RECALL PETITION				
TO: The Wisconsin Election Commission (official with whom nominating	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elect	(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)		·	
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder, rips from the CCP, failure to protect Wisconsin farmland from the CCP,	, No statement of reason is required to initiate the recall o	of state, congressional,
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA STREET & NUMBER OR RURAL ROUTE	AME OF THE MUNICIPALITY OF RESIDENCE MUS MUNICIPALITY OF RESIDENCE	ST ALWAYS BE LISTED. DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
Tom the	Rossell HAyes	8951 MCHENRY ST	Village Burlington	4/6/24
2 Pambe Schwede	Panela Schroeder	8855 McHenry St	Ovillage Burlington	4/6/24
3 Challer Di hurze	Chelsen Reiherter	1283 East broak DV	Ordinge Bwlington	4/6/24
of all	mit riherer	1233 Edithrole D.	O Town Village BW/1 y + The	4/4/24
5 Jacqueline Hayes			O Village Burtination	4/6/24
" Sacqueling Hayes	Jacqueline Hayes	8951 HeHenry St.	Village Burlington	4/6/24
Garal Seins	CAROL GUMS	33509 Bohner Da	Village Burlington	4/6) 24
8 Micolofo Pilitiand	Nicole Liliestrand	8566 Steele St	Village Buclinaton	4/10/24
Miralle Miller	Nicolle Meshey	33814 Hillcrest dr.	Village Bulington	4/6/24
10. Pete Ruhter ()	Peter J Richter	8551 HORIZON DR	Ochy Burlington	4/6/24
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date)	14	this certification is punishable index § 12.13(3)(a), wis. Stats.		Page No. 201
EL-170 (Rev. 2019-09) The information on this form is requi	red by Wis Stats. §§. 8 40 and 9.10. This form is proscribed by the	Wisconsin Elections Commission P.O. Box 1984, 10ffdison, WI 53707-7984 608-260	5-8005 web: http://clections.wi.gov email: elections@wi.gov	

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TO:	The Wisconsin Election Commission		, We, the undersigned qualified elec	ctors of theAssembly District 63	
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		(name of officeholder to be recalled and office).	ETATEMENT OF BEACON BOD DECATA		
(The rea	son for recall must be stated on netitions	for city village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL		
legislati	ve, judicial, or county officials.)	for city, vinage, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recal	l of state, congressional,
		of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of c	ommittment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
			Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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-		James King	32821 S. Lakeshove Dr.	Ocity Bullington	4-6-24
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10.	V	0 102 00 15. 12		□ Town □ Village	
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	NATTHEN	FINDREN	Certification of Circulator		1 1
l,	11/1/11/TCW	certify: I		10 Fox 112 bunli	19 601 00
I further	(name of circulator) certify I am either a qualified elector of V	Wisconsin or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under \	(preulator's residence - include number, street, and municipality)	5310
tne signa	tures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs	ed the paper with full knowledge of its content on the date	and personally obtained each o
name. I l	know their respective residences given	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	To a second the date	mareated opposite his of her
	7/6/20	184			Page No. 202
I 170 /P	(date)		e of circulator)		
L-1/U (Re	(2019-09) The information on this form is requi	red by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web: http://elections.wi.gov email: elections@wi.gov	
	v				

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(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
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		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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(name of circulator)				
further certify I am either a qualified elector of W	isconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition an	d personally obtained each of
			ed the paper with full knowledge of its content on the date ind	licated opposite his or her
Competitive residences aven.	support this recall petition, it am aware that falsilying	this continuation is punishable under § 12.13(3)(a). Wis Stats.		
7/0/202	9			Page No. 203
c170 (Rev 2019-09) The information on this form is service	(signature	of circulator)		
The intermation of this form is require	or or wis state gg 6.40 and with this form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.gov email: elections@wi.gov	

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(The server for seal) words at the city	5 7 7 7	STATEMENT OF REASON FOR RECALL		
(the reason for recall must be stated on petitions : legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
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Kenther Sonah	Kebekah Smith	32610 Kavania rd	acing Burlinators WI	14/8/24
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further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I 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 agree. 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				
arme. 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.				
41 81 2024				Page No. 204
(date)		of circulator)		204
-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats & 340 and 9.10. This form is prescribed by the	Wisconsin Electrons Commission I P O Rox 7984 Madison WI 52707 7094 1409 244	8005 Lab http://doi.org/10.10.10.10.10.10.10.10.10.10.10.10.10.1	

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Tack of community, blocking	lower prescription drug costs, and hagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"		
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		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. 2000	Jason Szamlowski	33900 crestulew Dr	Sy Town Village Runtin Clain	
W00 4 44	JUSON JEAMIEW IN		O Village Burlinston	9-8-24
2 0	((Sturino)	670.77 1	Town	11/20
4110	Thomas Sturino	1 3935 Pheasant Run	Village Burlington	1 4/8/24
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, MATT SNOR	-,	reside at	1	
(name of circulator)	= 15, certify: I	reside at 30839 Kunning	Fox Tri Bullington	WI 53105
	Visconsin, or a U.S. citizen, age 18 or older who if I wa	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipally)	
the signatures on this paper. I know that the signer	is are electors of the jurisdiction of district represented	by the officeholder named in this netition. I know that each person sign	ed the paper with full knowledge of its content on the date in	nu personally obtained each of
name. I know men 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 The same season of the date in	areated opposite ins or iter
4/8/ 2024)		Page No. 205
/ days				

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
! Kam Babs	Bonnie Babe	2420 marshall Savare	Orown Village Pover	4-9-24
2/m-/hu	Terrence w Rosschen	29449 EAGLE Ridge Dr	Orown Village Bunling Town	4/9/24
3 for much	Justin Roschen	29449 Edgle Ridge Dr.	O Village Burlington	4-974
4. Sogara I-	Susana Rebollar	33705 Franklin St	Wilage Burlington	4-9-24
5,5,	MANCY CURPLY	3360 1 COMOURDE	O'Village 13 URLING TON	<1-9-29
6 John Belignan	Janis Beliunas	7703 Franklin St	Village Burlington	4-9-24
Thickett Buff h.	Richard R. Bichsel Jr.	34100 White Oak Dr	Village Bulling O	4-9-24
8 Michelle Garcin	Michelle Garcia	7662 Highland Ave	O'Town Unlage BUSING FOR	4/9/24
9.			□ Town □ Village	" ' /
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Certification of Circulator (name of circulator) (name of circulator) (name of circulator) (cipulator's residence - include number, street, and municipality) (cipulator's residence - include number, street				
he signatures on una paper i know that the signer	is are electors of the jurisdiction of district represented	by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date in	ndicated opposite his or her
48/24	19114	unis certification is punisnable under § 12,13(3)(a), Wis. Stats.		Page No. 206
170 (Rev 2019 09) The information on this Co.	Islandius	of-enculator)		
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__. We, the undersigned qualified electors of the __ Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
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Sumuntly Holst	Samantha Holst	3321 Harrison St Kensusville, WI	SI Town □ Village □ City □ City	4/10/24
2. Raiph Homi	Rolli, Halg- (Ralph)	3321 Haizzisen ST Kansusvillevi	Stown Utiliage City POVE	4-10-24
3. Juntary Yakadi	Britany LaBadie	24007 Carlisle Aug WT	Vallage Dover	4-10-24
4000	Miersa M. Ortiz	24206 Carliste Ave WI	Village OV-EV	4/10/04
5 Bar O Of	Benjamin OHIZ	24206 Carlisle Ave W	St Town □ Village □ City □ City	4/18/24
6. Lay	Lauren Rosario	2/206 Carliste Ave IVI	Village SVLV	4/18/24
1. Scott Wallson	Scott & Lisa MARSON	3518 NAN BUREN BST	OCITY DOVER	4-16-24
8. Lisa Madison	Disa Madison	3518 Van Buren St.	Village City	4-10-24
2 MM Curs	haylin branart	3505 Van Buran st	Village DOV(4-10-24
10.	Scott Gahart	3505 Van Buren St	Strown Utiliage DOUCK	4-10-24
, MATT SNO	REK certify: 1	2 03 1 110011111	Fox T/ay/ BUNLAGE	9, WI 53105
the signatures on this paper. I know that the signer	s are electors of the jurisdiction of district represented	ere a resident of this state, would not be disqualified from voting under W by the officeholder named in this petition. I know that each person signer this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) Vis. Stat. § 6.03. I personally circulated this recall petition at d the paper with full knowledge of its content on the date in	nd personally obtained each of ndicated opposite his or her
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots,"		*
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7/10/24				Page No. 208
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nominate	ion papers or declaration of candidacy for the office is filed)			strict of officeholder)
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1, MATT SWOREK Certify: I reside at Certification of Circulator Fox TM. Buslington, WII 53105				
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the signatures on this paper. I know that the signa	wisconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under \$12.13(3)(a), Wis. Stats	ied the paper with full knowledge of its content on the date	marcated opposite his or her
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EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

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

The Wisconsin Election Commission

(official with whom nominat	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
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	(name of officeholder to be recalled and office)	•	V	
	S	STATEMENT OF REASON FOR RECALL		
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5/8/20			9	Page No. 210
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EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§ 8 40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7084, Madison, WI 53707-7984 608-26	66-8005 web: http://elections.wi.gov. email:elections@wi.gov	

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		ere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	
		by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date i	ndicated opposite his or her
ame. I know their respective residences given. I	support this recall petition. I am aware that falsifying	this certification is punishable under § 12 13(3)(a), Wis. Stats.		

Page No. 211

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 900. This form is required by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://olections.wi.gov

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under \	Vis. Stat. § 6.03. I personally circulated this recall petition an	id personally obtained each of
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The Wisconsin Election Commission

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with whom nomina	tion papers or declaration of candidacy for the office is filed)	, , , , , , , , , , , , , , , , , , , ,		rict of officeholder)
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	(name of officeholder to be recalled and office).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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4 Matt DeCheck	Matt DeCheck	29010 PlankRd	O City Darling ton	4-17-24
5 Migon Eplin	Megan Ehlen	299466 old Hay A	O Town O Village Burlington	4-17.24
6. Elizabet Flux	Elizabeth Prazo	1001 0 1 0	O Village Burlington	4-17-24
7. Shaland	Steven R Picazo	1306 Carlon Ct.	Urillage Burky	4-17-24
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_10			☐ Town	
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Maria DeSautes , certify: I reside at 1080 E Dale Lane Scottsdale AZ 85262				
(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 continuation is purishable under § 12.13(3)(a), Wis. Stats.	F-F Into mode of no content on the date in	reference opposite his of flet
4/17/24	Maria 4	re of circulator)		Page No. 213
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I further the sign	certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I we are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs	Vis. Stat. § 6.03. I personally circulated this recall petition as	nd personally obtained each of dicated opposite his or her	

Page No. 214

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(signature of circulator)

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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(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 efficiency of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the efficiency of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the efficiency of the signature of the paper with full knowledge of its content on the date indicated opposite his or her				
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4/18/24	Maria	Les autil		Page No. 215

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

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,

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office).

legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		y same, congressionary
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3 Talon Fractory	Julie & Koldrenas	372 Content Builing	O Village Burlington	43/2024
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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.				r
4/3/2024	- A - Vaianatur	c of circulator)		Page No. 216
CL-170 (Rev 2019-09) The information on this form is requir		Wisconsin Floations Commission I B O Poy 7094 Median IVI 52707 7094 Long 266	9006 hards burn Waterstown and south and a con-	11.111

TO: The Wisconsin Election Commission		We, the undersigned qualified el	ectors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)			trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	tion 12 of the Wisconsin Constitution and §.9.10 c	of the Wisconsin Statutes.
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		STATEMENT OF REASON FOR RECALL		
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T 12 1-15-1		Certification of Circulator	, ,	
, Jovan Knezi	certify: I	reside at 10601 Cer Cortez Ro	Franklin wi 53132	
(name of circulator)			(circulator's residence - include number, street, and municipality)	
further certify I am either a qualified elector of W	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under	er Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o

the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12,13(3)(a), Wis, Stats. Page No. 217

(signature of circulator)

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

I O: The Wisconsin Election Commission		we, the undersigned qualified elect	ors of the Assembly District 65		
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
-	(name of officeholder to be recalled and office)				
		STATEMENT OF REASON FOR RECALL			
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
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Certification of Circulator, // / Countries AD 32 30/					
I, LINGAC _ 0110 , certify: I reside at 2220 Willand Mive ONWay 118 12039					
(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of					
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name. I know their respective residences given. I support this recall petition. Lam aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.					
4-13-24	Chanda 1	· 100:0		Page No. 218	
(date)	(signatur	te of circulator)			

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

TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63		
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)	
petition	for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
•		(name of officeholder to be recalled and office)				
			STATEMENT OF REASON FOR RECALL			
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
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Page No. 219

(date) (signature of circulator)

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The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office).

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

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1.	Tina Smith	1911 N. Empertson Rd	D-Village VT, Pleasurt	4/17/24
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i, Michael Inoma	certify: I	reside at 3057 Chr. Chr.	churchville mo 21028	
(name of circulator)	Wicconsin or a LLS citizen age 18 or older who if Lu	vere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality) Wis Stat 8.6.03. I personally circulated this recall petition a	nd personally obtained each c
		by the officeholder named in this petition. I know that each person signs		
	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4/17/24	port			Page No. 220
(date) L-170 (Rev 2019-09) The information on this form is requi		re of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
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1. R. Melmer	Randy Halverson	5748 Cauba, dae La#2	Drown Carry W.T. Pleagant	4-6-24
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Shannon West certify: I reside at Certification of Circulator 17 Pebble Brook Or Conway An				
(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her				
name. I know their respective residences given.	I support this recall petition I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4-6-24	Mann			Page No. 221

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Robin Vo	ve, judicial, or county officials.) os should be recalled for his tacit support o	of the Chinese Communist Party (CCP), acceptance of tr	rips from the CCP, failure to protect Wisconsin farmland from the CCP,			
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I,	Shannon West certify: I reside at Certification of Circulator TRebble Brook Dr Canway AR 72034					
-	(eirculator's residence - include number, street, and municipanty)					
I further	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	ne signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeriodic hand white the falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.					
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

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

TO: The Wisconsin Election Commission

(official with whom nominate	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes	
	(name of officeholder to be recalled and office).		3,7110 01	the Wisconsin Statutos.	
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		his own constiuents by calling them "whack-jobs, morons, and idiots."			
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Page No. 224

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I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
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			STATEMENT OF REASON FOR RECALL		
legisla	tive, judicial, or county officials.)		he reason must be related to the official responsibilities of the officehol- f trips from the CCP, failure to protect Wisconsin farmland from the CCP,	der. No statement of reason is required to initiate the recall of	of state, congressional,
lack of	committment to election integrity, blocking l	ower prescription drug costs, and flagrant disrespect f	or his own constiuents by calling them "whack-jobs, morons, and idiots,"		
T	HE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1,:("heyld Jylle	CHEPYL L. TYLLO	1458 MEADOWLANE AVE	Town Prillage Octo OT. PLEASA NOT, WI	4-6-2024
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I,	Rita Huf	, certify:	I reside at 1902 MILSTARCIR,	live Branch, MS 3	8654
the sig	natures on this paper. I know that the signer	rs are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting und	(circulator's residence - include number, street, and municipality) er Wis. Stat. § 6.03. I personally circulated this recall petition gned the paper with full knowledge of its content on the date in	and personally obtained each of indicated opposite his or her
name.	I know their tespective residences given. I	support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 227

Page No 227

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

The Wisconsin Election Commission

_. We, the undersigned qualified electors of the ___Assembly District 63

(jurisdiction or district of officeholder)

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
	S'	TATEMENT OF REASON FOR RECALL	No statement of access is required to initiate the recall of	f state congressional
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legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), accentance of tri	ps from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking I	ower prescription drug costs, and flagrant disrespect for	nis own constiuents by calling them "whack-jobs, morons, and idiots."		
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	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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		Certification of Circulator	0 1 1 10 10 10	
· Idmbrial S:	certify: I		Waterfield MI 4047	
(author)			(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under	Wis, Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sig	ned the paper with full knowledge of its content on the date in	naicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 228
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(duto)	dignatur (Fignatur	e of circulator) f		

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

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec	tors of the Assembly District 63	
10.	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
petition for the recail or	(name of officeholder to be recalled and office)		v	
	`	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on netitions	s for city village town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
legislative, judicial, or county officials.)				
Robin Vos should be recalled for his tacit support	t of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Ambriel Six	certify:	reside at 60345 Dakview Driv	ve Chesterfield MI	48847
(name of circulator)			(circulator's residence - include number, street, and municipality)	11
I further certify I am either a qualified elector of	f Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the cignatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	l by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	mulcated opposite his of her
name. I know their respective residences given.	I support this recall petition I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 000

Page No. 229

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

The Wisconsin Election Commission

petition for the recall of_

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

Robin Vos

(name of officeholder to be recalled and office)

__ We, the undersigned qualified electors of the __Assembly District 63

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

(jurisdiction or district of officeholder)

		or his own constiuents by calling them "whack-jobs, morons, and idiots."		ANOTHER LIGHT
		MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE M MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. Chuline	Omar Amin	5800 Mountvernoon way	Uvillage Mount pleasunt	4/29/24
Myma R. Bellow	Myrna R. Bellomy	600 & Att Nernon Way	Village NH. Pleasant	4/22/24
3 Aliw Rome ()	Alicia Prozzalo	2530 Rolling Relas Dr.	Uvillage City Mt. Pleasant	4/22/24
4.	Tara Nielsen	2542 Wynfield Dr.	Uvillage Ocity Mt. Pleasant	4/22/24
5 Kallyh Lance	1 Kathryn Lema	2542 Wynfield Dr.	Uvillage Mt. Pleasant	4/22/24
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(name of circulator) further certify I am either a qualified elector of We signatures on this paper, I know that the signer	Visconsin, or a U.S. citizen, age 18 or older who, if I s are electors of the jurisdiction or district represente	Certification of Circulator I reside at 50345 OCKULOU DI were a resident of this state, would not be disqualified from voting une by the officeholder named in this petition. I know that each person sing this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) der Wis. Stat. § 6.03. I personally circulated this recall petitic	on and personally obtained each of the indicated opposite his or her

TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
		(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
(The rea	ason for recall must be stated on petitions		e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
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Robin V	os should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of o	committment to election integrity, blocking l	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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î,	D. REED	Porter certify: I	Certification of Circulator reside at 2866 W. France C	rove Rol Cary, 1L	60013
			vere a resident of this state, would not be disqualified from voting under		
			by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
	L-3-24	support this recall petition. I am aware that faishfying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 231

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(signature of circulator)

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
•	(name of officeholder to be recalled and office)	•	O .	
		STATEMENT OF REASON FOR RECALL		
·	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), accontance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP.		
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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10.	0 0 0	5727 Cambridge in #2	Town Village of Art Oleans J	N 1-74
1000	Dave Bruno	5727 Cambridge Cir. 22	Gir NA Pleasant	4-6-21
D 0 D =		Certification of Circulator	01 1	10017
I, DE REED FORT	certify: I	reside at 28866 W. Proneer GA		20013
(name of circulator) I further certify I am either a qualified elector of V	Wisconsin or a LLS citizen age 18 or older who if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, treet and municipality)	and normanally obtained!
the signatures on this paper. I know that the signer	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
		this certification is punishable under § 12.13(3)(a), Wis. Stats.	F 1	The opposite me of ner

Page No. 232

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

The Wisconsin Election Commission

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

(official with whom nominat	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	
	(name of officeholder to be recalled and office)	nom office parodant to Atticle Affi, Section	on 12 of the wisconsin Constitution and §.9.10 of	the wisconsm Statutes.
	•	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	for city village town and school district officials. The	reason must be related to the official responsibilities of the officeholder	. N	
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), accentance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Kech Freher	Leah Fisher	5727 Cambridge Clr.#4	Town Mt Pleasant WI	4/06/24
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20.41	11 H TO 1/1	5727 Cambridge Cir	Town 1	1//
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(name of circulator)	7 Certify, 11	eside at 26th do wi Trunce et 918		
I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who if I we	ere a resident of this state, would not be disqualified from voting under W	(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented l	by the officeholder named in this petition. I know that each person signe	d the good with full leavel 1. City	d personally obtained each of
name. I know they respective residences given. I	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	a me paper with thit knowledge of its content on the date inc	ncated opposite his or her
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7/6/2021				Page No. 233
(date)		of circulator)		
L-1/0 (Kev 2019-09) The information on this form is requir	ed by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Ommission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 lweb http://clections.wi.pov.lemail.elections@wi.gov	

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATERATIVE OF BEACON FOR BECALL		
	S	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall (of state, congressional,
	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	, 140 suitement by reason is required to initiale the recall of	<i>y same</i> , <i>g</i> ,
legislative, judicial, or county officials.) Bobin Vos should be recalled for his facit support (of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELECTORS	2	Rural address must also include box or fire no	Town	O.O. Marie
1. Pambe Lus	Printed Landy	1156 N Sunnyslope	City My, Pleasants	4-7-24
2. Drus no	Susan Jester	142 Portico Dr	O'Village O'City MI Pleasaul	4-71-24
3. La Voue Cinko	Lalonne Cluko	1812 STATE ST. # 106E	O'Village UNTON GROVE	4-0704
4 Moint mother	Paul Cinko	1012 State State 1068	Unilage Under Core	4/1/24
5. gam	Timothy Schina 21	1012 State Street ZOZE	Union glove	4/7-24
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I DRED	Porter certify: I	reside at 28866 W. Proncer	Grounds residence - include number, street, and municipality)	60013
(name of circulator) I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	rere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o 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	1 leave	re of circulator)		Page No. 234
(date) EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8 40 and 9.10 This form is prescribed by the	wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web: http://clections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	•	
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	(name of officeholder to be recalled and office)	TRATEMENT OF DEACON FOR DECALL			
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Tatrie Tec	Patricia reación	2/Sp Quail 1 D.	City / T / Elesant	70001	
D. RUSED PORTER Certify: I reside at 28866 W. Proveer Grove Rd. Cony, 14 60013					
(circulator's residence - include number, street, and municipality)					
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.			
4-8-2024	Jana	CA		Page No. 235	

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

TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	ors of the Assembly District 63	
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10 1 10 1 10 11 11 11 11	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under	Wis, Stat. § 6,03, I personally circulated this recall petition a	and personally obtained each of
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	(signah)	re of circulator)		
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

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

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		3.	strict of officeriolder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF EDECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	
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Tayaya Kary was	takiya Raymond	3103 Kearney nie	□ Town	
3. Donnelle Natol	Dominick Natoli	335 Veranda Lane	Ocity MI DUNANT	4/5/24
4.	Mara Miland	254 Veranda Ln	O Village M+ pagan	04/05/24
The state of the s	Julia Janamine 9.	A. A. I. VOI VI - CO. C. ST.	Town	1
5. //w	THEGAY Kragenbrin	335/6-ticoD1.	O Village Mt NUNMF	4/5/04
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8. 01 1/14		6624 PRIMBESE WAY	O Town O Village O City M. T. PhESANT	4/2/24
15 Sellely	ROBERT CHRISTANAN	COXT PRITURESE WAY	City / / / / / / / / / / / / / / / / / / /	1/11/1
9. Louise Contourer	Iguis of empoury	2320-90 St	Divilage Sturtevant	4/5/24
10 B h 2	Barb Zimmer	1576 Monroe Ave	Town Dillage Racine	4-5-24
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		vere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality)	n and personally obtained each o
the cignatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sig	aned the paper with full knowledge of its content on the date	e indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	This certification is punishable under § 12.13(3)(a), Wis. Stats.		
4.5-24	(t)			Page No. 237
(date)	(Signatu	ne of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	266-8005 lweb: http://elections.wi.gov.lemail.elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9.10. This form is prescribed by the	e wisconsin Elections Commission P.O. Dox 7564, Ividuison, W1 33707-7564 006-2	soo oos pres. Indianament press press state and the Box	

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Vall Ottoll	Ca i walle	KAGI IMMIDAY, OC	Town	100
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(name of circulator)	ur i u g	were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis Stat 8 6 03 I personally circulated this recall petition	and personally obtained each of
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1. Paul Kuklush	Paul Kuklenski	16129 Braun Rd	Drillage Stortewant wit	4-5-24
2 Christine Luxer	Christine Luxer	89330 Engle Ridge Dre	a village Burlington W	4-5-24
3. Sen Matter	Sensi Matta	1521 windsoway unds	Dillage Mant Plant W	4-5-24
4. L. Berglis	hisA Borgles	4219 3 mile R	o City Ray Marc	4-5.26
5 Some Derhe	Donald Durkee	15941 Dwand ave Lot 39C	Down Liver Cyole	4-5-24
6.	Francis Schnilt	1012 Slale Shoot 21t	Drillage City Con (Star)	4/8/29
Mas Shall	Mister Schnool K	1012 state street 211E	a town by this Grove	4/5/26
8. Anetox	delle Krish	1500 11 AV	Otty / Misse Cray	4/5/24
2 Shenicika Bollo	Sharicha Belton	1344 N. Strant Ld	O Village Mart / Casput	135/24
10. Nicholas Horas	711	1426 N Street Rd	Sextillage Mount Pleasant	4/5/20
I,	Andula, certify: I	reside at 376 THE AU 1/10 S	ach FL 32966	
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Contract of the Contract of th		are of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	×

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the signatures on this paper I know that the signature	of Wisconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under V	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
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L-170 (Rev 2019-09) The information on this form is re		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 lweb: http://elections.wi.uw.lemail.elections@vii.co.	

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2 Joseph W	Jozna Marine	922 Strand 50	City Wowst Dustsant	4/6/24
3 10 (1, 1)	Mid Ha Clara	Carl	ATown 1 00 000	19/14/04
MI New Wills	MI Melle Flores	404 S STUDIE rd.	oity Mount Pleasant	416124
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	Scott Wolbach	1300 WAUKESL- Rd	acity Kay Mon O	1/6/24
Certification of Circulator And Were Cosch Fl. 32964				
(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 name 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	was person a an array mar marry mg	7 12.13(3)(d), 1115 States.		Page No. 241
(date)		e of circulator)		
EL-170 (Rev 2019-09) The information on this form is requ	tired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission I O. Box 7984, Madison, WI 53707-7984 608-266	6-8005 web: http://elections.wi.gov email; elections@wi.gov	

RECALL PETITION

We the undersigned qualified electors of the Assembly District 63

TO:	The Wisconsin Election Commission		we, the undersigned quantied election	(jurisdiction or distric	ct of officeholder)
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)			
natitia	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petitio	ii for the recall or	(name of officeholder to be recalled and office)			
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(The re	ason for recall must be stated on netitions t	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
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Robin V	os should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
			his own constiuents by calling them "whack-jobs, morons, and idiots."		
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T Gundle	(name of circulator)	Wisconsin or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis, Stat. § 6,03. I personally circulated this recall petition a	and personally obtained each of
41 .	the second the second that the signed	are are electors of the jurisdiction or district represented	by the officendider named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date it	nateatea opposite his or ner
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)	(signati	ire of circulator)		
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RECALL PETITION . We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

/ CC : 1 : 21 1 :	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)			
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lack of committment to election integrity, blocking lo	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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5. Killie	Julia Jonza	7408 Granife Way	or Town or Village or City Place Sam	4-6-24
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name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 243
(date)	(signatu	re of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20	66-8005 web: http://clections.wi.gov email: elections@wi.gov	

TO:_	The Wisconsin Election Commission		We, the undersigned qualified ele	ctors of the Assembly District 63	
D-	(official with whom nominat	ion papers or declaration of candidacy for the office is filed)	, we anderesgive quanties ele	(jurisdiction or distr	rict of officeholder)
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII Sect	ion 12 of the Wisconsin Constitution and §.9.10 of	,
		(name of officeholder to be recalled and office)		ion 12 of the wisconsin Constitution and 9.9.10 of	the wisconsin statutes.
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	c . 00 L - 1 d - A
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
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10.11.	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	r Wis. Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date	and personally obtained each o indicated opposite his or her
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We, the undersigned qualified electors of the Assembly District 63

The Wisconsin Election Commission

(official with whom nominat	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sect	ion 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes
	(name of officeholder to be recalled and office)		3,7,10	, the Wisconsin Statutes.
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		trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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name. I know their respective residences given.	i support this recall petition Tamas and that falsifying	by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	Ţ.	
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(date)		c of circulator)		2-10
EL-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats, §§ 8,40 and 9,10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

		We, the undersigned qualified electe	ors of the Assembly District 63	
TO: The Wisconsin Election Commission	to the effect is fled	we, the undersigned quantied stock	(jurisdiction or distr	ct of officeholder)
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petition for the recall of	Robin Vos	Irom office pursuant to Article Arti, Section	· · · · · · · · · · · · · · · · · · ·	
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I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under	Wis Stat. § 6.03. I personally circulated this recall petition	and personally obtained each indicated opposite his or her
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(date)	(signat	ture of circulator) he Wisconsin Elections Commission P. O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	
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. We, the undersigned qualified electors of the Assembly District 63

Page No. 248

The Wisconsin Election Commission

(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
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lack of commitment to election integrity, blocking l	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."			
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I, Walter Harriso	Certify: I	reside at 36 Hampshire Cir Little K	10CK 1 17 1 1 2 2 1 2		
I further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality) Wis. Stat. 8 6.03. I personally circulated this recall petition at	nd personally obtained each o	
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed	ed the paper with full knowledge of its content on the date in	dicated opposite his or her	

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

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

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 65	4 - C - C: L - L - L - L
(official with whom nomination	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recail of	(name of officeholder to be recalled and office)			
	S	TATEMENT OF REASON FOR RECALL		5.63/040/0011
The reason for recall must be stated on petitions t	or city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
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		ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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Lusan Laterovich	Susan J. Exterovich	Union Grove Wil 53/82	d City	1 , ,
0 30	9	15941 12000 A BLUE , #300	Grown Olilage Corkuille	167-24
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111		DAID, STA	□ Town	
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	- 0	Certification of Circulator	1111 12 1 112	72210
Walter Hackies	n Stoermer certify. I	reside at 36 Homeshire Cir. L	- Ittle ROCK, MB	72212
			(circulator's residence - include number, street, and municipality)	
further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each
he cignatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	led the paper with full knowledge of its content on the date if	nareated opposite ins of fier
name. I know their respective residences given.	support this recall petition I am aware that tassifying	this cortification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 249
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L-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9.10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	10-6000 [web: mittp://ciections.wi.guv.] email: elections@wi.gov	

TO: The Wisconsin Election Commission

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

(official with whom nomination	ion papers or declaration of candidacy for the office is filed)		Quisdiction of distric	a or orneenorder)	
petition for the recall of	- Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
	(name of officeholder to be recalled and office)				
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1 Kay land H	Kar In Esobur	8824 fox Haven chese	OCity Stuntouch	4/14/2,4	
3.	JOHN PXXSON	8210 BROWN Pd	Town Paus Evans	4/14/2	
Kens Tensed	Kerry 6 Turispseul	3047 864 Street	Urillage Sturtenant	A/14/24	
5 /11:11			☐ Town		
THE SHOW	V 2 45.84		□ City	1 . 1	
6. Sheh las	Shayla Sandes	3047 86h Street	O' TOWN O' Village CHOITEVANT	4/14/24	
The state -	Trish WHSCA	281-303-5548816#1	Village Stateband	4/14 24	
8 March Day	Marta G Draz	1308 Vine St	Village Chich Grove	4/14-24	
Of Form	Chris J Foreman	1312 vinest	Utiliage On ion 6-rove	4/4/24	
10			□ Town		
			□ City		
I, D. REED Porter certify: I reside at 2886 W. Pioneer Grove Rd. Cary, 12 60013					
(name of circulator's residence - include number, street, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of					
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	dicated opposite his or her	
	I support this recall petition. Lam aware that faistlying	this cortification is punishable under § 12.13(3)(a) Wis. Stats.		Page No. 250	
4-14-2024	- 036			Page No. 250	

(date) (signature of circulator)

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TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the	Assembly District 63	
(official with whom nominate	ion papers or declaration of candidacy for the office is filed)	**		(jurisdiction or distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of th	e Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATEMENT OF DEACON FOR DECALL			
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2. A. Minson	AXEL SIMONSEN	2705 COOLIDGE DR	U Village □ City	DOVER	14/6/24
UMNumonaen	MYEL SIMBALSE A		wn own		() 1
3. Pas Derrun	RAYDEMUKACK	22140 Schroeden &2	☐ Village ☐ City	Dover	4/6/24
4. Str m	Stephann Henring	Meolo Sherd RJ	☐ Town☐ Village☐ City	Doves	4/6/24
5. Dunet Pelm	DAVID Notes	23124 COUNTY LINE ROAD	☐ Town☐ Village☐ City	DOVE	4-6-24
6. July	POGER FISH	25000 CHURCH Pl-	☐ Town ☐ Village ☐ City	DUER	4/6/24
7. 18	DAVID SAMALTS	3731 S. BRETTON Rd	□ Town □ Village □ City	UNSON GROVE	4-6-24
8. Ainon Boulle	Auron Barker	26520 church rd.	SQ_Town Utiliage City	Burlington	4-6-24
9 Alfredo Zambrano	Alfredo Zumbrano	5932 Margery Dr.	☐ Town ☐ Village ☐ City	Mount Pleasant	4-6-24
10. Jessica Lawy	Lessica Leury	5936 Margry Dr.	☐ Town☐ Village☐ City	Mont Pleasent	4-6.24
Maria Desautel Certification of Circulator Dale Lane Scattsdale AZ 85262					
(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					
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name. I know their respective residences given.	I support this recall petition am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.			
4/10/2024	Maria	axait.			Page No. 251

(date) (signature of circulator)

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RECALL PETITION _____. We, the undersigned qualified electors of the _____Assembly District 63

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	ion 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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3 D O O	Danny Trussen	1301 Meadoulane Ave	Diviliage Mt. Pleasant	14-6-24
W onvo	Danny 11035C11	1201 1/64000/44/6 1/06	D Town	1 000
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Maria Des	Soutel	reside at 1/080 E Dale	Lane Scottsche, Az	2 85262
	- Marian Marian	1.0	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting unde	r Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
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	support this recall petition. I am aware that falsifying	this certification is nunishable under § 12.13(3)(a), Wis. Stats.		Page No. 252
4/6/2024	1 Varieus	Sauce		232
(day)	(signatu	re of circulator) • Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-;	266-8005 web: http://elections.wi.gov email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requi-	red by wis. Stats, §§, 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission [F.O. Box 7964, Waldison, WT 33707-7964 006-	and and a linear limit and a linear limit and a linear lin	

TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63		
(A) (A)	(official with whom nomination	on papers or declaration of candidacy for the office is filed)	(jurisdiction or district of officeholder)			
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2. (Simline	D. D.	3521 AScot Drive	O Town O Village O City MT Pleix a Sent	4-7-202x	
	are	Delmar Rogards	22×1 1/2001 121 121	O Town	1-7-6-7	
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1	O. Ll X Calmo	Paula R.S. Te GARMO	5630 Drawn &d	or town or the first of the sant	4-7-24	
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r 64L-	(name of circulator)	Missonsin or a LLC sitings ago 18 or older who if Lw	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis Stat 6 6 03 I personally circulated this recall petition a	and personally obtained each of	

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(signature of circulator)

Page No. 253

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TO:	The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	
200	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
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	ve, judicial, or county officials.)	of the Chinese Communist Barty (CCD), accentance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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/	and when	Michael Ebersole	7272 Goleys LN	□ City 1/4U C	1/ 40/24
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- J4	Caitlyn Anders	Kaitlyn Anders	DISTOR OF STREET	City Surlington	17/20121
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	(,,0 60 11	11	Certification of Circulator	Coul all 110mas	
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name. I	know their respective residences given	I support this recall petition. I am aware that falsifying	This certification is punishable under § 12.13(3)(a), Wis. Stats.		

Page No. 254

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TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63		
10.	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
petition for the recall of	(name of officeholder to be recalled and office).				
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	or city, village, town, and school district officials, The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	f state, congressional,	
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		his own constiuents by calling them "whack-jobs, morons, and idiots."			
THE MUNICIPALITY USED FOR MAIL	ING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.	
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(name of circulator)	Visconsin or a U.S. citizen age 18 or older who if I w	ere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o	
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 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.			
21-21-24	Brack	Muff		Page No. 255	
(datc)	(signatu	re of circulator)	C BOOK hash, here (Alexhans on one Lensity elections (Amir con-		
EL-170 (Rev 2019-09) The information on this form is requir	ed by Wis Stats. §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	60-8005 [web: http://electrons.wi.gov email: electrons@wi.gov		

TO: The Wisconsin E	Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63		
(offi	cial with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr.	ct of officeholder)	
petition for the recall	of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
		(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL			
(The reason for recall must	be stated on petitions		e reason must be related to the official responsibilities of the officeholder	. No statement of reason is required to initiate the recall o	f state, congressional,	
legislative, judicial, or cou						
Robin Vos should be recall	ed for his tacit support	of the Chinese Communist Party (CCP), acceptance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,			
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THE MUNICIPALI	TY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.	
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1 Gracy	full	Grace Kilb	111 Emerald Dr.	City Mt- Pleasant	4-22-24	
2 /	· _	+ ()	1205	Town Village Mar O \ doc a 24	4-77-74	
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5 2 11	7000	61:	C A	□ Town 5	11 37-311	
THE STATE OF THE S	_	Eddie Jon	2210 Savoy Circle	oly Cacing	4-1224	
6 Kain	Cane	Lustie Carret	5418 32ndst	O Town O Village City Kenoshu	4-22-27	
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, Grace	L Huff	, certify: I	reside at 6037 Oakhaw Dr.	Chester field 1112	18047	
I further certify I am either	(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						
11 00	ive residences given	1.71	this certification is punishable under § 12.13(3)(a), Wis. Stats.		D. M. 050	
4-22-	24	_ R) race	1 Cuff		Page No. 256	

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

		RECALL PETITION		
TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	1
(official with whom nomination	n papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
	S	TATEMENT OF REASON FOR RECALL	or and a suite to the small of	Cetata congrassional
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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I, JUSTIN MOS			(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of the signatures on this paper. I know that the signatures	rs are electors of the jurisdiction or district represented.	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition ed the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
name. I know their respective residences given.	support this recall petition. Tam aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 257
(4-4-)	(signatur red by Wis Stats §§ 8 40 and 9.10. This form is prescribed by the	e of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	ti

The Wisconsin Election Commission

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

____ We, the undersigned qualified electors of the ___ Assembly District 63

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	TATEMENT OF BEACON FOR BECALL		
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	Γ ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. dell dista	SEFF SANICY	(i 2828 coHAGE	O'Village Sturtevant	- 4-23-24
Bolli L-	Bobbi Prill	4915 Schoen Rd	Union Grove	41-2324
3. PULSO	Peter KICA.	4710 Schoen RD	UVillage UNION GNUE	4-23-24
4. Ousa Usel	Jessa Elsci,	2815 RUSSET ST	O Village RUUNU W	4-23-24
5/ gmil	Dune Mizelos	1007 Engentser	O Town O Village O City City Rocik UI	8-35-
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I, JUSTIN MOSEV	certify: 1	reside atS0345 OAKVICW Dr	Chesterfield MI 4804	7:
I further certify I am either a qualified elector of V the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under to by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.		
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(====)		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.gov email: elections@wi.gov	0

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(official with whom nominati	ion papers or declaration of candidacy for the office is filed)		3	istrict of officeholder)
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-	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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2.	Sama the Green an	232 Bridgest	Utiliage Burlington	4/20/24
Bright Rumaci	Brigitte Rajmordi	27623 Durand Aue	O Town O Village O City O Town	4-20.24
4 Schrype	Emily Niemyjski	19224 52ml Rd	Village Chion Grove	4-20-24
5 Chin polling	over Rateign	724 oak St	Otty Borring ton	4-20-21
6. LATE D	Eduardo verdas	186 waters EDGE	Other Borlington	4-20-24
7. Travelation New	Axelo Credlin	3300 258 AVE	Ocity Salam	4-20-24
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(name of circulator)	THE SECTION AND 18 or older who if I w	were a resident of this state, would not be disqualified from voting und	Resinus House A (circulator's residence - include number, street, and municipality) er Wis, Stat. 8 6.03. 1 personally circulated this recall petitic	on and personally obtained each o
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The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

Page No. 260

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		Quisdiction of disti	ice of controllers,
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	ction 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
-	(name of officeholder to be recalled and office)	- I - I - I - I - I - I - I - I - I - I		
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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

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(official with whom nominati	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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1, Michael Morin		reside at 5050 Churchville WD 26 C	Church The MO 2 1028	
(name of circulator)			(circulator's residence - include number, street, and municipality)	
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		this certification is punishable under § 12.13(3)(a). Wis. Stats.	and puper militari knowledge of its content on the date if	and the opposite ins or ner

Page No. 261

(date) (signature of circulator)

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

The Missonsin Flaction Commission

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

10. The Wilderland Electric Commission	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)			
	S S	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall o	f state, congressional,
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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2. 00 100	Ispieh Parnich	4402 S. BEQUMONT AVE KONDSHILL	Town Village City DOVEY	4/6/24
3-Model	makenna incauley	44625 BROWMONH AVE, KONSONS	Ulliage City DOVEV	4624
4.// Mar of CM	WILLIAM H- COOKSR	24911 MINNETONKADR	O VILLAGE KANASYCCE, WI	4-6-24
5. Moland	MATT SZARADOWSKI	22441 DURAND	Octy ANSASUIU	4-6-2
6 Pero Consta	Patricia Fromatrich	216.S. Beaumontsee	Ocity Kansasule	4 624
7. Junn mill	TERRY MOLL	24930 KICKAPOO DR	Octy KANSASVI 4L F	4-6-24
8. Chillian	Charles Nettral	24809 Church AR	Ocity K. SASULLE	4-6-14
9. Torring	assay aveia	26144 Wad Jan MV	O Village Consad VI	4/6/24
10.	Gustavus		C Willage	
		Contiguation of Circulator	renune	
, Michael mach	certify: I	reside at 3650 Churchy Republic	21028	
(name of circulator)	10 11 10	and a fight a state around not be discussified from voting under	Wis Stat 8 6.03. I personally circulated this recall petition	and personally obtained each
the eigentures on this paper. I know that the sign	are are electors of the jurisdiction of district represented	by the officeholder hamed in this pention. I know that each person sign	ed the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given. $U/6/24$	I support this recall petition. I am aware that faisilying	this certification is punishable under § 12.13(2)(a), with building		Page No. 262
(date)	(signaturized by Wis, Stats, \$8, 8, 40 and \$10. This form is prescribed by the	ure of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-26	6-8005 web: http://clections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		we, the undersigned quantiled elect	ors of the Assembly District 65		
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
	(name of officeholder to be recalled and office)				
	S	TATEMENT OF REASON FOR RECALL		C-4-4	
	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.)	of the Chinese Communist Party (CCP), accentance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,			
lack of committment to election integrity, blocking l	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."			
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	
SIGNATURES OF ELECTORS	TRICTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING	
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	1 1 1	24810 16 Follette	Town Village Town	11/1/201	
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10 1 100	Calle	8 17/12 al 1/1/1/1/201	Uvillage VO(KV) Ch	11/1-71	
10. At ()	JUN JELESSEN	10 1 16 10 04 JOI KILVEGICE	O Village YO (& V) Cu	976.70	
1 10 V 30 3	1	Certification of Circulator	4.		
Michael Moses certify: I reside at 3059 Churchy 18 RD Churchy 18 MD 21078					
(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					
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction of district represented I support this recall netition. I am aware that falsifying	this certification is punishable under § 12,13(3)(a), Wis. Stats.	or the paper with the knowledge of he content on the date in	7	
manie i know their respective residences given	· oabbor min room bonnoil ram and a mar morely me	,		D	

Page No. 263

(date) (signature of circulator)

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

TO: The Wisconsin Election	Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with	h whom nominatio	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition for the recall of		Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
•		(name of officeholder to be recalled and office)			
			STATEMENT OF REASON FOR RECALL		
		for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	. No statement of reason is required to initiate the recall o	f state, congressional,
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lack of committment to election inte	egrity, blocking l	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELEC	TORS	TRIVIED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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6. Mrs W	,	Jose Zavala	1830 modland are	O'Village ROGING	14-6-24
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Chin		1) & Shaenay In	1236 Blutt MM	Ochy (all)	9/0/19
		3.0	Certification of Circulator	2.5	1 - / - /
1. Michael Morin certify: I reside at 3089 Churchville &D Church Ville MD 21020					
(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		111			Page No. 264
1/8/0/					

(signature of circulator)

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

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

STATEMENT OF REASON FOR RECALL

(jurisdiction or district of officeholder)

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

The Wisconsin Election Commission

petition for the recall of _

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

Robin Vos

(name of officeholder to be recalled and office)

legislative, judicial, or county officials.) Robin Vos should be recalled for his facit support of	of the Chinese Communist Party (CCP), acceptance of tr	reason must be related to the official responsibilities of the officeholder tips from the CCP, failure to protect Wisconsin farmland from the CCP,	. No statement of reason is required to minute the recu	
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1 Manz Eche	Men Fiche	1323 Bluff Ave	O City Recine	4/6/24
2. Calimon	SCLVIN MOKE.S	1720 Centerst	O Town O Village O City Rac A7 e	4/6/24
3 John of a Driena	Blanca Dwinas	1860 13# 3+	United States	4/10/24
4. La 2 Decers	JOE C DUENAS	1860 13th ST	O Town O village City KACINIE	4/6/24
5 Enlos Sandoral	Exacto R Sandaval	1826 Woodland tre.	Ochy Racine	4/6/24
6. Dorly Stricklan	Poris Strickland	1704 12+4 st	O'Clidy Racine	4-6-24
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I, MCWeel McKen (name of circulator) I further certify I am either a qualified elector of the circulator of the circul	Winner and IV or older who if I w	reside at 3057 Charles Wille 20 Charles were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality) Wis. Stat. & 6.03. I personally circulated this recall petiti	on and personally obtained each cate indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), wis. Stats.		Page No. 265
(date) EL-170 (Rev 2019-09) The information on this form is requi	(signatu ired by Wis Stats §§. 8.40 and 9.10. This form is prescribed by the	ire of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20	66-8005 web: http://elections.wi.gov email: elections@wi.gov	

STATEMENT OF REASON FOR RECALL

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

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office)

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

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signatures of electors	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire re	MUNICIPALITY OF RESIDENCE Indicate Town, QiD, or Village	DATE OF SIGNING
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2.	DANIEL J. HARTL	6528 LINCONSHIPE Des	Ovillage Mount PLENTANT	4-12-24
200		G517 South Dr	a rown willing man Pleton	4-12-24
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10			□ Town	
			□ City	
I, Michael mora	, certify: I :	Certification of Circulator reside at 3057 Churcuille 120 Churcu	ville mo zoza	
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign		
name. I know their respective residences given. I	ffin	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 266
		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	AN .

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

TO: The Wisconsin Election Commission	n	We, the undersigned qualified elec-	fors of the Assembly District 63	strict of officeholder)
(official with whom nomi	ination papers or declaration of candidacy for the office is filed)		ů	
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		STATEMENT OF REASON FOR RECALL		
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	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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314	Λ Λ	Certification of Circulator I reside at 3051 Churchwill RW Chu	rewite MD 20028	
I, Michael	MOTIN certify:	I reside at 3037 Choice of the Cond	(circulator's residence - include number, street, and municipality)	
(name of circulator)	Curios sia and III siting ago 19 or older who if I	were a resident of this state, would not be disqualified from voting under	Wis. Stat. 8 6.03. I personally circulated this recall petitio	n and personally obtained each
I further certify I am either a qualified elector	r of Wisconsin, or a U.S. citizen, age 16 of older who, if I	d by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	e indicated opposite his or her
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(daté)	(signa	ture of circulator)	66-8005 lweb: http://elections.wi.uov.lemail:elections@wi.gov	**
EL-170 (Rev 2019-09) The information on this form is	required by Wis Stats §§ 8 40 and 9.10. This form is prescribed by t	he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20	00-0000 men. maketananana	

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	- ^		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING	
1. (Cille	Erin Adamec	WI 63139	City Kansasville	4/11/24	
2.:	Linda Bere	ivan Linda Bus;	Gan 1820 New St	O Village Unita Prove	4-11-24	
3.	1 hon for	Amanda Ladenia	1820 New St #1	VI Village MM M Grove	M.11.24	
4.:	Clay No	Cliff Morrison	1380 PANKPL # >	U Village UNION Grove	4/11/24	
5.	Box Orre	- Bab Drre	507 Ruth Ct.	Orown Oron Grave	4/11/24	
6	It wolz	Steve Working	1797 New 57	O Village Oncon 6/32	4/11/24	
7,=;	Pasimone B	Brusha Rosemarie [rooks 16/2 Milldrum	O Village UNGA G ROVE	4-11-24	
8.	pan trace	John Rocksil	1700th ooth Ave	O Village UNION Hove	4-11-24	
9.	Amh from	Hannah Lorenz	1/12 New ST	Union Orace	4-11-24	
10.	muld the in	MICHAEL TAYLOR	1504 Shumann DK	O'Village UNION GROVE	4/11/24	
I,	Michael Motor certify: I reside at 3059 Churchalle PD Churchille MD 21028					
l furthe	(circulator's residence - include number, street, and municipality) 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 e signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					

Page No. 268

(signature of circulator)

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(official with whom nominati	ion papers or declaration of candidacy for the office is filed)			strict 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	e reason must be related to the official responsibilities of the officeholde	r. No statement of reason is required to initiate the recuti	oj state, congressionat,
legislative, judicial, or county officials.)	All Ohiosa Communist Books (CCB) accomtance of	tring from the CCP, failure to protect Wisconsin farmland from the CCP		
		trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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Torrest to the state of the sta	T INC BURDOCES WHEN DIEEEDENT THAN S	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MU	JST ALWAYS BE LISTED.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
		- 41	□ Town	11/10/04
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Demay mag	CEDEATOR	1415 13th are apt 101	□ Town	11/
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		Certification of Circulator		
1, Michael moe	certify	Certification of Circulator I reside at 5059 Charch ville ED Church	85015 BM Alij	
			(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	r Wis. Stat. § 6.03. I personally circulated this recall petition	n and personally obtained each
the cignotures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	d by the officeholder named in this petition at know that each person sig	med the paper with full knowledge of its content on the date	murcated opposite his of her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifyin	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 269
1/10/24	- Municipal			203
(date)	(signal	ture of circulator) he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	266-8005 byeh: http://clections.wi.gov.lemail:elections@wi.gov	1170
EL-170 (Rev[2019-09) The information on this form is requ	ired by Wis. Stats. §§ 8.40 and 10. This form is prescribed by the	ne wisconsin elections Commission P.O. Box 7964, Madison, WI 33707-7964 006-2	TOO GOOD IMOD. IN THE PARTY OF	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).			
		STATEMENT OF REASON FOR RECALL		C
	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	state, congressional,
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	· · · · · · · · · · · · · · · · · · ·	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1 0 10 11 0 201	1 10		Town Selvillage Co. 1 - D C CC C CT	11 7-211.
"Churchas starras	Denniter Garity	2028 Sandstane Ct	savillage mt. Pleasant	4-1-24
20/200 1	T . C . 4	Λ .	□ Town	1, 7 111
2 Copy Lauly	Jay Garily	2028 Sandstone Ct	ervillage Mt. Pleasant	4-1-69
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Richard Dolrelo	Kichand Gobeli	1517 92ma ST	Octy STURTEVAM	4-7-24
10 4 1 5	1 1 1	1712 32 151	□Town C(i	(1 7 2/4
1 Hen Null	Jean Gobeli	151/ 92nd J+	Ocity Sturtevant	9-1-44
5		C i	Town	11 7 711
Henry fund 13	Andy Carrillo	3213 (37th St	City Union(Trave/ VOYKVILE	4-7-24
6 1			□ Town □ Village	1
	David Shannon	4222 5 Beaumost Ave	ocity Kanasville	4-7-24
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Mul - 1 ham	110	reside at 305 9 Chy Chrille Dis Chu	contille MD 71071	
I, Michael Mar	certify: I	reside at 303 1 CNU Challes & D CNO	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition as	nd personally obtained each o
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		n vi 070

Page No. 270

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

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TO: The Wisconsin Election Commission		we, the undersigned qualified elect	OIS OI THE Masambly District of			
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
petition for the recall of	(name of officeholder to be recalled and office)					
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(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,		
logislative judicial or county officials.)						
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,				
		his own constiuents by calling them "whack-jobs, morons, and idiots."				
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING		
SIGNATURES OF ELECTORS	TRINGED NAME OF EDDE FORD	Rural address must also include box or fire no	Indicate Town, City, or Village	Siditility		
1. Quella Bell	Anthon & Bednar	1810 new St.	Town Village Union Grave	4/9/14		
2 Seption User	Lessica RStevens	1 842 18 That Hot 20	t Village City CINION (MIX)	4/9/24		
3.	- Drank Sastan Wa	11 842 184h 1- UE HOLS	Stringe IMON GROVE	4/9/24		
5monad Sonur Jean	Strania KSchwategu	731 16th ar Union Grow Wisse	Village Union Grove	419/24		
5.	Andrew Hoensted	823 16th Ave	Dillage Uninn 61 M/P	4/9/24		
6. (DACINI)	Abbie Lacey	335 18th AVC	SLAVIIIAGE UNION GUOVE	4/9/24		
7. Kartisoch	Kotic Goet	245 18th Ave	City Union Grove	4/9/24		
8 Carle Elle	Carrie Fell	341 18 th Are	Prillage Union Grove	4/9/24		
9. Paition Cicle	VaitNA Coder	308 18th AUR	Town Fillage Union Grace	4/9/201		
10. 12 May 1 105	Ashley Mass	520 16th Ava	th: Village Union GOV	4/9/0		
The Solve	cortific I	reside at 1395 N. LATE 94 NEONA	LWI 54956	.,		
Iname of circulator)	, certify i	reside at 1919 M. CARE JA. 1991	(circulator's residence - include number, street, and municipality)			
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under	Wis Stat. § 6.03. I personally circulated this recall petition a	na 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 1 am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.						
name. I know their respective residences given.	I support this recall petition 1 am aware that falsifying	this conflication is punishable under § 12.13(3)(a), wis. Stats.		Page No. 271		
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats. §§. 8.40 and 9.10 This form is prescribed by the	re of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	-		

TO:	The Wisconsin Election Commission		. We, the undersigned qualified elec-	tors of the Assembly District 63		
-	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	trict of officeholder)	
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		(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL			
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lack of	committment to election integrity, blocking I	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"			
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.0	m Ma	Allison Forget	1220 8th ave	Drown Styllage MiDA Gyore	4/10/24	
2	daluchan	Taintha Truchon	738 9th Ave.	Stillage Union Coole	4.10.2024	
3,	Lory of Stevens	- Gary H. Stevens	1115 9th Ave	arvillage Union Grove	4-10-2074	
4. γ	Marie Stovens	Mary E Stevens	115 9th Que	Drown Provillage Dity In for Grove	4-10-2024	
5.		Karla Barnis	1440 Park Pl, Apt 6	Brown Broye () nion Grove	4/10/24	
6.0	meida Hagen	Oneida Hoza	1121 Bluebird Ct	Orbitage Union Grove	4/10/24	
7.	gul Our	Joel Canbiel Crowbi	dgett centr 5.4 UNEN Gran	Town Frillage City ONITOR GGOVE	4/10/24	
8	Maruta	MIXAKa Golds	1774 coaterst	Down Dillage WIGH LI CLE	4/10/21	
9.	<i>y</i> -	Lucas		☐ Town		
				© City		
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				City	4	
1,	JAY 50	hreally, certify: I	reside at 1299 Al 1	KICHAM WIS	1950	
the sign	(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					
name	I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under §(12.13(3)(a), Wis. Stats.		Page No. 272	
	410 24		e of circulator)		Page No. 272	
EL-170 (R	kev 2019-09) The information on this form is require	red by Wis Stats. §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov		

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
-	(name of officeholder to be recalled and office)	TATELONIE OF DEACON FOR BECALL		
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Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of commitment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 Kth M Kenhne	- Kita Kerkman	18433 Durand AM	Village Volt Ville	4/11/24
2. Sandi Holat	Sanki Holat	640 Ellot 01	O Village Union 6 1000	4/11/24
3 Sim Sing	S.m. Single	1812 Elliot Drive	Stillage Delity Delitors Greek	4/11/2024
4. Clepter State	Pangstal Gotta	1400 WEST SZ Aft 64	Uvillage Union Grove	4/11/2024
5. In the	TARUS COTIO	1400 west st 12+6-1	Orac Union Grae	4/11/24
6/ musur syn	Maryet Snigh	1400 WEST ST APT G9	Oity UNION GROVE	4/1/24
4 Lyn Germinaro	Kim berminaro	739. 13th Ave	Othy Union Grove	4/11/24
8. Ph Ply Repa	mite RYNKA	809 High 5t-	Fiviliage United 6 Work	4/11/24
9.		V	☐ Town ☐ Village	
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			City	
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the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date in	and personally obtained each of indicated opposite his or her
4/11/24	I support this recall petition. I am aware that faisifying	this certification is punishable under § 12/13(3)(a), Wis. stats.	22	Page No. 273
(date) EL-170 (Rev 2019-09) The information on this form is required.		Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
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	(name of officeholder to be recalled and office)	TATEMENT OF DEACON FOR DECALL		
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legislative, judicial, or county officials.)	for city, vinage, town, and school district officials. The	reason must be related to the official responsionines of the officeholder	The simement of reason is required to initiate the rectiff of	siate, congressional,
	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 Suzy Bollma	Suzu Bahlman	600 Mine Parch Rd	United the Control of	4/29/24
2. Elisabeth Dos	ph Aizabeth Tose	1) 604 Minh Banch Ad.	O' Village Rochestes	4/29/24
3. Mo NACIAOUS	1/2/~	ZGZWENZGREEN	Original Colonia Colon	4/29
4. CTAVIOPOSTO	Vice Discoundi	25 30 N. River Rd	Order Pochesta	4/29
5. Crelein Tischloc	COLLEEN FISCHDARA	509 N. Roch ESTER WITCHORD	ocity KOCHESTER	4-29.
6. nency L anderson	NANEY LANDERS	on 28815 Washington Cler	Utiliage Cochestic	4/30
Milling Aglo	Mulisa Halko	29403 Fagle rulge DR	Utiliage BUNGO TON	4/38
8. Dar Kuty	Darren Kisting	921 Prairie View Dr.	Utiliage Burlington	4/30
9.///	Nich kind	29414 River View Play	O' Village Bolling For	4/30
10,			☐ Town ☐ Village	
			□ City	
- W 6	1	Certification of Circulator	KOOMA HIT G	1906
I	certify: I	reside at 1249 N. LATE	NERVAN WI	1120
I further certify I am either a qualified elector of \	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under \	(circulator's residence - include number street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each o
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 pumshable under § 12.13(3)(a), Wis. Stats.		D 074
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(data)	signatured by Wis State 88 8 40 and 9.40 This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 lweb: http://clections.wi.gov.lemail.elections@wi.gov	
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(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sect	ion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes,
•	(name of officeholder to be recalled and office)	THE ATTENT OF BEACON FOR BECALL		
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	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officehold	er. No statement of reason is required to initiate the reca	ii oj state, congressionai,
legislative, judicial, or county officials.)	Atha Chinaga Communist Barty (CCB), gogoptango of	trips from the CCP, failure to protect Wisconsin farmland from the $CCP_{\scriptscriptstyle{\parallel}}$		
lack of committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. Thele	Thomas Rastro	& 373 Randolph St	O Villege Runin Lan	4.18.29
2. Alopea Carlo	Thomas Kasiro Alesia Coumbs	372 Randolph St	Town Village Bullington	4/18/24
- Car Cau			□ Town	
3			□ City	
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the signatures on this paper. I know that the signe	Visconsin, or a U.S. citizen, age 18 or older who, if I vers are electors of the jurisdiction or district represented	reside at Certification of Circulator reside at Certification of Circulator reside at Certification of Circulator resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis, Stats.	r Wis. Stat. § 6.03. I personally circulated this recall petiti	on and personally obtained each of the indicated opposite his or her
04-18-24	Syd (signat	ure of circulator)		Page No. 275
EL-170 (Rev 2019-09) The information on this form is require	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by th	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266-8005 web: http://elections.wi.gov email: elections@wi.gov	

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	(name of officeholder to be recalled and office)		19		
	S	STATEMENT OF REASON FOR RECALL			
(The reason for recall must be stated on petitions	(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.)	All a Olivera Community Barby (OOD)	des feet the COR fellow to seek at III and a feet to the COR			
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
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(name of circulator)			(circulator's residence - include number, street, and municipality)		
		ere a resident of this state, would not be disqualified from voting under N by the officeholder named in this petition. I know that each person signs			
the signatures on this paper, I know that the signe	as are electors of the jurisdiction of district represented	by the officeriorder named in this petition. I know that each person signe	a the paper with init knowledge of its content off the date if	nareated opposite ms or net	

Page No. 276

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

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

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63		
(official with whom nominat	ion papers or declaration of candidacy for the office is filed)	(jurisdiction or district of officeholder)			
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	•	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.	
		STATEMENT OF REASON FOR RECALL			
•	s for city, village, town, and school district officials, The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall	of state, congressional,	
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of the	rlps from the CCP, failure to protect Wisconsin farmland from the CCP.			
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."			
THE MUNICIPALITY USED FOR MA	ILING PURPOSES. WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MI	IST ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
SIGNATURES OF ELECTORS	PRINTED NAME OF EDECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING	
1. Typhonic / angor	Stephanie Hauson	583 Cambridge Jane	Under W. P. Dearant	4-624	
2 Hannah Wasilan	SANNAH WOSINAIT	5830 Cambridge *5	□ Town □ Village □ City	46-24	
3. Weil Framin	Neil J Zimmerman	5820 Cambridge In Unit 7	O Town Village Ut Pleasant	4-6-24	
* Gartigues	Jane Zimmerman	5820Combridge La Unit 7	Uvillage II Flooson	4-6121	
5. Reveny Ole.	Jeveny Olk	4002 W. Johnson Ave.	Unillage Caladory'a	4/6/24	
Men Some	MONN JENVERORE	3835 Cambridge Cirt 3	Unilage WH J Gasan	4/6/24	
Beth E Wood	Beth E Wood	5827 Cambridge Cirt2	Village Mt Pleasant	4/6/24	
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Certification of Circulator Conway, AR 1284 Certification of Circulator Conway, AR 1284 Conversion of Circulator Circulator Circulator Circulator Circulator Circulator Circulator Circulator Circulator Sesidence - include number, street, and municipality) 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					
		by the officeholder named in this petition. I know that each person sign			

Page No. 277

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(signature of circulator)

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

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63					
	n papers or declaration of candidacy for the office is filed)				
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
petition for the recall of	(name of officeholder to be recalled and office)				
	5	STATEMENT OF REASON FOR RECALL			
(The reason for recall must be stated on petitions for	or city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholde	$oldsymbol{\pi}_{i}$ No statement of reason is required to initiate the recal	l of state, congressional,	
legislative, judicial, or county officials.)					
Robin Vos should be recalled for his tacit support of	f the Chinese Communist Party (CCP), acceptance of t	trips from the CCP, failure to protect Wisconsin farmland from the CCP,			
lack of committment to election integrity, blocking lo	ower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."			
Transaction at the Hope Bon Man	INC NUMBERS WHEN DIFFERENT THAN A	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE M	UST ALWAYS BE LISTED.	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING	
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(name of circulator)			(circulator's residence - include number, street, and municipality)	n and nersonally obtained each of	
I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	wis, stat. 9 0.05. I personally circulated this recall petition	e indicated opposite his or her	
the signatures on this paper. I know that the signer	s are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sig	ned the baper with run knowledge of its content of the dat	e mareated opposite ms or net	
	support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 270	
11-07-24	Zinda	(. FOVIO		Page No. 278	

(date) (signature of circulator)

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(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(official with whom nominatio	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	ction 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on netitions f	for city village town and school district officials. T	the reason must be related to the official responsibilities of the officehold	der. 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	of the Chinese Communist Party (CCP), acceptance of	of trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of commitment to election integrity, blocking lo	ower prescription drug costs, and flagrant disrespect t	for his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
	Jason Schrik	8817 Citadel Ter	Village Sturterant	4/10/14
Dan Grest	Jan GresL	2225 Washington AV	o village Kansasville	4-10-24
3 Planne Thom	Jeanne Thom	22223 Washington AV	Oity Kansasville	4-10-24
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	σγ, [^] O ,certify	Certification of Circulator	Circulator's residence - include number, street, and municipality	4R 7203
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represent	I were a resident of this state, would not be disqualified from voting unded by the officeholder named in this petition. I know that each person s	der Wis, Stat. § 6.03. I personally circulated this recall polition	and personally obtained each o indicated opposite his or her
name. I know their respective residences given. I $4 - 10 - 2 \approx 2$	I support this recall petition. I am aware that falsify	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 279
(date)) (sign	ature of circulator)		

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(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TEMENT OF DEASON FOR DECALL		
	C : The thirties of Cairle The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	s reason must be retailed to the official responsibilities of the officials	, 110 statement by consent a vequal to	
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEOF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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, Cinda C. Ior	10	Certification of Circulator	ive Conway, AR 1	12034
		reside at	(circulator's residence - include number, street, and municipality)	
(name of circulator) I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each o
the cignatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	l by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date in	naicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 280
4-12-2024	Junia C	ure of circulator)		
(date)	(signati	uic of chediator)		

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The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

petition for the recall of	Hobin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of a	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATEMENT OF DEACON EOD DECALL		
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(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiale the recall of	state, congressional,
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THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUST	TALWAYS BE LISTED.
		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
	100	9328 Millstone Pic	Town	41/11/2000
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		by the officeholder named in this petition. I know that each person sign		
		this certification is punishable under § 12.13(3)(a), Wis. Stats.	to the paper that the throwing of the content on the date int	
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EL-170 (Rev 2019-09) The information on this form is require		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

STATEMENT OF REASON FOR RECALL

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

The Wisconsin Election Commission

petition for the recall of

legislative, judicial, or county officials.)

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

Robin Vos

(name of officeholder to be recalled and office).

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

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

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

(jurisdiction or district of officeholder)

lack of commitment to election integrity, blocking	lower prescription unug costs, and nagram disrespect for	This own considents by calling them whack-jobs, morons, and talots.		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. J-July In	Tamma wholney	1351 High street	Town original growww.	4/5/24
2. Din Bulan	David Bulgain	1129 High St.	Ulliage City On Graze Wi	4-5-24
3. Just Va	Joe's Hernandya	1117 Hoch St	Octy Childre Conce	45-4
4.45.2	Heide Polley	1401 THAVE TO #71	U Village City NOA	4-5-24
5, MINUSIN	minsu minsvall	nog where sivert	Ochy Union Carry	4.5.24
6. Eliter Horal	Plist Charse	1122 13thAve	Octy UNION Grove	4/5/24
755	Thomas Sams	4736 Saint Resis Dr	180 Village MT Pleasant	4-5.24
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I, Janet Poquette certify: I reside at Certification of Circulator				
name. I know their respective residences given. 4-5-2024	1 support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 282
(date) EL-170 (Rev 2019-09) The information on this form is requi	// (signatu	ire of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	<u>,</u>

TO: The Wisconsin Election Commission	1	We, the undersigned qualified elec	tors of the Assembly District 63	
	nation papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	•	•	
		STATEMENT OF REASON FOR RECALL		
	ons for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
legislative, judicial, or county officials.)	and of the Chinese Communist Darty (CCD), accordance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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3. 04.		500	Town I Village	57 / 1
1 town	Dhara Patel	5930 16th St 202	wichy Heyen!	04/06/24
4. 1	Vin Poulzus	1405. S. EIMMERSTEN AND ARTZO3	O Town	04/06/24
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Moira Rounds Certify: I reside at Certification of Circulator 15872 N 18th St. Pheonix Az 85022				
I, (name of circulator)	Rounds , certify: I	reside at	(circulator's residence - include number, street, and municipality)	2000
	of Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under		nd personally obtained each of
the signatures on this paper. I know that the signatures	gners are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date ir	idicated opposite his or her

Page No. 283

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

The Wisconsin Election Commission

(official with whom nominate	ion papers or declaration of candidacy for the office is filed)		(jurisdiction of distr	· · · · · · · · · · · · · · · · · · ·
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	*		
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	for city, village, town, and school district officials, Th	ne reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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NA = 10		Certification of Circulator	1 18th St Phone	1-95022
I, MOURICOUND	certify:	I reside at	(circulator's residence - include number, street, and municipality)	7200000
(name of circulator)	Wisconsin or a LLS citizen age 18 or older who if I	were a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represente	d by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		
5/10/2024	MACI	ound		Page No. 284
(date)	(signa	ture of circulator)	1015-004-00-00-00-00-00-00-00-00-00-00-00-00	

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My

The Wisconsin Election Commission

RECALL PETITION

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

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
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(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking I	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Alexan T	LORL IND TOU	msend 1445 Emmertsento)	Village Mt. Pleasant	4/7/234
2 hal lang	Richard Greray	3465900 16th St #103	Village Mt Plac is Guit	4/7/24
3. The	Pirardo 1azo	5910 16TH ST \$104	Village MT. PLEASANT	4/7/24
4 lonerful textse	Immanul Tucker	1242 Sennersten Rd	Village MT. DICASONT	4/7/24
5 AN Kld	JEFF HEID	5900 16 TH ST. 201	O'Village MT. 1645 ANT	4/7/24
6 Elever Thompson	Eleanor Thompson	1451 phoasant Ran BRIVE	Town Village MT Pleasant DRIVE	4/1/24
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9 ~ EN Thorn	(Cugene Non Thompson	1451 Pharant PUN DRIVETION	Utiliage M+ Pleasant Drive	4/7/24
10. POARWENE	Whit (FODD ARQUETTE	14/31 PHEASHNT PUNDE	©Town □ Village □ City □ VILLAISAN/7	4/7/24
1.4 0	00/	Certification of Circulator	10th C2 101 1	-2
I, Moira Kouna	certify: I	reside at 15872 \	182 St Pheonix A	C 85000
(name of circulator) I further certify I am either a qualified elector of V	Visconsin or a LLS citizen age 18 or older who if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality)	nd nersonally obtained each of
		by the officeholder named in this petition. I know that each person signs		
		this certification is punishable under § 12,13(3)(a), Wis, Stats.		1,
4/7/2001	11110	h		Page No. 285

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TO:

The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL			
(The reason for recall must be stated on patitions		reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall o	f state, congressional,	
logislative judicial or county officials.)					
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,			
lack of committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"			
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1: 9- :			☐ Town Z'Village	li z o	
Diane Daughton	DIANE NAUGHTON	1108 NSUNNYSLOPE DR. 103	City MT. PLEASANT	7-6-14	
2. Land Dogan.	JAMPS BUGAN	1156 NOUNNYSLOVE DR. #101	Divillage MT. PLEASANT	4-6-24	
3.7	Casaa lalanda T	7205	Town Willage 12 7 fl = 14 1	4-1-20	
Sucen Mercol .	SUSAN WEDNEY	DIIN SUNDYSLOPE DR	Town	1626	
Gandla Eletsen	Sandra Potersen	1133 N Sunnuslape Dr203	avillage Mt. Pleasant	4-6-04	
5. Paul T. Larson	Paul T. Larson	1309 N. SUNINYSlape PROZ	Uvillage Mt. PLSInt.	4-6-24	
6. Florent Oracl	FOVD CLARK	6507 Spving S+#102	Utiliage MAT 17L SNA	4-6-24	
7. The Bordman	Helen Bodnar	1243NSUNNYSIONE101	United Williage Mt Plant	46-24	
8. HBrown	Kit Brown	1225 NSUNNY 5/00 et 18	Down Town Pleasay	4/6/24	
9 John Born	John Brown	1141 N Sunay Stan \$ 102	Orown Olilage Ocity Olifotory	4/6/24	
10. P. Da Basmisa	Linda Romier	SD19 Combide Cin#3	Otiv N/, Plann	4/6/24	
Certification of Circulator					
LYDIA MONTOYA , certify: I reside at 5 ANNOLDSBURG RD, CONWAY AR 12032					
(name of circulators) 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 state of t					
the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12,13(3)(a), Wis, Stats.		Page No. 286	
4-6-24	<i></i>	Civilation			
(date)	(signatu	re of circulator)	CTRICULTURA CONTROL CO		

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

STATEMENT OF REASON FOR RECALL

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

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office)

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

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

(jurisdiction or district of officeholder)

		trips from the CCP, failure to protect Wisconsin farmland from the CC r his own constiuents by calling them "whack-jobs, morons, and idiots		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TH	IE NAME OF THE MUNICIPALITY OF RESIDENCE MU	IST ALWAYS BE LISTEI
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Sall	Shelly Bond	2025 Saystout Cot	O Town O Pleasant	4/6/24
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(name of circulator)	certify:	Certification of Circulator reside at SANOLOSBURG RI were a resident of this state, would not be disqualified from voting u	CONWAY AR 72032 (circulator's residence - include number, street, and municipality)	and personally obtained
signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	I by the officeholder named in this petition. I know that each persor this certification is punishable under § 12.13(3)(a), Wis, Stats.	n signed the paper with full knowledge of its content on the date	indicated opposite his or l
4-6-24	Ad	ire of controllator)		Page No. 287
(date)		e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 6	508-266-8005 lweb: http://elections.wi.gov.lemail:elections@wi.gov	

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

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	(name of officeholder to be recalled and office)	THE PROPERTY OF THE AGOVE FOR THE CALL		
		TATEMENT OF REASON FOR RECALL		
	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of s	tate, congressional,
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Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF EEDETORS	TRIVIED NAME OF EEECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
These Creston	Lisa Crawley	1750 Mainst	Village Union Corduct	4/7/24
21/2/03/2	Moelle Schings	1012 State+	Town Village Onion Crowle	4/7/24
3 / -	Rendy Brennan	1109 High st	Town privillage //1701 GOM	4/7/24
4. In The	Yerri Matsen	22827 Castandra CI.	Ø Town □ Village □ City □ Village	4/7/24
5. Eva For	FUA FOX	12845 Lavis Schenson Rd	O TOWN O Village W. Pleasant	4-7-24
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I, LYDIA MONTE	oya, certify: I	reside at SARNOLOSBURG RO	, CONWAY AR 7203.	₹
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the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed	Tibi Citati y Close i personany enrealated titis reetti perition and	percentary commed enter of
name. I know their respective residences given. I	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Daga No. OOO
4-/7/24		re of circulator)		Page No. 288
FI .170 (Pay 2010.00) The information on this form is require		Wisconsin Elections Commission P.O. Box 7984 Martison, WI 53707-7984 608-266	-8005 lweb: http://clections.vi.uov.lemail:elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63		
(official with whom nominat	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	trict of officeholder)	
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2.	Charles Januis Hardy	223 108th Street	U village RaxMond	4/19/24	
3 2500	Andraw Schliesman	32 You Street	United Constants	4/19/24	
4. Dm 82	Dan Gallagher	1603 5rth Rd Apt 212	Octive Union Grove	1/10/24	
5 Mm mm	Micayla Gassman	1005 58Ah Rd Mpt 116	□ Town □ Village □ CrCity TOWN □ Village □ CrCity	4/19/24	
Relia Superky	BellaSweeney	100158th Rd Apt 214	Union Grove	4/19/24	
7. Swellmalaw	Swalin Parag	4315 p Borton R. M.	U Village UNIN GWL	4/19/24	
8. Dennie Con	DENNIS COM	3045 Chuthan	Village RACIWE	4/19/24	
9. 200	Heranly Cintagin	7500 sometres buren	O Town Calculation	4/19/2014	
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1. CHers th	certify: I	reside at 4536 GETH. NW	, WASHWGTON DL	20016	
the signatures on this paper. I know that the sign	(name of circulator's residence - include number, street, and municipality) 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 epigented by the office polder 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 fall living	this codification is punishable under § 12,13(3)(a), Wis. Stats.		Page No. 289	

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The Wisconsin Election Commission

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

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

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C11		Certification of Circulator		
I. Chers F	Certify: I	reside at 4536 4674 St. NW	, WASHINGTON DC 2	0016
(name of circulator)		,	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who if we	ere a resident of this state, would not be disqualified from voting under W	√is. Stat. § 6.03. I personally circulated this recall petition a	ind personally obtained each of
the signatures on this paper. I know that the signer	s are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signe	d the paper with full knowledge of its content on the date in	ndicated opposite his or her
name. I know their respective residences given. I	support this recall petition. I am aware that falsifying	his curtification is runishable under § 12.13(3)(a), Wis. Stats.		
4/11/24		V W V		Page No. 290
(date)		e of circulator)		
EL-170 (Rev 2019-09) The information on this form is require	ed by Wis. Stats. §§, 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	-8005 web: http://elections.wi.gov email: elections@wi.gov	

(jurisdiction or district of officeholder)

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

The Wisconsin Election Commission

petition for the recall of _____

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

Robin Vos

(name of officeholder to be recalled and office),

Certification of Circulator Constitution of Circulator C			TATEMENT OF REASON FOR RECALL		
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STATEMENT OF REASON FOR RECALL

The Wisconsin Election Commission

petition for the recall of _

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

(name of officeholder to be recalled and office)

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

lack of committment to election integrity, blocking id	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Stace M. Coleman	Stace Coleman	29340 Raky Rd.	O'Village Burlington	4/7/24
2 Jack (allenger	Jack colengy	29340 Rock) PJ.	O'Town O'Illage O'Illage O'Town	4/7/2
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EL-170 (Rev. 2019-09) The information on this form is required by Wis. Stats §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web. http://elections.wi.gov | email: elections@wi.gov

We, the undersigned qualified electors of the Assembly District 63

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officenoider)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)		V	
	· ·	STATEMENT OF REASON FOR RECALL		
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1. Ablaar Men	certify: I	reside at 1211 Brice Syvara Belo	MD 2617	
(name of circulator)			(circulator's residence - include number, street, and municipality)	-
I further certify I am either a qualified elector of \	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of

the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12,13(3)(a), Wis. Stats. Page No. 293

The Wisconsin Election Commission

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

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

Page No. 294

The Wisconsin Election Commission

(official with whom nominal	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes,
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions		e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	of state, congressional,
legislative, judicial, or county officials.)			7	,
Robin Vos should be recalled for his tacit support	t of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	g lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen E.M.	outs Karen Mart	in 5722 Wildwood	Byllage Racine, Wi	4-8-24
2 Opcqueline Oestinger	JACQUELINE DEMINGER	4444 Cloverdale Dr.	- Town - Williage Racine WI	4-8-24
3 Jun & Dotty	Tromas G. OctingEr	444 CLOVENdala DR	Down PLEASANT PLEASANT	4-8-24
4. Stabel	usa Belles	1353 S. 76 St/	Drown Drillage Cay mond	4/8/24
5 Jan wellow	Joanna Roll	3128 975St.	Ullage Studowant, WI	4/8/24
6. Cheng Softo	CHERYL Lofton	3030 97th St	O Town City Sturle rank	4/8/24
1 Deane Chiton	JoAnne Christensen	3417 97+A St	O Village Sturtevant	4/8/24
8. Gran Duran	Tracy Zwijacz	3417 974 54.	O Village Sturtener	4/8/24
9. Mayor REhn	MANCANET Eckes	3417 97th <3.	Uvillage Strafe our	4/8.24
10. Bobin Theama	ROBIN Theoma	2728 WISCONSIN ST	Uvillage Sturtevant	4/8/24
Certification of Circulator				
1, Abigar Mircitt	, certify: I	reside at 1211 Bruce Sejuare Bucar	mp MD 2/017 Girculator's residence - include number, street, and municipality)	-
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under		and personally obtained each o

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

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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.

STATEMENT OF REASON FOR RECALL

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

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office).

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

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

(jurisdiction or district of officeholder)

		or his own constiuents by calling them "whack-jobs, morons, and idiots."		
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1. HANDI	- Henry Henry	3241 5 27th st.	Village franks ville	4/8/24
2. Il Daroh Kaye	Lacob Hays	32415 27th St.	Wilage Franksville	4/8/24
3. Journal 1075	Terinktotts	2413 - Z44h A 3704-604181	Village Senoska	49/4
4.			□ Town □ Village □ City	1 / -
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the signatures on this paper. I know that the sign	Wisconsin, or a U.S. citizen, age 18 or older who, if I ters are electors of the jurisdiction or district represente	I reside at 1211 Brice Square Buck were a resident of this state, would not be disqualified from voting under North by the officeholder named in this petition. I know that each person signed	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition	
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The Wisconsin Election Commission

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Robin Vos

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lack of committment to election integrity, blocking I	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		<u> </u>
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1. 12h/A:	Kyle L Hinz	640 McHenry St APT 1	Uvillage Burlington	4/9/24
2. Janes	NATHANICI ROSI	16710 256Th AVE WIL	Drown Drillage D City The Value	4/8/21
3. of Culum	Tom Andreasin	1350 715T Dr.	Ullage OILTON GOVE	4/4/27
4. a sombly forse	Cassa what Pool	7625 W5 mile Rd.	Ochy Tranksville	4/9/24
5. 12-6	Desiah Campton	580 MIII AVR	Avillage onion Crove	4/9/24
6. En S	Envly Strongiel	1441 Superior St	□ Town □ Village Ricity Ricity	4/9174
7. Joanne Sarres	SoundBarnes	825 6 th AUC	Orzouc	4-9-24
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			City	
A		Certification of Circulator	New or a boot of	
1. Abicail Merry	, certify: I	reside at 1211 Brilly Syvare Br	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
	0100	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 206
419124	Wagen M	My		Page No. 296

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The Wisconsin Election Commission

__. We, the undersigned qualified electors of the ___Assembly District 63

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TAMENTE OF DEACON FOR DECAMA		
		TATEMENT OF REASON FOR RECALL	No and a second of comments and a state of the second	6-4-4
(The reason for recall must be stated on petitions the legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	f state, congressional,
	of the Chinese Communist Party (CCP), acceptance of tr	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking by	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
lack of commitment to election integrity, blocking it	ower prescription drug costs, and hagrant disrespect for	his own considents 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	MUNICIPALITY OF RESIDENCE	DATE OF
il la net		Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Simboles MI Tay	Kimberly Mc Chula	8410 HORIZON DRIVE	o village Bullius for	4/10/24
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3 Michael Johnson	: 1/1/	141513+hAue # 116	Town Stylliage City UNION GROW	4/10/24
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the signatures on this paper. I know that the signer	Visconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented	reside at 1211 Brice Square ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) Vis. Stat. § 6.03, I personally circulated this recall petition a	
4/10/let	algae ni	c of circulator)		Page No. 297
EL-170 (Rev 2019-09) The information on this form is require	, 3	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web http://elections.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

_. We, the undersigned qualified electors of the ___Assembly District 63

petition for the recall of	Robin Vos	from office pursuant to Article XIII. Secti	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
	(name of officeholder to be recalled and office)	<u> </u>	3			
		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 official of the officials.)						
	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,				
lack of committment to election integrity, blocking I	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."				
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		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE MUS	DATE OF		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING		
1 Mary Morrison	Mary Morrison	1380 Park Pl, Apt 2	Town Willage City Union Grove	4/11/24		
2 MIKE JONES	MIKE JORES	363 MILL AUE Q	Down Village UNION GROVE	4-11-24		
3 Parrish William	Hanh A	1011 Bluebird IN	Otiliage UNION Grove	4-11-24		
Tammy Ereceffe	From Gunffy	1611 Bluebird IN	Oty Olivion Croic	4-11-26		
5 auch 1800	DANIERM KIRL	1809 SELMA DR	Octy WNON GROVE	4-11-24		
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D-		Certification of Circulator	of transfer			
1 Abigail Mur	rith certify: I	reside at 1211 Brice Square Bulca	mo 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.						
4/11/24	alread ine	nut		Page No. 298		
(date)	\ -	re of circulator)				
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STATEMENT OF REASON FOR RECALL

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

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office)

We, the undersigned qualified electors of the ___Assembly District 63

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

(jurisdiction or district of officeholder)

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N. STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Lang Jany	Lance Paulcy	6340 South Orive	politique mount pleasant	4-12-2
Courling apro	x CounTriEV JACKSON	15946 JOANNE DR #108	O'llage MOUNT PLEASANT	4-12-
Durin	PURUS HOT HAM	2105 FRANKIE PL, APT 106	O'Village O'City TIOUNT PLEAS ANT	4-12-2
Cinthe teel	Cynothur Read	2101 FRANKISE Pl. 102	O Village Mousit Pleasant	4-12-
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TO:	The Wisconsin Election Commission		We, the undersigned qualified elect		
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•		(name of officeholder to be recalled and office)			
			STATEMENT OF REASON FOR RECALL	ar in the second	-11 - C -4-4
		for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the rec	att of state, congressional,
Robin V	ve, judicial, or county officials.) Tos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of c	committment to election integrity, blocking	lower prescription drug costs, and liagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
TH	HE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE M	MUST ALWAYS BE LISTED.
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1.	asy X	11/2012	1/25 cellage Ave valina	O Village V A (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1/13/74
2.	MANA .	KEYONICH HOLS	1345 Wilmet Caledge	a Village LACUL	4-13-24.
3	mi-	Nick Thegina	3641 Inclience Ione	□ Town □ Village □ City □ City	4/13/24
4,	M	NONNY PICKIN	1,25 S. Arthur	□ Town □ Village □ City Village	4/13/24 .
5.	J43-1	Jimmy ByztoN	4424 7th Acc	Uvillage CNO DA	4-13-24.
6	THAT D	JAUNE BRURDEN	4822 W Kndlwood Dr	O Town O Village O City	4-13-24.
U_{χ}	Why Goffeel	Kothy Pressete	1504 24th Aug. U.S	Usilage Henosha	1/13/24.
87	Janey Jause	YNANCY HURSEY	1754 LASHRUT AVE	Urown Village RACINE	4/13/24.
9. C	milde	Dirmic Heder	fozz Knolipl	Orown Village Carine	4/13/24.
10.5	Vlamora Cau	Ovameca Ca	815 Jacksen 84	U Village CULIN	4/13/24.
Certification of Circulator I, Abigail Murit certify: I reside at 121 Brice Square Beloane unb 21017 (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					
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1	113/24	UNIVERTINE IN	1/1/1		Page No. 300

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