	Immanuel Tucker	1242 S emmerston Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/7/24
	JEFF HELD	5900 16TH ST. 201	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/7/24
	Eleanor Thompson	1451 Phasant Run DRIVE UNIT 101	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant Drive	4/7/24
	EUGENE N THOMPSON	1451 Phasant Run Drive #101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	EUGENE N THOMPSON	1451 Phasant Run Drive #101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Eugene N Thompson	1451 Phasant Run Drive #101	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant Drive	4/7/24
	TODD ARQUETTE	1451 Phasant Run Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/7/24

Certification of Circulator

I, Moira Rounds, certify: I reside at 15872 N 18th St Phoenix Az 85020
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/7/2024
(date)

(signature of circulator)

oro

RECALL PETITION

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

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<i>Diane Naughton</i>	DIANE NAUGHTON	1108 N. SUNNYSLOPE DR. 103	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-6-24
<i>James Bogay</i>	JAMES BOGAY	1156 N SUNNYSLOPE DR. #101	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-6-24
<i>Susan Weadett</i>	SUSAN WEADETT	1111 N SUNNYSLOPE DR #205	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-6-24
<i>Sandra Petersen</i>	Sandra Petersen	1133 N Sunnyslope Dr #203	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-6-24
<i>Paul T. Larson</i>	Paul T. Larson	1309 N. Sunnyslope DR #202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. PLSnt.	4-6-24
<i>Floyd Clark</i>	FLOYD CLARK	6507 Spring St #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt PLSnt	4-6-24
<i>Helen Bodnar</i>	Helen Bodnar	1243 N Sunnyslope 101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt PLSnt	4-6-24
<i>Kit Brown</i>	Kit Brown	1225 N Sunnyslope #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4/6/24
<i>John Brown</i>	John Brown	1141 N Sunnyslope #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24
<i>Linda Barnier</i>	Linda Barnier	5819 Cambridge Cir #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/6/24

Certification of Circulator

I, LYDIA MONTAYA, certify: I reside at 5 ARNOLDSBURG RD., CONWAY AR 72032
(name of circulator) (circulator's residence include number, street, and municipality)

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

4-6-24
(date)

[Signature]
(signature of circulator)

Page No. **286**

RECALL PETITION

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

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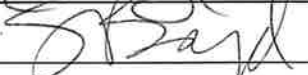

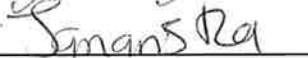
STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	ERIC BOYD	2025 Sandstone Ct	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/6/24
	Shelly Boyd	2025 Sandstone Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/6/24
	Jussie Weverdt	1110 Timmer Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/6/24
	Samara Reg	1213 Timmer Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-6/24
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, LYDIA MONTAYA, certify: I reside at 5 ARNOLDSBURG RD., CONWAY AR 72032
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-6-24
(date)


(signature of circulator)

Page No. 287

RECALL PETITION

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

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(name of officeholder to be recalled and office)

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	Lisa Crowley	1750 Main St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7/24
	Noelle Schinagel	1012 State St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7/24
	Randy Brennan	1109 Herin St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/7/24
	Kerri Malsen	22827 Callandra Ct.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paw	4/7/24
	EWA FOX	12845 Louis Sorenson Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-7-24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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4/7/24
(date) (signature of circulator)

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

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	Sean Charles Hardy	223 108 th street	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Raymond	4/19/24
	Charles James Hardy	223 108 th street	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Raymond	4/19/24
	Andrew Schliesman	32 York Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/19/24
	Dan Gallagher	1003 5 th Rd Apt 212	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/19/24
	Micayla Gassman	1005 58 th Rd Apt 116	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/19/24
	Bella Sweeney	1001 58 th Rd Apt 214	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/19/24
	Smalynn Parada	4315 N Britton Rd, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/19/24
	Dennis Carr	3045 Chatham	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4/19/24
	Alexander Cortagan	7100 Stonecreek way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	4/19/2024
	Santos Paredes	4315 N Britton Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-19-24

I, Chris Hux, certify: I reside at 4536 96th St. NW, WASHINGTON DC 20016
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/19/2024
(date)

(signature of circulator)

Page No. 289

RECALL PETITION

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



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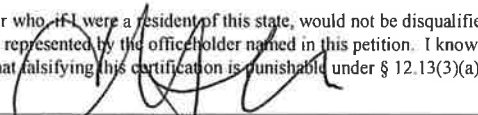
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	JAMES REMILLONG	27145 WASH AVE ^{WATERFORD}	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WATERFORD	4-11-24
	Cole E VASSH	3733 N Greenbay rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-11-24
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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4/11/24
(date)


(signature of circulator)

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	Emyn Lukic	10011 Prairie Crossing DR 53122e	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/6/24
	Jeff Wampler	10011 Prairie Crossing Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/6/24
	Diane Voig	565 orchrd st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-6-24
	Sheila Driver	1956 Linden Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-6-24
	Dawn Bierwald	1952 Linden Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4.6.24
	Mary Hargrave	1948 Linden Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine, Wis	4/6/24
	Ivan Martine	1944 Linden Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24
	Tyra Edwards	1928 Linden Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laethen	4/6/24
	Rob Ann Ganssler	1924 Linden Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24
	Joyce Hood	1918 Linden Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/6/24

Certification of Circulator

I, Abigail Merritt, certify: I reside at 1211 Brick Square, Bucamp MO 21017
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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(date) (signature of circulator)

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	Stacie Coleman	29340 Rocky Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/7/24
	Jack Coleman	29340 Rocky Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/7/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Abigail Merritt, certify: I reside at 1211 Bruce Square Belcamp MD 21017
(name of circulator) (circulator's residence - include number, street, and municipality)

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	SHAR ZINKE	609 MICHIGAN AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Teahla Baka	640 Maryland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Carson Bunker	210 21st Madison St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Todd Walter	11325 306th Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wilmot	4/14/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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	Karen Martin	5722 Wildwood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine, WI	4-8-24
	JACQUELINE DETTINGER	4444 Cloverdale Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine WI	4-8-24
	THOMAS G. DETTINGER	4444 CLOVERDALE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4-8-24
	Lisa Belles	1353 S. 76 St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Raymond	4/8/24
	Joanna Roth	3128 97th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant, WI	4/8/24
	CHERYL LOFTON	3030 97th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
	JoAnne Christensen	3417 97th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
	Tracy Zwijacz	3417 97th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
	MARGARET ELKES	3417 97th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
	ROBIN THEAMA	2728 WISCONSIN ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24

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I, Abigail Merritt, certify: I reside at 1211 Bruce Square Bucamp MD 21017
(name of circulator) Circulator's residence - include number, street, and municipality

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

4/8/24
(date) (signature of circulator)

Page No. 294

RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Henry Hays	3241 S 27th st.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/8/24
	Jacob Hays	3241 S 27th St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/8/24
	Terina Totts	4113 24th A 3704-lookup	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Abigail Merritt, certify: I reside at 1211 Bruce Square Belcamp MD 21017
(name of circulator) (circulator's residence - include number, street, and municipality)

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(date) (signature of circulator)

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	Kyle L Hinz	640 McHenry St APT 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/9/24
	Nathaniel R. ...	16710 256th Ave ^{Township} WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Tkeval	4/9/24
	Tom Andreason	1350 71st Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/9/24
	Cassandra Perge	7625 W 5 mile Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/9/24
	Jesiah Campton	580 Mill Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	Emily Strommel	1441 Superior St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/9/24
	Joanne Barnes	825 8th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Abigail Murray, certify: I reside at 1211 Brilla Square Balcamp MO 21017
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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(name of officeholder to be recalled and office)

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	Kimberly McCandless	8410 HORIZON DRIVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/10/24
	Pamela Mather	1797 New St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	Michael Sokka	1415 13 th Ave #116	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	Sherry Busche	1415-13 th Ave #104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	Neil Szczerzen	202-332-1805 1415 13 th Ave #112	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Abigail Merritt, certify: I reside at 1211 Brice Square Belcamp MD 21017
(name of circulator) (circulator's residence - include number, street, and municipality)

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<i>Mary Morrison</i>	Mary Morrison	1380 Park Pl, Apt 2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
MIKE JONES	MIKE JONES	363 MILL AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-11-24
<i>Barish Williams</i>	<i>Barish A</i>	1011 Bluebird IN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
<i>Tammy Gresette</i>	<i>Tammy Gumbly</i>	1611 Bluebird IN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
<i>Daniel Kirk</i>	DANIEL M KIRK	1809 SELMA DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-11-24
<i>Charlotte Kirk</i>	CHARLOTTE KIRK	"1809" Selma DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-11-24
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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4/11/24

(date)

Abigail Merritt

(signature of circulator)

Page No. 298

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	Lance Paulcy	6340 South Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-12-24
	COURTNEY JACKSON	5946 JOANNE DR #108	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4-12-24
	PURUSHOTHAM	2105 FRANKIE PL, APT 106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4-12-24
	Cynthia Reed	2101 FRANKIE PL 102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-12-24
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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4/12/24
(date)

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		1125 College Ave Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	KERONICK HORSBURY	1345 Wilmeth Calverton	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-13-24
	NICK THEAMA	3641 Indiana Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	Downy Pickan	1625 S. Arthur	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	Jimmy Burton	4424 7th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-13-24
	JAYNE BRADTON	4822 W Knollwood Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	4-13-24
	Kathy Pressate	1504 24th Ave. U.S	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/13/24
	NANCY HURSEY	1754 LASTHOP AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	4/13/24
	Jimnic Henders	4622 Knolls pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	Quemeca Cox	815 Jackson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24

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4/13/24
(date)

(signature of circulator)

Page No. **300**