TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63		
(official with whom nomina	ation 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.	
	(name of officeholder to be recalled and office)	CT ATTRACTOR OF DE ACON FOR DECALL			
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Certification of Circulator					
I, Joseph Iname of circulator)	certify: I	reside at 09 Calle San My	(circulator's residence - include number, street, and municipality)	13	
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 sig	ners are electors of the jurisdiction or district represented	by the officeholder named in this petition, I know that each person sign	ed the paper with full knowledge of its content on the date i	ndicated opposite his or her	
name. I know their respective residences given	i. I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		[n vi	

Page No. 301

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(signature of circulator)

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

(jurisdiction or district of officeholder)

Page No. 302

The Wisconsin Election Commission

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

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 registrative, judicial, or causing officials.) Replicative, judicial, or causing officials. Replicative, judicial, or causing officials.) Replicative, judicial, or causing officials. Replicative, judicial, or causing officials.) Replicative, judicial, or causing officials. Replicative, judicial, or causing officials. Replicative, judicial, or causing officials. Replicative, judicial, or causing officials.) Replicative, judicial, or causing officials. Replicative,	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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(name of circulator)	(name of circulator's residence - include number, street and municipality)				
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Page No. 303

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4-9-2074				Page No. 304
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(official with whom nomination papers or declaration of candidacy for the office is filed) petition for the recall of Robin Vos (name of officeholder to be recalled and office) STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Robin Vos Robin Vos (jurisdiction or district of officeholder) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Robin Vos Robin Vos Robin Vos Robin Vos Robin Vos Form office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials.) Robin Vos R	TO: The Wisconsin Election Commission		We, the undersigned qualified	electors of the Assembly District 63	
(name of officeholder to be recalled and office) STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)	(official with whom nominat	tion papers or declaration of candidacy for the office is filed)			listrict of officeholder)
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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 the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that 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. Jam aware that falsi fying this certification is punishable under § 12.13(3)(a), Wis. Stats.	name. I know their respective residences given	I support this recall petition lam aware that falsi frim	this certification is punishable under § 12.13(3)(a) Wis Stats	signed the paper with tun knowledge of its content on the dat	e muicateu opposite tiis of fiet

Page No. 306

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. 15 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 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.
P		(name of officeholder to be recalled and office)		v	
		S	TATEMENT OF REASON FOR RECALL		
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			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	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
name. I know	their respective residences given. I	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		

Page No. 307

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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.)		STATEMENT OF REASON FOR RECALL the reason must be related to the official responsibilities of the officeholder of trips from the CCP, failure to protect Wisconsin farmland from the CCP,	t. No statement of reason is required to initiate the reca	ll of state, congressional,
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the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting under very by the officeholder named in this petition. I know that each person significant the certification is punishable under § 12.13(3)(a), Wis. Stats.	Wis, Stat. § 6.03, I personally circulated this recall petitio ed the paper with full knowledge of its content on the date	n and personally obtained each o e indicated opposite his or her
4/// <i>DDY</i>	- JULIU	ture of circulator Del		Page No. 308
L-170 (Rev 2019-09) The information on this form is require	red by Wis Stats §§ 8 40 and 9 10. This form is prescribed by t	he 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	on	We, the undersigned qualified elec-	tors of the Assembly District 63	
(official with whom nom	ination papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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the signatures on this paper. I know that the si	igners are electors of the jurisdiction or district represented	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signed	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a	d personally obtained each of
	en. I support this recall petition I ampreade that faisilying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 200

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(official with whom nominat	ion papers or declaration of candidacy for the office is filed)	we, the undersigned quanties	(jurisdiction or dis	strict 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	of the Wisconsin Statutes.
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* Kow dr	Katrina Chavez	225 conkey St	Village Burlington	4/24/24
4.	THE REAL PROPERTY.	CONTRACTOR OF THE PARTY OF THE	□/fown □/ Village □ City	
5. EUNPHUUN	Evelyn Aussell	31508 Bushnell Rd	Utilage BUNIMATION	4/22/29
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I, James A Circ	Certify: I	Certification of Circulator reside at 5891 US HIGHWAY 158 RU	UNESS HENDERSON N.C. 275	37

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. State § 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. 310

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(official with whose nonnution prize on declaration of conflict of file with some non-file pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes. (ourse of efficial-olders to be recalled and official) STATEMENT OF REASON FOR RECALL The reason for recall must be stated on petitions for city, village, from, and school district official recognitions. The cases must be related to the official recognition of the continue of the official recognition of th	10: The Wisconsin Election Commission		we, the undersigned qualified elect	OLZ OL TUG Assembly District on	
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(signature of circulator)

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)	STATEMENT OF REASON FOR RECALL		
(The sensen for second rough he stated on notitions		reason must be related to the official responsibilities of the officeholde	No statement of reason is required to initiate the recall of	f state congressional
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsionnes of the officende	1. No suitement of reason is required to initiale the recall of	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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i further certify i am either a qualified elector of v	visconsin, or a U.S. citizen, age 18 or older who, if I w	the description of this state, would not be disqualified from voting under	wis stat. 9 6.05 i personany circulated this recan petition a	nd personany obtained each of
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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	66-8005 web: http://elections.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

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

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, 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 petitions		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 commitment to election integrity, blocking t	ower prescription drug costs, and liagrant 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			
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
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6. Del Alah	DANIAL Nelson	8135Whitetinil Dr	Mi Village ochy M/ Pleusny	4-6- Tog	
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" Cathafetty	PATRICE PETTY	8114 DAMB CT.	Gryllage Cut. Glentytwit	4/6/28	
10. Try And	Terry Ansell	8110 Dawb. Ct.	a village mf. Pleasant	4/6/24	
Certification of Circulator WHI AND WAY AVON PALE, AZ 8539					
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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(date)	(signatur	c of circulator)	COOK I WAS WAS A COOK IN THE COOK		

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nominate	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	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	OTATIONENT OF DEACON FOR DECALL		
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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 officeroider	No statement of reason is required to initiale the recall of	y state, congressional,
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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,"		
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5 lution of	Antonio Sidde	50 1005 5800 RD \$118	Village M+ Plasant	4/6/24
" allostated	Angeli Que Koszut	1001 58th Rd Apt 122	XVIIIage Whim Grove	4/6/24
1. Mrst	Michael Schenning	100158t Rd Aut 122	XVillage Chilon Crov. C	4/6/24
3 Janear Lugher	Janice Hughes	1001 58 M Apt 212	Village Cly Chan Grove	4/2/24
Willia Marito	William MARane	1780 NEM 24 DOS	UNION GROVE	4/6/2 4
10.			□ Town □ Village □ City	
Certification of Circulator MLAND WAY, AUDN PALE, AZ 8539Z				
(name of circulator) I further certify I am either a qualified elector of the signatures on this paper, I know that the signatures of the signatures of the signatures of the signatures of the signature of the	Wisconsin, or a U.S. citizen, age 18 or older who, if I were are electors of the jurisdiction or district represented	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date in	and personally obtained each of ndicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am a way that faisilying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 314

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TO:	The Wisconsin Election Commission		We, the undersigned qualified el	ectors of the Assembly District 63	
7/.65111	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or di	strict of officeholder)
petitio	n for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Sec	tion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
legislat	ive, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officehol rips from the CCP, failure to protect Wisconsin farmland from the CCP,		of state, congressional,
			his own constiuents by calling them "whack-jobs, morons, and idiots."		
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I,	(name of circulator) r certify I am either a qualified elector of V		Certification of Circulator reside at 15929 W ASALAND W rere a resident of this state, would not be disqualified from voting und	(circulator's residence - include number, street, and municipality)	39Z 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

Page No. 315

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(signature of circulator)

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(official with whom nominal	tion papers or declaration of candidacy for the office is filed)			strict of officeholder)
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aux Danneser	Vaul E Baumeister	3328 Eagle Road Kansgrville WI	city VOVC	4/5/27
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Order Dalton	JODEY DALTON	33500 Washington Are	O'Village B Welling ton	4-5-24
8. M	AAron Foege	2627 Lakeshore Dr	O Village O Ver	4/5/24
9. /	Estela Baumeister	3328 Eagle Road Kancasville, WI.	Village DOVER	4/5/24
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Car Dulan	+N-05	Certification of Circulaton	AR72384	
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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 v	vere a resident of this state, would not be disqualified from voting under		and personally obtained each of
the signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date	indicated opposite his or her

Page No. 316

(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

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.

(date)

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

The Wisconsin Election Commission

	(official with whom nominate	on papers or deciaration of candidacy for the office is filed)		Gurisdiction or distri	ict 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.
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(77)			STATEMENT OF REASON FOR RECALL		3.00740.0441
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Ι,	(name of circulator)	certify: I	reside at 133 a Selina AVE N	121 1 1.11.1010 21	·
l further		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 V	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition at	nd personally obtained each of
the signa	tures on this paper, I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed		
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		[
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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 district of officeholder)			
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•	(name of officeholder to be recalled and office).	. , , , , , , , , , , , , , , , , , , ,	3,5,1,0 o.		
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(name of circulator)	, , , , , , , , , , , , , , , , , , , ,		(circulator's residence - include number, street and municipality)		
I turther certify I am either a qualified elector of W	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under V	Vis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each or	
name. I know their respective residences given. I	s are electors of the jurisdiction or 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.	ed the paper with full knowledge of its content on the date in	idicated opposite his or her	
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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 608-266	-8005 web: http://elections.wi.gov email: elections@wi.gov		

The Missonsin Floation Commission

10. The Miscolishi Election commission		we, the undersigned quantied elec	TOLS OF THE ASSEMBLY DISTURE 62	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
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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://clections.wir.gov | email: elections@wir.gov |

TO:	The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63		
-	(official with whom nominate	on papers or declaration of candidacy for the office is filed)		-	(jurisdiction or district of officeholder)	,
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
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		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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6 One Estero .	Jane Zinser	4012 Lakeview Dr.	Village MI Pleasant	4.8.24
Mac Hurky	MAEGURSKY	4015 LAKEDIEW DR	Styllage Mt. PLFASAN)	4-8-24
* Hersta Prinkman	n GERALD BRINKMANN	13939 LAKEVEW DR	S Village WTP LEAS ANT	4-8-24
9.	Henryth Tomes.	3930 Lakeview Dr	□ Town By Village MT PlowSMA □ City MT PlowSMA	4-8-34
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the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed	ed the paper with full knowledge of its content on the date in	idicated opposite his or her

Page No. 321

(signature of circulator)

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___ 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).

	prower prescription drug costs, and hagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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The Wisconsin Election Commission

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(OFFICIAL WILL WHOTH HOHIMALI	ion papers or deciaration of candidacy for the office is med)		(Jul isdiction o	district of officeriolder)
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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 initiate the rec	catt of state, congressional,
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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."		
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 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. CHSUJ-XX.	1/2/2	1/25 college AND Valina	□ Town □ Village	4/13/74
2	KLERONICH HORS	4345 Wilmet Calegra	arvillage Lacul	4-13-24.
3. Ma	Nick Theama	3641 Incilara lone	Uvillage Cal Inc	4/13/24 .
4.	DONNY PICKIN	1,25 S. Arthur	□ Town □ Village □ City □ City	4/17/24 .
5 Jy B-+	Jimny ByztoN	4424 7th Acc	□ Town □ Village □ City □ City	4-13-24.
John D	JACKE BRUELLOWN	4822 W Kndlwood Dr	Uvillage PMC/NE	4-13-24.
V Lothy Popperle	Kathy Prestate	1504 24th Aug. U.S	U Village Henosha	4/13/24
8. navey Suse	NANCY HURSEY	1754 LASHRUT AVE	UVillage RACINE	4/13/24
"Onital	Simmic Herders	forz Knolipl	O Village City	4/13/24
10. Olyamana Cay	Ovameca Pix	815 Jacksen 84	U Village RUU I N	4/13/24
N		Certification of Circulator		* 2
1, HOIGAN MURCH	certify: I	reside at 1211 Brice Square, 3	21017 MD 21017	
(name of circulator)	Wisconsin or a U.S. citizen, age 18 or older who if I w	vere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality) Wis. Stat. 8 6.03. I personally circulated this recall peti	tion 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 d	late indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4/12/24	al Magary in	MILE TO THE STATE OF THE STATE		Page No. 200

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

TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
3:	(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	the Wisconsin Statutes.
		(name of officeholder to be recalled and office)	THAT HE WENT OF BEACON FOR BECAUT		
/The see	one for small must be stated as activious		STATEMENT OF REASON FOR RECALL	No state of the st	. C. 4. 4
	ison for recall must be stated on petitions in very judicial, or county officials.)	for city, village, town, and school district ornicials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiale 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 o	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."		
Tı	HE 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	MUNICIPALITY OF RESIDENCE	DATE OF
	3.9		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 /	on my dark	Roseman Hart	5550 Braun Rd	ervillage Mt, Plugrant	4-9-24
27	1.10.4	V 1 / 0 2	YTIO P PI	☐ Town	11 - 9 - 14
P	casandia Barty	Kassandra Brotzman	5710 Brown Rd	ocity MT. Pleasant	7-127
3.		JOSH SKARDA	5719 WILDWOOD DR	Sivillage MT. PLEASANT	4-9-24
4.	I Hil	Robert Thiel	4500 Blidgsaut Tr Dr	Drown Drawn Pleasant	4-9-24
5, (avoi thiel	Carol Thiel	4500 Pleasant Tr Dr	Village Mt Pleasant	4-9-24
6.	Kan Indesse	Kari Anderson	5722 Alta Longo &	Styllage MT. Please	4-9-24
3	ath Buden	GAIL BURDEN	3340 WOOD RA	Octy Mt. Pleasand	4-9-24
8	VI B	Julia Pitiman	5855 Emstan hills Rd	Village MI PLECTEAN	4.9.24
9.	Jul	JIMMY DOAN	3321 Gayhart st	Town Pleasous	4.09 24
195	Seland E. Holm	LELAND E. HOLM	3330 GARTHEART ST	Williage Mt Place Scint	4-9-24
W	Certification of Circulator				
Ι,	JAMES AC	CARK certify: I	reside at 5891 US HICHWAY 138 K	A WESTERNAY SERVICE	21357
	(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 awaye that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Page No. 323

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TO:

The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

Page No. 324

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)	TEATEMENT OF DEACON FOR DECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP.	No statement of reason is required to initiate the recall o	f state, congressional,
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES. WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	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. Staff	Kimberlyn Stafford	5700 Tahue Dre	Town Stillage City M. Pleasant	4-9-24
2 Part She Daysoll	Borb Stetenpohl	5736 Tahoe Dr	Drown Brillage City Mr Placs Conf	4-9-24
3 Wayse Stellengow	Wayne Steitenpohl	5736 Tahoe DV	Si Village MT PLEASAN4	4-9-24
4 y lottenbelegn	C. ROHAPERGER	3312 OLYMPIADR	Styllage MT. PLEASANT	4-9-24
5 Skeusa Pothenber	WIT. KOTHE MBERGER	33/2 Olympia De	Ba Village Mt. Fleasant	4-9-24
6 Part 3th	Brad Stavin	3505 Olympsa Dr.	Drivillage WIT Plaasant	49-24
7.			□ Town □ Village □ City	
8.1			□ Town -□ Village □ City	
9.			□ Town □ Village □ City	
10,			□ Town □ Village □ City	
	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	reside at 579 US HIGHWAY 158 E	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a	

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 appeared that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

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.

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

(jurisdiction or district of officeholder)

Page No. 325

		TATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)		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	f state, congressional,
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."		
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1. Harved Commin	HAROLD COUSIUS	13100 000 457-11	Drown Stillage City MT. PCENSON	4/14/29
House Courins	hourie Cousins	13101 old Huy 11	Town Placingan	41424
3. Theread) A. Lupine	Haward P. Jukner	8800 Vone AC	Stillage M+ Plagant	1-14-24
4.	Marie Joseo Cote	3774 Contessa Ct	Town Stutevant	4-14-24
5			☐ Town ☐ Village ☐ City	
6,			□ Town □ Village □ City	
7.			□ Town □ Village □ City	
8.			□ Town □ Village □ City	
9.			□ Town □ Village □ City	
10.			□ Town □ Village □ City	
James Aliger	certify: I	Certification of Circulator reside at 5291 115 Hurthway 153 Russu	HELL HENDERSON MC 275	37

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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10: The Wisconsin Election Commission		we, the undersigned qualified elect	ors of the Assembly District 63	
(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	n 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	2	
A -011	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	f state, congressional,
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of the	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."		
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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
1 11/7 /11	Jesse Procto	USD SUDSELD CADIS	Town Utillage Rand	04/04/24
2001 1000	7/00/0	100 JOH, 30 1 DI AIP 0	Acity Williams	
2 0 1 = =	D II A Se	42 - 1 - 1 -	□ Town Ū	
asim	Romildo Agostera VI	TO Sused D. Apt. 12	ocity Burlington	D4-04-69
3. 4 Mr. 1- 12.	to a that he	DARDIS /	Town D. Ala 1	11/11/01/
an ancoel	3110-11 CIVII	and 7/3 conow	ocity Delle WAID	414/27
4 1/- L. D	1/ 1/ 1/ 1/ /	(177 7 11	D Town	1/1/2/12/
Katin B	Katia Betarcol	1973 Dotton	1201 1201 19501	919109
5. 01 11: 1 . 1	13 11- 15 11	1111 0 1100	De Village R. Village	111./
Mylles, Whate	THILIS WUCKI	461 Duton 51	City Dill 11140	7/4/24
6.1/1/2	11 1/25/	the same of the same	U Town	chel.
Clark	MERIKE FORCIMILLY	500 OV MON 57	City Mer Will L.	94 24
7.4 1	To CC		□ Town	. / 2 /
Mr. Languere	Marsha Dante-back	525 12050 -Ann	Ovillage Burlington	4-4-24
8 20 00 00	- 1 1 L	1551 0 , 1 X	Town Z	4-4-24
2 gap ()	I homas Gainnator	476 Kose Han Dr.	orillage DUTINGTON	9-4-29
0 1 1/1V	0.1/11	MININ	O Town	1111 01
Meral With	March Vork	14 U. Kenderick Ave	City Clurch on	4.4.29
10.1	11/10/	10.11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Томр	1110
Lebooph Marke	Rhorah VOZZIE	14 Notember Cl. HVP	o city Dichardon	4-4-21
		Certification of Circulator	DH DI	1-21-00
1. Moira UROI	, certify: I		N 1812 Strankt	120000
(name of circulator)	W		(circulator's residence - include number, street, and municipality)	
		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		
		this certification is punishable under § 12.13(3)(a), Wis Stats	a the paper with run knowledge of his content of the date if	idicated opposite his of fiel

Page No. 326

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(signature of circulator)

(date)

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

Page No. 327

The Wisconsin Election Commission

(official with whom nominat	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	tion 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)		Ü	
		STATEMENT OF REASON FOR RECALL		
	s for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officehold	ler. No statement of reason is required to initiate the recall	of state, congressional,
legislative, judicial, or county officials.)				
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of	rips from the CCP, failure to protect Wisconsin farmland from the CCP.		
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1 muy mayon	Miya Monzon	165 N. Kendrick Ave.	O TOWN O VIllage Bullnaton	4-4-24
2. Cartly Vos	Cathy 1/05	173 N Kendrick Ave	Ostrown Village Burlington	4-4-24
3.		9) IM954	☐ Town	14.5
			City	
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10			☐ Town	
			□ City	
		Cartification of Circulator		
I MOVVE ROU	certify: I	Certification of Circulator 15872 N	18th & Phoonix An &	5027
(name of circulator)	, certify. I	regide at	(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 unde		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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name I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

RECALL PETITION 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, Sectio	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sulphon	Jordyn Scymor	254 veranda Lane	avilage Mt Pleasant	4/5/23
2 Juan Mills	Lisa Miller	330 Portico Dr. 113	is village mt. Pleasant	45/24
3 Carlely	Xanie Carles	350 Parties Dr. 101	Divillage Mt. Merson	4/5/29
4 Nallingenus	NIKKI Edwards	250 portic De. 109	village mt. pleasant	4/5/24
5 Willie Hoga	Willie Llangue	330 Porton Dr 204	Village Ocity Mt. Plasert	45124
Lader Mh	Cauren Mordan	330 Portico Dr 204	gryllage Mt. Pleasant	4/5/2024
34 HA	MERCENES HUERTA	331 Porno DR Z12	xi village Upruffleasant	04/02/2021
8 Whatay & Gaturoof	Elizabeth K. Catowood	331 Portice Dr 284	2 Village III Pleasant	4/5/2014
9 LANGE LEWE-LATIN	Jandon	331 POXICO DE 10	Village Mt Pleasent	4/5/2024
10. Moulyn James	Marily n Nemelt	80330ld Spring St	a Village Mt. Pleasant	4/5/2029
MoiraRound	Moina Rounds Certification of Circulator N 18th St Pheonix Az 85027			
(circulator's residence - include number, street, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her				
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 328
(date) (date) (EL-170 (Rev 2019-09) The information on this form is required.	(signatu red by Wis, Stats, §§ 8,40 and 9,10. This form is prescribed by the	re of circhlator) • Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://clections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election	n Commission	. We, the undersigned qualified electors of the Assembly District 63		
	th whom nomination 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	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	OF A SPERMENIS OF DE ACON FOR DECALL		
(The reason for recall must be ste		STATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
legislative, judicial, or county of	(ficials.)		, , , , , , , , , , , , , , , , , , ,	,, <u>a</u> ,
Robin Vos should be recalled for	his tacit support of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELE		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. 37 V	Joe Funkhauser	1237 Tallgrass Ln	Distribution of the control of the c	4/5/24
2 (heyl Lave	ge Chery/Langel	1344 RAMONA Dr	divillage Mt Pleasant	4/5/24
3	Mignel Medice	833 Partico Dr.	O'Village MT Pleisaut	4/5/24
4. 4. 1. 1.	Billylee	333 Purtice Dr. Unit 106	Dryllage MI Fley and	4/5/24
5. Thirt	- JESES PHEY	377 paraco p2 #200	a Village Mt. Pleasant	4/5/24
6. 1/2/1/1	Victoria gerez	330 Porticolic ZOL	S Village Mt. Pleasatt	4/5/24
7. Indal	David Anderson	334 Verandy Lane #200	Village Mt. Pleasant	4/5/24
8. A 4 7 1 C/ G	10 A. BRAGES (ANN)	335 VeranDA LN - 213	Williage M+, P1995 ANT	4/5/24
9. (121)	Chaol G Mues	335 Veranda LN - 1208	Xvillage Mt. Plensant	4/5/24
10. 1	e-TWRK IS	335 UERZAMDA UN # 112	□ Town Village City Ci	4/5/24
1, Morral	Zounds IAR (1) certify: I	reside at Certification of Circulator 18th		27
		vere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis Stat 8 6.03 I personally circulated this recall petition.	and personally obtained each o
the signatures on this paper. I kn	ow that the signers 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	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. 329

(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		
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petitic	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		(name of officeholder to be recalled and office)			
			STATEMENT OF REASON FOR RECALL		
		for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
legislat	live, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of	committment to election integrity, blocking k	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
Т	HE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
<u> </u>		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. 107	Indicate Town, City, or Village	SIGNING
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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.	od the paper with run knowledge of his content on the date in	- I are a specific inc or not
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Page No. 330

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 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 (name of officeholder to be recalled and office).	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)		reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	t. No statement of reason is required to initiate the recall o	f state, congressional,
· · · · · · · · · · · · · · · · · · ·		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 N.	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rugal 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) I further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	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
the signatures on this paper. I know that the signer name. I know their respective residences given. I	rs are electors of the jurisdiction or district represented I support this recall petition. Lam aware that falsifying	by the officeholder named in this petition. I know that each person sign his certification is punishable under \$ 12.13(3)(a), Wis. Stats.	led the paper with full knowledge of its content on the date i	ndicated opposite his or her

Page No. 331

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 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 (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		TATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall o	f state, congressional,
		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	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 ηο	MUNICIPALITY OF RESIDENCE. Indicate Town, City, or Village	DATE OF SIGNING
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maria Fest	Mane Fliess	1108 180th Ave union Trove wi	Unide Unide Grove	5-27-29
5///////////	Ross LaMarr	26129 woodland - rail kansosville wi	United the City City City City	5-24
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(name of circulator)	wisconsin, or a U.S. citizen, age 18 or older who, if 1 w	vere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a	53/58 and personally obtained each o
name. I know their respective residences given.	I support this recall petition. I am awar that falsifying	by the officeholder named in this petition. Throw that each person sign this certification is punishable under \$12.73(3)(a), Wis stats.		Page No. 332
EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats && 8 40 and 9 10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web http://electrons.na.gov email elections@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, Secti	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
	(name of officeholder to be recalled and office)		3,	or the Wisconsin Statutes.
(The reason for recall must be stated on petition:	s for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholde	No statement of account in account of a late of	
registance, jaureran, or course, officials,			1, 140 statement of reason is required to initiate the recui	l of state, congressional,
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lack of committment to election integrity, blocking	g lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots,"		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITÝ OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE M	UST ALWAYS BE LISTED.
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1/10/00-	MARTY (RAVEN	655 Hillside Dr. 70	Octy DieLing	5-127-24
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the signatures on this paper i know that the signe	of are crectors of the unisulction of district represented i	are a readent of this state, would not be disqualified from voting under the priceholder named in this petition. I know that each person signature of the person signature of the person of the conficulty of the person of the pe	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
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EL-170 (Rev 2019-09) The information on this form is requi	(signature ired by Wis Stats §§ 8 40 and 9 10 This form is prescribed by the	e of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web http://elections.wi.gov email elections@wi.gov	- 1-0

TO: The Wisconsin Election Com	mission	We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with who	m nomination papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	trict of officeholder)
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	· · · · · · · · · · · · · · · · · · ·	STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials	5.)	e reason must be related to the official responsibilities of the officeholde trips from the CCP, failure to protect Wisconsin farmland from the CCP,	r. No statement of reason is required to initiate the recall of	of state, congressional,
lack of commitment to election integrity	r, blocking lower prescription drug costs, and flagrant disrespect to	r his own constiuents by calling them "whack-jobs, morons, and idiots,"		
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SIGNATURES 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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I further certify I am either a qualified e	elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	Wis Stat § 6.03 I personally circulated this recall petition	and personally obtained each
the signatures on this paper. I know that	t the signers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective/residence	es given. I support this recall petition. I am aware that falsifying	is certification is punishable under § 12.13(3)(a), Wis Stats		
05/27/202	9	ur of circulator		Page No. 334
EL-170 (Rev 2019-09) The information on this f	form is required by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web http://clections.wi.gov email elections@wi.gov	6.

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict of officeholder)
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	(name of officeholder to be recalled and office)			
		STATEMENT OF REASON FOR RECALL		
	ns for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	$ au_{_{\odot}}$ No statement of reason is required to initiate the recall of	f state, congressional,
legislative, judicial, or county officials.)	rt of the Chinese Communict Barty (CCD), accontance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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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
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, Gabriela	Brumar certify: I	reside at 2/52 Rufter Rd,	Glenview 1L 60	026
(name of circulator)	, certify 1	reside at	(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector o	f Wisconsin, or a U.S. citizen, age 18 or older who, if 1 w	vere a resident of this state, would not be disqualified from voting under V	Wis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	by the officeholder named in this pelition. 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 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.		D
0/41/24				Page No. 335
(date)	(suppli		EL WAYER W	
EL-170 (Rev 2019-09) The information on this form is req	urred by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission P O Box 7984, Madison, WI 53707-7984 608-266	6-8005 web http://electrons.wi.gov email electrons@wi.gov	

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

(jurisdiction or district of officeholder)

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

The Wisconsin Election Commission

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)

Rural address must also include box or fire no. 1. Jiane July Julianne Trefry 9109 Dahlia Ln Mt Pleasant 53444 Chillings Marie Marie Julianne Trefry 9109 Dahlia Ln Mt Pleasant 53444 Chillings Marie Julianne Trefry 9109 Dahlia Ln Mt Pleasant 53444 Chillings Marie Julian Williage Marie Julian Marie Julia	At Plasant 4-4-28 At Plasant 4-4-28 At Plasant 4-4-28 At Plasant 4-4-28
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urther certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I p	sonally circulated this recall petition and personally obtained each c
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	chowledge of its content on the date indicated opposite his or her
me. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12 13(3)(a), Wis. Stats.	
9.74.729	
(signature of circulators	Page No. 336

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	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
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(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	of state, congressional,
legislative, judicial, or county officials.)		rips from the CCP, failure to protect Wisconsin farmland from the CCP,	ĝ	
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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 Non Bary	Andre Barry	256 Verandaln	Village Mount Dleusant	\$15104
2. Par Ny5	Parker Wedig	256 Veranda La	Styllage Mount /6654nt	4/5/24
3. Rus	Kebeca Beck	256 PREVIOLE IN	Down Waylinge Wount Pleasant	4/5/24
4. 2/8	Coshard Listander	253 Portico PRIVE	privillage Mount Pleasen	4/5/24
5.	Brether.	23 postic pro	□ Town □ Village □ City	
6. Ama Th	Juani Tyles	1100 Foundain 4:115 0-	Diviliage Mt Pleasant	4/5/24
7. Repuly W.	3 Noring Norting	9412 Old Spring	in Town provinge with Deasont	4-5-24
8. Karu MBannan	Kara Brennan	913201d Soring St	Prillage M+ Pleasant	4-5-24
"Mary Pretias	Mary Pietras	9018 Old 3pring St.	a rown A Village of the Pleasant	4-5-24
10. Nellinson	-Melussa Cleans	SOIL Red Howk Grave	or Town In Present Present	415/24
I CHRISTORTOR C. Hul & certify: I reside at 4536 4671+ ST. NW WAS HUMAN DC 2016				
the signatures on this paper/I know that the signe	ers are electors of the jurisdiction or district represented	verga 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 ned the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that fals thing	this certification is sunishable under § 12.13(3)(a), Wis. Stats.	^,	Page No. 337
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web: http://cloctions.wi.gov email: elections@wi.gov	·

TO: The Wisconsin Election Commission		We, the undersigned qualified elect		
	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	the Wisconsin Statutes.
	(name of officeholder to be recalled and office),	THE TRUE OF BEACON FOR BECALL		
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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 sunement of reason is required to initiate the recuit of	state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1, 2 C	Lisandra Cervantes	7942 Daniel Ct	Stillage City MOUNT PIPASANT	04/05/200
2.	Tachany Kasinski	7942 Dainiel Ct	a city Mount Pleasant	04/05/2024
3. 714	Chris McCroun	750 Portico Drues	Strillage MOUN FREUSANT	4/5/2024
4. The Var Bear	Heather Bailey	260 Portico Dr	Svillage MOW FO LUSAM	415/2024
5. DevreSmlA	Parren Smith	250 Partico Dr	avillage Mount Pleasant	4/5/2004
6 Kevil Kenzii	Kevin Kijowski	330 Portice Dr.	Brillage Mount Pleasant	9/5/2024
7. 11/11/9	LAUSEN REUSPEVO	381 Portico Dr.	Gity Mount Pleusant	9/5/74
8. Jum	Juan Garardo	336 Veranda Lin.	U Town U Village U City	4/5/24
9.7 Wan 6/2	Mayan Gabunal	250 Porticopp.	O Town O Village O City	4/5/24
10.7- March	thinkey Wall	33 Par-14 Pr.	O Town City City City	4/5/24
CELOUG HAN	, '	Certification of Circulator	Mul IN A CILIN	Gran OC
I. (HX) 1100	certify: I	residuat 4536 9674 25.	(circulator's residence - include number, street, and municipality)	2011
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	rere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis Stat 8 6.03 I personally circulated this recall petition a	and personally obtained each of ndicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that fals wing	this certification is punishable under § 12.13(3)(a), Wis. Stats.	-	
4/5/24	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Page No. 338
(date)	red by Wie State 88 8 40 and 9 10. This form is presented by the	re of orculator)	66-2005 lively http://elections.wi.um.lemail.elections@wi.gov	
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(TELL C	11		STATEMENT OF REASON FOR RECALL ereason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall as	f state, congressional.
	or recall must be stated on petitions dicial, or county officials.)	for city, village, town, and school district officials. The	greason must be related to the official responsibilities of the officeroider.	. No statement of reason is required to instate the recuit of	, sinte, congression,
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L.	Johlen -	CRESTAL PEREDIOS	MOOS EMMERISEN RA. MT. PLETTING WIGGONEW	TOWN Willage MOUNT PLYMANT	4/04/2024
2.	Vilda	Cryst HL PERCOU	5009 1657 Street	Village MONT BEAM M	4/06/2019
3, 1	Vaniá	Crysthe PER cros	5059 10 st (Street)	Divillage Mc4877 READANT	4-6-2024
4: \$	rel	FORD BAME	5910 14+hores	Unilage Moust RACINE	4-6-24
5.	a Bugeren	LISA Bergeron	1445 S. Emmertsen Ro	Da Town Salvillage Mf Pleason	4.6.4
610		Told Hartman	5920-16th S.M. A want	Village M+ Pic ~ s +	9-6-24
7.	Desso	Jackin Hown	3940 1684 St Racine WI	Village M+ PLASAM	4-6-24
8.	2-1	Shruti tiwadi	5920 16th St Rocine WI	Village M-1 Pleasant	4-6-24
9 Mar	ia Cristina Flor	es Maria Cristin Flores	3920 16th st lacing winot 201	ad Village Dy Dascat	4-6-24
10 Ano	iel ortiz	AOJ	5928 16th St Recine wipatzal	Down Do Village City Ny Pleasent	1-6-84
C	1110.	Hu cortific I	Certification of Circulator	Must war of De	de
I,	CIN'S I	certify: I	reside at 45 36 767H ST. 1000	(circulator's residence - include number, street, and municipality)	146
the cianatures	I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or order 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 signestures on this paper. I know that the signest are electors of the jurisdiction or district represented by the office bolder rained 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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	4/6/2024	(signal)	pre-offiticulator)		1 age 170 339
EL-170 (Rev. 201)	9-09) The information on this form is requ	gired 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	

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 distr	ict of officeholder)
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1 Saut Slow	5740 Can Scott Slope	(57/0 CAPPRISE HILL	Dywn Dyillage Octy	4-19-24
2. PO/2-hiller	Tammy Roffe-Full	1981 S. Enimertsen Rd.	Davilage Mt. PROSANT	4-6-24
3 Mars He	MARK FULLER	901 S EMMERTSEN PO	GKVillage D City M PCASAUT	4-6-24
4. Chet Col	CHRISTINE COYLE	943 5 EMMERISA RD	Drivinge MT PLEAGAT	4-6-24
5. Ind Dwell	LINDA DUVALL	504 S. EMMETETSEN PU)	Village of Pleasant	4-6-24
6. Frank Schauer	FRANK SCHAUER	5185, EMMERTSEN Rd	□ Town pi Village □ City MT PLEASANT	4-6-24
7. Mikki Lusson	MIKKI LARSON	518S. EMMEVISEN RD	Town Writinge Octy NY, Pleasant	4-6-24
& Multimus	AMANDA MARTINEZ	602 S. EmmpFison RD	Village M+ Plane+	4-6-24
9. word frais	HOWARD TRAVIS	6237 HAVEN AVE	1 Village Int. Placesant	4-6.24
10. Pet Komph	Peter Krenzke	6229 Haven Ave	Na Village Mt. Pleasest	4-6-24
chais there	certify: I	reside at 4536 467H ST. NW	w to tructor pc 200	16
(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 office holder 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 bunishable under § 12.13(3)(a), Wis. Stats.				
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is bunishable under § 12.13(3)(a), Wis. Stats.		Page No. 340
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	6-8005 web: http://elections.wi.gov email: elections@wi.gov	



TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
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	(name of officeholder to be recalled and office)	TO A TREATERING OF DE ACON FOR DECALL		
	S 21 21 a town and asked district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	state, congressional,
(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 responsionities of the officeholder	The statement of reason is required to initiale the result of	,
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'Angela & Venzhe	Angela A. KRENZKE	6929 Hoven Quenere	Village Mt. Doasant, 201	4-6-24
*Akerolok (Aghicky	Dowald R. Karbahi	445 Sa Emmertsen	Village MITPLE sarut W.	4-6-24
3.	George Valla	39 service	Village OF PPCJTL UI	4-6-24
4. The hour	Grant Zahuvance	128 S. Emmertsen	Village wt pleasant wi	4-6-24
5 Frakord Ree	Brankord.D. Lee	6720 Pheasantereek trd	D Village (Nf Diesant, W/	4-6-24
makie 1 Lee	MARIA D. LEE	6720 PHEASANT CREEK TRAIL	City MT PLEASANT WI	4-6-24
7.5000	Sherri Coleman	6236 Pheasant CicelCTG	Wilage MT Pleasen / W	74-6-24
8 Jan	Jeff Coleman	6236 Reusand Crel Trl	S Village M Pleusun2	4-1-34
9.	An Pham	6917 Phoa Sent Crock To	De village MI Place as ant Wi	4-6-21
10. Jeggll	GRECG SCHWARK	41 MOURNING DOVE CAME	10 Village MT PURASANT WF	4-6-2024
" CARIS HULL	, certify: I	reside at 4536 4674 ST, Nu	Circulator's residence - include number, street, and municipality)	016
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 circulated and the 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 fals fying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 341
EL-170 (Rev 2019-09) The information on this form is requi	(signal)	over circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov	1

MOUNT PLEASANT

RECALL PETITION

TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
-	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petitic	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
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•	ason for recall must be stated on petitions t live, 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,
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lack of	commitment to election integrity, blocking is	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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	SIGNATURE OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
			Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1::	Nildarfin)	My Nilda Delgado	5059 16 ST Street	Brillage Mount Recrognit	4/07/2024
2.	Till Hnett	OTILIA HYATIT	4413 SUNVALLEY DV.	Phillippe mt, Phenot	4107,12024
3.	Mitted Willer	Arothon Allen	1406 Book Res 100	a village of Plantat	4/1/204
4.	Decegan Notel	DESCRIPTION OF THE STATE OF THE	840 S EMMERSTER	a villagent PL easeli	4/7-24
5				□ Town	
-		V		□ Village □ City	
6		7		□ Town	
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î.	CHQU Hu	, certify: I	Certification of Circulator reside at 4536 4674 St. M	(circulator's residence - include number, street, and municipality)	2020016
I furthe	r certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I w	er 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 sign	natures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
name	I know their respective residences given. I	support this recall petition. I am aware that falsi ying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		n v 0.46
	4/7/24		w y y		Page No. 342
E1 150 7	(date)		re of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	c poor but. Not Atheren of any built station C	L

TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
-	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
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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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1	vaux 5	Markenzhes-0	113726 Wash hoffy au	ocity STOTTE VAIVO	4-11-14
2	Maniazza	Mariozach	14808 Washingtion Ave	Brillage Union Grove	1 1 - 11 - 11
<u> </u>	Mario, Zach	11/2/10 2001	3	City UNION Grove	4-11-9-
3,	3gn John	15en Koke	15826 Washington Ave	Stillage Union Grove	4-11-24
4.	Contex Helle 1	AMBER LIDICOMB	18620 WASHINGTON AVE	Styllage () WIND (SAOK	4-11-24
5.	Related the	This 6/4b	18817 hushin Ably	□ Town	4.11-24
6./	Javy Parlant	David Paulousk	7138 W Imperial Dr	Under Tranklin	2//1/24
2	hole,	Angela Laketse	7 P.5 S. Badpak A	O Village Franklin	4/11/24
8	lang Hoffe	James Hoppe	28218 Washington Ave	O Village Water ord W	4/17/24
2/	the Parts	Amy Agritz	209 W Mains of Abot B	i Village Cocky	4/13/64
10.	11/1/	n De de	1196	□ Town	
\bot	Pholetiles	HIMADIA FIANKE	111,0	☐ City	
Ţ	CHEIS HULL Certify: I reside at 4536 4674 ST NW WASHINGTON DE 20016				
٠, ــــــ	(name of circulator)	, centry, I	reside at 4338 1874 21.10	(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 w	ere a resident of this state, would not be disqualified from voting under V	Wis. Stat. § 6.03. I personally circulated this recall petition ar	id personally obtained each of
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	(date)	(signatur	re of circulator)		5 0 7 0
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1- Child	Em. 4 Corr	8027 Creek von La	Syllage M. P. P. C. C. C. City	4/19/24	
2 Aunil Dan	Jennifer Dumma	25015 Dover are Rd	Unilage Waterford	Her /24	
3 Eliabel Ruer	Elizabeth Bauer	5224 County Rd. 6	Village Raymond	4/19/24	
4 Dennonth	Jenniter Metz	336 shelley Dr	Uvillage Racinl	4/19/2-6	
5. Rosert Benedica	Robert Benedict	1121 main st	Brillage UNION Grove	4/19/24	
6) h 1 9	David Will ser	MOO /1-16 Ane	□ Town □ Village □ City □ City □ City	1-19-24	
7. 15/1/19	thevin Schnickt	3842 County Rd & Caledonia WI	Drown Prillage City Raymond	4-19-24	
8. Ma	Nancy Schmidt	3842 Co 2d G	O'Town Pillage Raynond	4-19-24	
9	Juni Mostile	1012.1448 1025	a Village U. G./U~	4-19-24	
10. Charf-fant	Chese P. Longo	1617 Raymond Ane.	Usilage Verkuille	4-19-24	
, CHeis Hu	CHRIS HAM certify: I reside at Certification of Circulator St. NW WASH WGTON DC 20016				
I further certify I am either a qualified elector of V	(name of circulators residence - include number, street, and municipality) (include number, street, and number				
name. I know their respective residences given.	support this recall petition. I am aware that salsifying	this/certification is pullishable under § 12.13(3)(a), Wis. Stats.			
4/19/2024		N 11/1/V		Page No. 344	

(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 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	
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).	TATEMENT OF DEACON FOR DECALL		
(The control of the state of th		TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	f state congressional.
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	140 statement of reason is required to matate the recail of	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 l	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
Wen helry	DEAN KULAKOUS	4803 TANghewood He	O Village CACINE	4-6-24
2 Morry	YANDEL CRUZ	1742 DEANE BLUD	Unilage P (75) 1 (2)	4/6/2003
3 Ray Journ	Ray Jersen	1230 Illinois sit.	O Town O Milage RACINE	AGRG 2024
4. Valusal	Kalivah Patterson	1036 Blaine Ave	Unilage Pacine	418124
Drandy Leininger	Brandy Leininger	1856 BOOSEVELT Ave	O'Town O'Illage O'City Racine	418,174
6. Smapsell	Sena Bell	1239 Govove Ave	O Town O Village SP-City Racine	4/0/24
Tran Par	Terstan Privily	809 yat St	Utiliage Cone	4/8/24
8. Hallon	Candoulliller	&29 yout st	Uvillage POC NE	4/8/24
9. July Mer Ola	Sakir Malex	4803 The Board	16 Town □ Village □ Village □ Village	4/8/25
10. Doma HA	Thanks Step	1544 philips Ave	O'Town U Village DeCity OCIC POP	4/24
1. CHais Hu	.Certify: I	reside at 4536 4674 Sr. N	Wash Indian De (circulator's residence - include number, street, and municipality)	20016
(circulator's residence - include number, street, and municipality) If further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under 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 office holder 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 falls flying this certification is punishable under § 12.13(3)(a), Wis. Stats.				
name. I know their respective residences given.	I support this recall petition. I am aware that fallsflying	this certification is prinishable under § 12.13(3)(a), Wis. Stats.		Page No. 345
(date)		Wisconsin Florium Commission I P.O. Box 7084 Medican WI 53707-7084 608-766	6-8005 liveb: hun //elections vi trov l email: elections@wi gov	-1



TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	
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)	TATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions to		reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
legislative, judicial, or county officials.)			,	
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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
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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2001	ROGER C PFOST	3919 RUBO 40 311	Town PACWO	4/5/24
O- Jan	1/086/2 - 1/-031	3777 (100)	☐ City	7.3.
3, 2	Dean I near	3	□ Village	LIRIS
The flery	BRAD LIBERTY	5701 CAMBRIDGE CIR	D Town	7/3/24
4 /11/ Cen	T1. 26.	5701 Cambridge Circle #4	□ Village 7	4/2/211
·ac	John Adams	210	□ City Town	110 24
5 Q. Henson	Joy Henson	1.280 King Acro	Total Mount P.	415124
7.1 100113011	1 1		□ Town	11/1/2/
6.1/10	Nathanel Nochelic	4022 Wash hash Rd Alta	O Village KCADS49	4/5/1
10)		1010101	□ Town ()/	1 the tall i
Lacel In eston	21 Kmol Jaresans	(1 6426 Wanger Ln	City MI flea Sent	71/201X4
		111	Town	13/5/211
Voxda Dekemisk	Vonda Sczepanski	6426 Wander In	City Mt. Pleaseat	511514H
9 / 1/ 1/ 8/ 0/0	O I M M M	1707	Novillage MT DID St. 1(1) T	HILIAII
" Hun the M. INHOUSES	July M. Mangers	5 820 LINCOLN VIllage an	acity / / PIESTSVAN	71/3/067
10. 1/	1////	1 7 69-0	Novillage // Places +	Meilan
Dancen Hint	14 12 /	65 Wingho Ale	City / (- 1 02) 9%	STIDIST.
A - 500 : 1	1	Certification of Circulator		
, ALEX ITEN	, certify: I	reside at 4705 WITCHHAZEL WAY A BERDES	(circulator's residence - include number, street, and municipality)	
(name of circulator) 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	Wis. Stat. § 6.03. I personally circulated this recall petition as	nd personally obtained each of
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
	I support this recall petition. I am aware has alsifying	his certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 346
4/5/24	(XXIIIXX	030		1 480 140 340

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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 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).	TATEMENT OF REASON FOR RECALL			
		reason must be related to the official responsibilities of the officeholder	r. No statement of reason is required to initiate the recall o	f state, congressional,	
legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,			
lack of committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."			
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	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 della plut	Kelly I sheiter	16202 Durand Ave	Town Village City City	4-5-2001	
2 M Solve	Malingk	1620 Dund AVE	orty /awill	4-5- 24	
3.	Michel HARMIN	2218 200 H Ave	stiviliage Union Grove	4-5-24	
4 Hart Dohnord	Hunter Schneider	3539 80th Street	Other Franksyille	4-5-24	
5 wur De	Brianne Ravik	3537 80th Stopet	City Canksul	4-5-24	
6.	Vladimir Rink	9821 Schoen Rd	Divillage Union Grove	4-5-24	
7 for But	Kevin Burbey	520 M. El Aue	a Village UNI on Grove	4-5-24	
8 DeannaBreber	DEANNA BUTTEL	520 mill Ave #203	Grove Union Crove	4-5-24	
9. Sured Bige	San Bose	4926 57TH DE	of Village UNION GROVE	4-5-24	
10. Am fr	Josh Flanders	1207 High ST	Divillage ONION Crown	4/5/26	
	Certification of Circulator				
I, ALEX ITEN (name of circulator)	, certify: I	reside at 4705 WITCHLAREL WAY A	(circulator's residence - include number, street, and municipality)		
I further certify I am either a qualified elector of V	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	and personally obtained each of ndicated opposite his or her	
name. I know their respective residences given. I	(Usous)	uts crification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 347	
(date)		re of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	56-8005 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)

	STATEMENT OF REASON FOR RECALL					
	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,		
legislative, 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 MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Elmalet De Mander	El, rabem Fernancle 2	1621 Warwick Way	Williage Mount Pleasant	4/6/4		
2/1/1/1/14	11/1/berto Ferrer	1545 WARWKK WAY	St Village Mt Plast	4/62		
Roller	Stephania Verrer	1545 1 Daky whitehy	Di Village M+ Plasant	4624		
Linda Proprietals	LINDA ARCHIBALD	1225 MARINER DR #3	DEASANT PLEASANT	4-6-25		
5 mil	Mitri KIRK	IIII Praine Dr #3	Village Mt. Pleasant	4-1-24		
6. Hous, Jell	NORM FRITZ	IIII PRAIRIEDR, For	DE Village OCI PLEASANT	4/6/24		
1. July mm	Justen Marian	MOL Praire Dr H	or village M. + PLEASANT	4/8/24		
8 Smiles Proc	Jacquelin : Prog	1101 Prairie Dr. #8	of Village M. L. Prand	4/6/24		
225/1	Garn Ebben	1325 Arthur AV	□ Town □ Village □ City □ City	4/6/201		
10. TW W	TYLER EBBER	1325 arthur ave	□ Town □ Village □ City □ City	4/6/29		
ALEX ITEN	J	Certification of Circulator 4705 WZ	TCHHAZEC WAY ABERDEE	N MD 21001		
(name of circulator)	,contry. 1	reside at	(circulator's residence - include number, street, and municipality)			
1 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 talsifying this continuation is punishable under § 12.13(3)(a), Wis. Stats.						
4/6/24	(VIII)	Les		Page No. 348		
(date) EL_170 (Rev 2019-09) The information on this form is required.		re of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov			
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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 distri	ct of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	•	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)		reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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 K Moshey	Robert Mosher	16TH.ST. 2508	Drown MNT Plesant	4/6/24
2. Thypy Wall	Zynn ward	15/2 oxford Ln	Myllage MT Pleasant	4/6/24
3 Deborah Peters	Deborah Referson	2922 96th St.	Sturtevant	4/6/24
4 José X Navarro	José L. Naverio	1459 Oxford In	dillage MTP(4a5an+	4-6-24
5.	Macara Toda	1401 Nigh 8-1.	Pown Willage WWW WWL	4-6-29
6. Hum bolin	Adam Bellinas	1401 high S7	Union Crove	46-24
2. W_/Com	WILLIAM McDONALD	8411 HALVERSON RS	Unitage WA TERFORM	4-6-24
8 Lina Valleron	Lisia Hatterson	1900 12th st	Urillage City Cipe	4.6.24
" hus Sudy	Luz Sanchez	1914125+	Unillage CACAL	4-6-24
10. Maria Juri-ez	Maria Juarez	1942 12Th	Unilage Racin	4/6/24/
, ALEX ITEN	_	Certification of Circulator 4705 WZ	TCHHAZOL WAY ABERDEEN	1001 C an
I, (name of circulator)	certify: I	reside at	(circulator's residence - include number, street, and municipality)	7.12 5 (00)
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				
4/6/24	West	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 349
(date)		re of circulator) Wisconsin Elections Commission P.O. Box 7984 Madison, WI 53707-7984 608-26	6-8005 lweb: http://elections.wi.uov.lemail.elections@wi.gov	

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

(jurisdiction or district of officeholder)

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

The Wisconsin Election Commission

petition for the recall of_

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

Robin Vos

(name of officeholder to be recalled and office),

THE MUNICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALVOYS BE LISTED. SIGNATURES OF ELECTORS PRINTID AND OF SLECTORS PRINTID AND OF SLECTOR			TATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS PRINTED NAME OF ELECTORS Serial address must also reclude how or five no. Indicate Town, City, or Village SIGNING SIGNI	THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M			DATE OF
The first of the f	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS			
3 Charles I Male	1 DA LAGA	John H Clay Ju	1958 125+ 1	UVillage Rapino	4/4/24
4 Many Blok Michael Barbers 1957 Linden for String Racine 24624 4 Many Blok Michael Barbers 1957 Linden for String Racine 24624 5 June Martin Gary Martin 1945 Linden for String Racine 24624 5 June Martin Gary Martin 1945 Linden for String Racine 24624 7 June Martin Gary Martin 1945 Linden for String Racine 24624 7 June Martin 1945 Linden for String Racine 24624 9 June Martin 24624 10 Town String Racine 24624 10	Dryka L. Boyd	Irma L. Boyd	1960 Linder ove	O City Radene	4/6/24
4 MANTAN BALLOW MICHAEL SALVER STORM AND 1945 LINDEN AVE 176000 PROBLEM AVE 18400 PR	3. Chan 26	Felecia Boya	1962 Linden fre	O Village Kaline	4/6/24
Shary Martin 1945 Linder Ave Silago Kneines 4-6-24 1941 Linder Ave Silago Kneines 4-6-24 1942 Linder Ave Silago Ractive 4-6-24 1944 Linder Ave Silago Ractive 4-6-24 1945 Linder Ave Silago Ractive 4-6-24 1946 Linder Ave Silago Ractive 4-6-24 1947 Linder Ave Silago Ractive 4-6-24 1948 Linder Ave Silago Ractive 4-6-24 1949 Linder Ave Silago Ractive 4-6-24 1949 Linder Ave Silago Ractive 4-6-24 1940	4 Mortin Balcon	Michael Balderar	1957 Linden Are	er City (A)	416/24
7. Substant Substa	Dane Martin	GARY MARTIN	1945 LINDEN AVE	DVIllage KACING	4-6-24
9. Certification of Circulator 4705 WITCLIHAZEL WAY ABEADEEN MD 2 1001 (circulator's residence-include multipage) In the certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. \$6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that safetying this certification is punishable under \$12.13(3)(a), Wis. Stats. Page No. 350	6 P. Boson	Prish bowe	1941 Linden Ave	a village Racine	4/6/24
Solution	7.	Jolanda mity	1929 Linder AVE	orillage Kacing	4/6/24
9. Doty In the certify: I reside at Certification of Circulator (and of circulator) In the certify: I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that staffing this certification is punishable under § 12.13(3)(a), Wis. Stats. Page No. 350	80/	/			
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Page No. 350	the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	this partitional is punishable under 8.12.13(3)(a). Wis Stats	igned the paper with full knowledge of its content on the da	are indicated opposite its of fici
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				-266-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly Dis	strict 63	У
(official with whom nomina	tion papers or declaration of candidacy for the office is filed)			(jurisdiction or distri	/- /
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin (Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL			N. Carlotte
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3. 10/12	Brenda Zerzunel	3250 Morris 8+	O Town	SVILL	4-7-24
4. 1000	Reaty Sullius	1063 Bluchtod La	Town Swillage City	Corne	4-7-24
5.	Rochard	3501 Parrisan St.	Ority Lansas	slic	4/4/24
6.	BRET COFFAN	84006 LOIS ST	U Town Uillage City	SASVILLE	4/7/24
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(name of circulator)	f Wisconsin or a LLS citizen age 18 or older who if Lu	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include r Wis. Stat. & 6.03. L personally		and personally obtained each of
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signed	ed the paper with full knowle	edge of its content on the date is	ndicated opposite his or her
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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.wire.gov | email: elections@wire.gov | email: elections@wire.gov | email: elections.gov | email: elections.g

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

The Wisconsin Election Commission

Petition for the recall of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes. Temporal official for including the stated on petitions for city, village, town, and school district afficials. The reason must be related to the efficial responsibilities of the official responsibilities official responsibilities official responsibilities of the officia	(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or disti	
The reason for recall must be stated on putitions for city, village, town, and school district officials. The name must be related to the official report of the	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.
The tasso for read must be stated on pertitions for city, village, town, and echoed district officials. The reson must be related to the official responsibilities of			TEMENT OF DEACON FOR DECALL		
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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	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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(date) (L-170 (Rev 2019-09) The information on this form is require	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	re of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.gov email: elections@wi.gov	a

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
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	, certify: I	reside at 4703 War ((circulator's residence - include number, street, and municipality)	MID ELGG!
(name of circulator)	Wisconsin or a U.S. citizen are 18 or older who if Lu	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 signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.		
110 124	a support this recall petition. I all aware that faist this	pullishable under 8 12 15(5)(a), wis stats		Page No. 354
410107		Second Second) 1 ago 110 334
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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

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		
(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."		
3 7. 3				
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2 /1 1			□ Town	14 0 0 11
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3 0 15	1	2.22	□ Town	A: 1.6
Nakatrebal	Nova Strebel	01050 COLONY AVE	Dity Union Crove	404-9-24
4. 6 hh	Naraje Mantes Pc Ocq-Metzinger	1227 Achle An	U Village CULINI	4-9-24
77016	Water Houses Ac ordan caract	12 pr miner five	D City / C & C I M &	
5. Jack G Ayan	Ulara G Draz	1308 Vine of Union Grove	Sivilage UNICH GROVE	4-4-24
6.	(ble fool	701 9th AHS	Sa Village GUIDN 630+	4-9-24
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7. Nenome	DORIZED DETRAND	33400 Bolwer Burlingth	ocity DUR/ING TON	1/2/24
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10,			☐ Town	A
	- ·		□ City □	
I, ALEX ITEN Certification of Circulator 4705 WETCHHAZEL WAY ARORDEEN MD 21061				
1. ALEX ITE	certify: I	reside at 4700 WE	etchther may archibeen	16015 GIN F
(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 the falsifying his certification is punishable under § 12.13(3)(a), Wis. Stats.				r
4/9/24	(Wedde	X		Page No. 355
(date)		re of circulator)	TOTAL TOTAL CONTROL OF THE CONTROL O	
EL-170 (Rev 2019-09) The information on this form is require	red by wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-6005 [web: <u>nup refections wi you</u>] 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.)		e reason must be related to the official responsibilities of the officeholde trips from the CCP, failure to protect Wisconsin farmland from the CCP,	er. No statement of reason is required to initiate the rec	all of state, congressional,
lack of committment to election integrity, blocking i	lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN N	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	NAME OF THE MUNICIPALITY OF RESIDENCE N	MUST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 Duffany Gennighted	Tiffany Henningfeld	2901 N. Colony Ave	orown Village Franksville	4/5/2024
2. Cor Hu	Cory Henring feld	2901 N. Colon AUC	O Town City City	4 5 2024
3 Deyous Rockwell	DENOIS ROCKWEIL	15941 DURADD AVE #16B	Town City UNION GROVE	4.5-2024
4. Davied Brodod	DOUID BRADFORD	379 552 SOUTH STUDENT COPD	Town OVillage City MT PLEASAU City	415/2024
5 Christine & Debiar	Christine L. Dubiax	9400 Carol Ann Drive	D Town Sturtevant City	04/05/2024
6 Loe A. Como	JOE A. CANNON	30730 Ketterhagen RD	City Burlington	04/05/2024
7. Kollonber	Raleb I. Gruber	179 11h Ave	Styllage Union Grove	04/05/2024
8,			□ Town □ Village □ City	,
9.			□ Town □ Village □ City	
10,			□ Town □ Village □ Cify	
, Dusan Savic	certify	Certification of Circulator reside at \$334 Vivginia (14, Wi	nd Late, WI 53185	
(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	(circulator's residence - include number, street, and municipality) r Wis, Stat. § 6.03. I personally circulated this recall petit	tion and personally obtained each of
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	2	
4/5/24 (date)	Signat	uro of circulator)		Page No. 356
	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by th	te Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	266-8005 web: http://clections.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nominati	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.
P	(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 of	of state, congressional,
legislative, judicial, or county officials.)	All Old Committee (OOD) assessment	this from the CCD failure to protect Wisconnin formland from the CCD		
		trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN N	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.14	Marianel & Park	DIX Main Street anian	City Union Grove	42/24
	1001/15		□ Town	111111
² WWW	Emo R Jours	3504 5 English SELHEMENT	acity Burlington	17/14-1
3. Pois Paul	CULUS BOHN	1410 1141AUS TRLR 28	SETVINGE UNION GROVE	4-7-24
Anive Mos	Add ison Dun Kerson	26714 Durand AM	© Village CANACO	4/1/124
5	, ,	V · · · · ·	☐ Town ☐ Village	· · · · · · · · · · · · · · · · · · ·
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	526	Certification of Circulator	2 / 5 1 1 1 1 1	
1. Daniel Round	certify: 1	reside at 877 Private 0	2001 2220 Hartman AR	76840
(name of circulator)	Wisconsin or a LLS citizen age 18 or older who if Ly	were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis, Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
the signatures on this paper. I know that the signs	ers are electors of the jurisdiction or district represented	d by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date	indicated opposite his or her
	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12,13(3)(a), Wis, Stats.		Page No. 357
4-7-2024	at m	The		1 age 140 30/
(date)	(signat	ure of circulator)	8 092 9 9 9 9 9 9 9	

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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)

		his own constiuents by calling them "whack-jobs, morons, and idiots." UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE	MUST 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
Henny Scafer	Menny Seafer	880 Buckin I ham XI #5	Drown Diviliage City Sturievant	4-17-24
2.		· ·	□ Town □ Village □ City	
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(name of circulator) urther certify I am either a qualified elector of W e signatures on this paper. I know that the signers	isconsin, or a U.S. citizen, age 18 or older who, if I ware electors of the jurisdiction or district represented	reside at	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petitived the paper with full knowledge of its content on the d	tion and personally obtained ea late indicated opposite his or he
	support this recan petition. I am aware that raisifying	4 232		Page No. 358

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 REASON FOR RECALL		
(The reason for recal) must be stated on petitions		reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,
legislative, judicial, or county officials.)		·		
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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' gene Knaud	Jerri Knautz	3200 Terrace High	Usiliage Caledonia	4/13/204
2 then R Ru	Thomas Rivers	4929 N. Farney Dr.	Exvillage Wind Pait	4-13-24
Le Roj Ward	LEROY WAYD	1644 Boya Aveo	UNITAGE RACINE	4/13/24
* Tyrai ward	Tyra Ward	1418 North Butalect	Village RACINE	4/13/24
TEME LANGE	FERME LAVSIN	1216 Stent Inday	U Villege	41012
Dactory 660		2924 94+1 5}	Village Sturtavant	4-17-246
Jaga Kindle	JOYCE KINDLE	2970 974 St	Dryvillage Stuttevant	4-13-24
8./			☐ Town	
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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 to be the officeholder named in this petition. I know that each person significant to the state of t	Wis. Stat. § 6.03. I personally circulated this recall petition ar	
4-13-2024	0-1	this certification is punishable under § 12,13(3)(a), Wis. Stats.		Page No. 359
(datc) EL-170 (Rev 2019-09) The information on this form is require		e of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov	,

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(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr		
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	(name of officeholder to be recalled and office)	TATEMENT OF DEACON FOR DECALL			
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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	
1.00 1.01.		mind a 1 = :	☐ Town	111011124	
Jain W. John	1 Sinesha Johnson	99001 Broadway Drive	acity Sturteyant	4/24/24	
2. 4 .00 ()	1 150 10000	146 S. Summerset or	Village / / / / / / / / / / / / / / / / / / /	14/24-74	
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The lea I lean	INEIVA DELeon	1620 GREAD ALL	acity nacine	4/24/24	
10.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 15 11	☐ Town ☐ Village	4-24-24	
	200 Meiller	1611 Hayes Ave	point Facult		
1 / 600	and the	reside at 4536 46TH ST. No	N. WASHWHON F	1620016	
I, (name of circulator)		1 101	(circulator's residence - include number, street, and municipality)	0 10	
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	yere 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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name. I know then espective residences given.	name. I know their respective residences given. I support this recall petition. I am aware that fals from this confication is punishable under § 12.13(3)(a), Wis. Stats.				
(date)	(signatu	arc of circulator)			
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	for recall must be stated on petitions iudicial, 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	g state, congressional,
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	GNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
31	GNATURES OF ELECTORS	TRINTED NAME OF EDECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1.	Buck	Derviel Buck	24209 Locus Di.	action Dover	4-6-24
2. 77.1	1 Pattali	Pobert Bretseiker	25308 ('Noich Rd	United to the control of the control	4-6-24
3.	1/4-	Eric hommen	1243 Lar Kspur Pi-	Unillage City 1 1 5 4 - 1 1 1 1	4-629
4.	sein Leohui	SAM DONOHUE	2418 LAKESHORE AR	Ullage City KANSASUILLE	4-6-24
5.	en Indoor	PAULLUKAS Sauskit	5 Blacker R	in Town is Village City LINE ON GROVE	4-6-24
6.	25	Scott Franzavste	2836 Lake shove Dr	Unillage Cansas, 1/2	4-6-74
Mul	im W. Julion	Joliana Julich	2214 Deerfield PK Rd	U Village City Karser	Y-6-24
8.	mes Lot J.	JAMES J LILESDY	3405 SUNNYSIDE	Ulllage CANSAS VILLE	4.6.24
9.	Sont	Sames Liles	3405 sunniside de	Unillage City Kansas Ville	4/6/24
10.				□ Town □ Village □ City	-, 7
I,	Test Zink	, certify: I	Certification of Circulator reside at 2115 W Vincey Arch Role	Phoenix 12 8504	4
			ere a resident of this state, would not be disqualified from voting under the officeholder named in this patition. I know that each person sign		

Page No. 361

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

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			ctors of the Assembly District 63	<u> </u>
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	-	(name of officeholder to be recalled and office)	THE STATE OF THE SON FOR THE		
		5	STATEMENT OF REASON FOR RECALL	No statement of course is required to initiate the recell of	Cetata congressional
		for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	j siaie, congressioniii,
Robin V	<i>live, judicial, or county officials.)</i> Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
			his own constiuents by calling them "whack-jobs, morons, and idiots."		
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	Shinphreu	Tessica Kumphrey	24826 WILSON St.	United Ransasvik, WI.	4/6/2024
2. /	Jeffy Halliss	Teffel y Holley	3514 DUKand AVEWI	Town Village Cive WI	4/6/2024
3.	Marcheleraudula	MaribelMaldonado	1339 11th St	Orive Rucine W1	4-8-2924
4.	Francica	Francisco Angues	17/7 terrace Aug	O Town O Village Pacine WI	4-6.2024
5.	Odulia Hejin	odulin Mejin	1225 Terrace que	Village Parcine W	4-6-2024
6.	vicholas motheren	Michalas Methadan	1223 Terrace AVE	orthy Rache, WI	04/06/2024
7. 4	terror Gamble	Untono In.	1335 BIUCH AVE	orthogonal of the orthogonal of the orthogonal of the orthogonal o	04/06/2020
-8 W	range-Tron	Marie E. Troy	4915 Schoen Rd Lot 84	Oity Union Grave WI	40824
9. ,	Scott L. Killy	Scott L. KIRBY	1831 12TH ST.	O Village RACINE WI.	4-6-24
10.				□ Town □ Village □ City	
Ι,	Teff Tisk	, certify: I	reside at 2115 W Vincephord Rose	I Phoenex, AZ 85	04/_
the sign	natures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis, Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date is	and personally obtained each of ndicated opposite his or her
name.	I know their respective residences given.	I support this recall petition. I am awafe that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		

Page No. 362

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

TO: The Wisconsin Election Commission		we, the undersigned quantied	electors of the Assembly District oo	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or	district of officeholder)
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	(name of officeholder to be recalled and office)			
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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	S. II	
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() White hunds	Junia Ramos	1010 CIVON PIL.	D Town	1/4/01
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Toff Zick	certify: I	Certification of Circulator reside at 115 W Vinees Much	Rel Placeria AZ 85	04/
(name of circulator)			(circulator's residence - include number, street, and municipality)	11
I further certify I am either a qualified elector of V	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 u	nder Wis. Stat. § 6.03. I personally circulated this recall petiti-	on and 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 the paper with full knowledge of its content on the da	te indicated opposite his or her
name. I know their respective residences given. I	support this recall petition. Cam aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		

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	eason for recall must be stated on petitions tive, 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 of	state, congressional,	
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9.0			5349 Wood Rd	Town No Village On OLA	1/8/24	
	Julie Ragionera V	Julie Kognsvoog	5349 Wood Rd	Dillage M (IEASW)	417/11/4	
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	man John	Susan Bower	930 10000 100	city / V G / LASW VI	7/8/07	
	Certification of Circulator					
1. Left link certify: I reside at R115 W Vineyard Rd Phoenix AZ 8504/						
T.C. (1	(name of circulator) (name of					
the sig	er certify I am either a qualified elector of vinatures on this paper. I know that the signe	wisconsin, or a U.S. citizen, age 18 or older who, If I were are electors of the jurisdiction or district represented	by the officeholder named in 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	
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Page No. 364

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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)

Page No. 365

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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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- 11 - 1		Certification of Circulator		
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(name of circulator)	, certify	: I reside at 2/15 W Viney And K	(circulator's residence - include number, street, and municipality)	
		I were a resident of this state, would not be disqualified from voting		
		ed by the officeholder named in this petition. I know that each person		
		ing this certification is punishable under § 12.13(3)(a), Wis. Stats		

(date)

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(ohn hepper	John F Nepper LYNNER STEREN	3744 Little Timber Dr.	avillage Mount Pleasant	04-09-2024
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L' XHTLEM	LYNNER STEREN	5744 Little Timber Lar	= Village MT. PIENSAWT	04.04.2024
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		ere a resident of this state, would not be disqualified from voting under the officeholder pared in this petition. I know that each person sign		

Page No. 366

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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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2. your a known	April A Piwoni	10505 Lincolnshine DR.	Village Mt. Pleasant	4-12-2029
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(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	reside at Certification of Circulator reside at Circulator were a resident of this state, would not be disqualified from voting under the officeholder named in this petition. I know that each person si	er Wis Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o
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.	Bired the paper with run knowledge of its content of the date	maistra opposite ins of her
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		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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1 March labor	MARY KILPS	5908 PILGRIM WAY 5340	S. Village MT. PLEASANT	1 4/15/24
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(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 petitio	on and personally obtained each o
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I Guella	(name of circulator)		ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality)	nd nersonally obtained each o
the sign	natures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	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.		

Page No. 369

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

10: The Wisconsin Election Commission		we, the undersigned qualified ele	CIOLS Of the Assembly District 02	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sect	ion 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		
(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 officehold	er. No statement of reason is required to initiate the recall	of state, congressional,
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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."		
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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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I further certify I am either a qualified elector of the signatures on this paper. I know that the signature	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 by the officeholder named in this petition. I know that each person sign	red the paper with full knowledge of its content on the date	indicated opposite his or her
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Page No. 370

(date)

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

The Wisconsin Election Commission

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

(jurisdiction or district of officeholder)

(official with whom nominati	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)	STATEMENT OF REASON FOR RECALL		
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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 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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3. M. S. S.	Allan Hart	2719 WBCONSIN ST	Village Stwtwnt	4-13-24
4 h Smith	Kathanine Smith	agas Wisconsin St	O Town ON Village Sturtuant	4/13/24
5M. BlaseR	Michelle Blash	900 Huldadkive	Styllage Styrtcum	4/13/24
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turther certify I am either a qualified elector of he signatures on this paper. I know that the signe	wisconsin, or a U.S. citizen, age 18 or older who, if I were are electors of the jurisdiction or district represented	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	ed the paper with full knowledge of its content on the date in	idicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4/13/24	(Jung)			Page No. 371
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L-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by	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

ted 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

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(Jurisdiction of distri	ct of officeroider)		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
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2 Michael Brown	Michael Brown	198 Waters Edge Cinle	Uvillage Badinglan	414-29		
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4 Lynn Wennege	ELTNY WENNIGE	-R 103 WATER ENGOLIR	O'Village BURLINGTON S	3/03/14/21		
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ulleburelle.	Jan in lamuller	117 Waters edge dirue	© Town ☐ Village ☐ City ☐ City	4-14-24		
muf VIII	BRIAN YATSHAK	117 WATERS EXCE CIRCLE	Q Village BURCIN CTON	4-14-24		
10. Brenda Klebba	Brenda Klebba	15 Waters Edge Cir.	U Village Bur Mark teller	4-14-24		
I, Fric Chacon certify: I reside at 2121 S. Alston Ave Dychem NC 27707						
(name of circulator)		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(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 he 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					
		this certification is punishable under § 12.13(3)(a), Wis. Stats.	a the paper with full knowledge of its content of the date in	areated opposite his or nor		
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EL-170 (Rev 2019-09) The information on this form is required by Wis Stats §§ 8.40 and 7.10. This form is pro-

The Wisconsin Election Commission

TO: The Wisconsin Election Commission		we, the undersigned qualified ele		
(official with whom nominat	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	trict of officeholder)
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		STATEMENT OF REASON FOR RECALL		
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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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further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting unde	r Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each
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me. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is pupishable under § 12.13(3)(a), Wis. Stats.		

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

The Wisconsin Election Commission

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

(official with whom nomina	ation papers or declaration of candidacy for the office is filed)		(Jurisaiction of di	istrict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.10	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	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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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	vere a resident of this state, would not be disqualified from voting t	under Wis. Stat. § 6.03. I personally circulated this recall petition	n and personally obtained each of
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

RECALL PETITION 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 distric	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	(name of officeholder to be recalled and office)	nom office pursuant to think the same		
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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. I know their respective residences given.	I support this recall petition. I am aware that lalsity be	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4/16/24	(2)			Page No. 375
(date)	Attornatu	to of circulation)		
EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis Stats §§ 8.40 and 9.10 This form is prescribed by the	Visconsin Elections Commission P O Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sect	ion 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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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. July Controvo	JUDY CORL- LOROND	Hirt Marcy (St	Town Stillage Rockesten	4-6-24
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5. Mich Pelan	Michael Peloza	604 A Stephanie St	Willage Rochester	4-6-24
6 Elisti	Emily Garcia	501 Ryan Avenue	Town Village Rochester	4/6/24
7. ALON	PLLEN Withges	402 Renne St	Town Nillage Likester	4/6/20
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9/1/1/1	Lave, Wayre	405 Pacest	Town Village RockoStel.	46/24
On Adrich	TONY HENDRICKSIN	501 Paul St	Town Styllage Rocks er	4/6/24
1. Andrew Cege	certify: I	reside at Certification of Circulator 319 O	aldord Ave, Wankesha, 1	NI 53186
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 unde by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality) or Wis, Stat. § 6.03. I personally circulated this recall petition gned 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. 4-6-24	I support this recall petition, I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 376
(date)		re of circulator) Wisconsin Flections Commission P.O. Box 7984 Madison, WI 53707-7984 608-	266-8005 lweb hun //elections wi www 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 t	he Wisconsin Statutes.
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I Andrew Cegie	certify: I	Certification of Circulator	land Ave I lank who WT	53186
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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 by the office holder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition and ed the paper with full knowledge of its content on the date independent.	d personally obtained each of licated opposite his or her
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 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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EL-170 (Rev 2019-09) The information on this form is require	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://clections.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nominal	ion papers or declaration of candidacy for the office is filed)		Quitsdiction of dist	net of officeroider)		
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8. Styll	Crest Schneider	1318 N. Brownstake De	Village Revision Street	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. 378		
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EL-170 (Rev 2019-09) The information on this form is requ		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov			

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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 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 office believe 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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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 petitio	n and personally obtained each of
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Page No. 380

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(signature of circulator)

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1. OalHaff	Jerell Hawkins	5811 Sunsetblud	Avillage Mt. Pleasant	4-15-24		
2. Rushine docs	Ruthic Lacy	L'acoln Village 305	Village och / plog Sant	4-1524		
3. Wellelich	Ashley Mohahn	SBIS 16th of Hocke	a village Mt Pleasent	4.15.04		
4. bitischola	Irhs behales	595 14th St # 140	a Village mt. Placent	4.15.24		
5.	to to puch be	1533 Sacconday Rd 4/07	© Village MI DocsCAL	4.15-24		
6. Fly 5 1/60 1	Fobiola Nisiewicz	5629 16th St Rocinal	Drown Drillage Octive Mt Drosen+	4-15.24		
7. JOSE Grove PUCA	look to	55 Migthst Racine	© Town & Village / U.J. Maser t	41-15-24		
8. Wichy Moraler	Nicky Morales	5432 Windward Vo	Urown Urillage Recity	4-15-24		
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10. Formie Nicoce	Lennie moore	55/D Mainbord AVa	Ullage Raidine	4-15-24		
78505 Agy 1/180 certify: I reside at 1330 Selling Ale MD, Raltimore 21237						
(hirefulators residence - include number, street, and municipality) I further certify I am either a qualified elector of Wisconstn, 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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I, (name of circulator)	certify: 1	reside at 1990 Selling TVV	(exculator's residence - include number street and municipality)	
I further certify I am either a qualified elector of	Wisconsin or a LLS 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 c
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1.	dans	Jaden Eskridge	2036 Oranh Ave	D Town P Village Que () C	4/16/24	
2.	M. Haller	Kim blothy	2048 Franklin St	Town or Pleasant	4/16/24	
3.	The	Tracic Tayld	5715 Byldte	O Village	4-16-24	
4.	my My	Caraca Stance	217 Steepchage DR	O Town O Village O City	2-1624	
5.	Sudelhalis	Turdy Rhodes	5000 Gracilant Klind	O Town V V Village a City Parameter	4-16-26	
6.	Duchidalackson	Quadricka Jackson	707 Ostergoard Avenue	Octy Pleasant	4/16/24	
7.	Theresa Marte	Theresa Martinez	702 High St.	of village ANT Pleasant	4/16/24	
8.	howash a	Tirawour Barker	707 Ostergavad Avenine	Village Millersart	4/14/24	
9.				□ Town □ Village □ City	1 1000	
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I,	Jesus Aquilera certify: I reside at 1330 Sching Ave MD Baltimas 12123					
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					
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EL _170 (R	(date) (ev 2019-09). The information on this form is required.		reof 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	1 W	

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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.	Saley Willingto	m Sally Willingham	496 Tributary hane	Willage Burlington, WI.	04-18-2024
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4.	Lumones	Ennanue / Du, aones	4/7 Emerson ST	Utilage Rullington WI	4/18/24
5.	Hawled Quiners	Markel Quin cres	417 Emersonst	Uvillage Borlington WI	4/18/24
6,	+ noethor	Holly Mosel	403 Edward St.	O Town Buy (incitor Cu)	4/8/24
7.	Suffice	Samaltha Garter	473 Edward St.	O Village Burlington, WI	4/18/24
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			151 200 98 75	City	
Ī.	JESIS	Havilera certify: I	reside at 1330 Sting Ave A	1D, Baltimore 212:	37
I further	(name of circulator) r 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	(circulators residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
the sign	atures on this paper. I know that the signs know their respective residences given	ers are electors of the jurisdiction of district represented I support this recall petition. I am aware that falsifying	by the officeholder named in this petition. I know that each person signification is punishable under § 12.13(3)(a), Wis, Stats.	ed the paper with full knowledge of its content on the date if	idicated opposite his or flet
	4/18/24	- The			Page No. 384
	(date)	(signatu:	re of circulator)		

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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	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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	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 recuit of	sime, congressionm,
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12170/0	7/1	7		Page No. 385
(date)	I Sectional	re of circulator)		
		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	5-8005 web: http://elections.wi.gov email: elections@wi.gov	

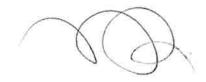
TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63			
	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
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Certification of Circulator 1344 01 21						
Moire Rounds certify: I reside at 15872 N 18th Sf Phonix Az 85022						
(name of circulator)			(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						

Page No. 386

(signature of circulator)

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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.



TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	-	(name of officeholder to be recalled and office)			
			STATEMENT OF REASON FOR RECALL		
		for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	f state, congressional,
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<u> </u>	TV. CAMPUS	There states	Certification of Circulator		199
. 1	Moira Roune	, certify: I	- 1 1 - 1 - 1	4001 x Az 85022	e .
1,1	(name of circulator)			(circulator's residence - include number, street, and municipality)	
I furthe	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 sigr	atures 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 signed	ed the paper with full knowledge of its content on the date if	naicated opposite his or her
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Page No. 387

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TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63		
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or district	of officeholder)	
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of th	e Wisconsin Statutes.	
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Robin V	os should be recalled for his tacit support o	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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4.4	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING	
1=:	Luter W. Durth	MILHAN BEZOTTE	4301-TAULDRAHARBOR CEN	-arvillage MONNI / LIFASYNTW	4/8/2024	
2	RALLAND Poto	RAYMOND BILLS	4301 TAMOI 416. # E5	-Ervillage Mt Measant	4/8/24	
3.5	June Ziegles	Teanno Ziéalor	424Z Taylor HrbE#5	Pleasant Pleasant	4/8/24	
48	Jan Do Hadel	Fautho M Ladd	4232 Joyly 4,6 E #4	Village MI PROSOLAT	418124	
5	Plens K Medal	- WAYNE MAPDEN	4232 MAYLOR HARBORET	Uvillage MT PLEASAUT	4/8/24	
6.	Day Tentron	DANGE GENDION	4208 Talor Habor W#1	Town Pleasunt	4/8/24	
2/2	motio Charmet	SANDRA CHAIGNOT	4208 TAYLOR HARBOR WIH	Town TVillage WT PLEASANT	4-8-24	
8.	APROUNT	Robert P Olden	4208 TAylar H+Berly5	Town Brillage Mt. PLeasagat	4-9-31	
9.	MAA	Deboord Koszuski	4208 Leylar Mbs W FG	Town er Village Mt / Casant	4.8.24	
10.	74	Manish Sharma	4226 Taylor Mentre with &	Town of Village Mt Mlayet	4/8/24	
I,	Morra Rounds , certify: I reside at Certification of Circulator 15872 N 1845 Phaenix Az 85822					
I furthe	I further certify Lam either a qualified elector of Wisconsin, or a LIS, citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of					
the sign	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.	me. 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. 388					
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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

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)

. 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)

Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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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 sign	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition at ed the paper with full knowledge of its content on the date in	nd personally obtained each of dicated opposite his or her
1 know their respective residences given. I	support this recall petition. I am aware that faisilying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 389
EL-170 (Rev 2019-09) The information on this form is requir	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	: Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission	ssembly District 63			
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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 he 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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Page No. 390

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@wi gov

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 05	
	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	No. 1 Company of the Control of the	C-t-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 o	f state, congressional,
legislative, judicial, or county officials.) Robin Vos should be recalled for his facil support of	of the Chinese Communist Party (CCP), acceptance of ti	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
•		his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no,	Indicate Town, City, or Village	SIGNING
1. Joseph Jan	Joshua Given	33805 White Oak Dr	a Village Burlamaton	4/8/24
2 Joshua Oliveres	Joshua Olivers	640 12th Are	DEVillage Union a rove,	4/8/24
3/11/20	VESE KINGETIELA	STOO REBENCY HULLS D'	Village MARCOWT	4/8/24
4.	Annie Welden	5822 Regency Hills Dr.	Sa. Village Mt V/POSONT	4/8/24
5.	J. Seny	3455 mod Ral	Village M+ Dloggent	4.8.29
6. Bu Burn	George Rendon	5628 Regency Hills DR	Stillage MI + Pleasant	4-8-24
Manay J. Mion as	val NTNCY Minshalls	Pendon Shor-Regency Hills DR	U Town Williage MT PRASANT WI	4-8-2H
8 Delrud Drug	Jehral Graus	5645 Recench /tills DK	DEVillage MT P Col at WI	4-8-24
"One Beh.	Jenn; for Behringer	15328 Braun Kd	Sturterat COI	4-8-24
10. B Nanna Betime	Brains Behricea	15328 Broundd	Sturtcuaut WI	4-8-24
411-11	7	Certification of Circulator	TO LIV MINIONE 1:	5 05207
I_STANZISTAN	certify: I	reside at 19979 W ASHILAN	Was AUDINDACE, A	2 85392
(name of circulator)	Warrania and H.C. sikings and 19 and day who if I w	vere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis Stat 8 6 03 I personally circulated this recall petition a	and personally obtained each o
the signatures on this paper. I know that the signer	wisconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
name. I know their respective residences given.	support this recall petition. I am ware that fals fying	this certification is punishable under § 12,13(3)(a), Wis. Stats.		
4/8/2024	17/2			Page No. 391
(date)		re of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web; http://elections.wi.gov email; elections@wi.gov	4-
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RECALL PETITION ______ We, the undersigned qualified electors of the _____ Assembly District 63

(jurisdiction or district of officeholder)

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

The Wisconsin Election Commission

petition for the recall of_

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

Robin Vos

	(name of officenoider to be recalled and office)	TATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder,	. No statement of reason is required to initiate the recall o	of state, congressional,
		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
'Thomas hutin	Thomas Christlan	8520 Westbrook DR	Stortevant	4/12/2024
2 Fruol O Schalto	ArnoLD RSCHATTNEY	3120 90 284	Original Stunter	4/12/24
Roll	Bearinuell	32114 901/st	Village Sturtevant	4/12/24
4 Ways Farrly	Maria Zarha	36/6 GOLA SI.	O City Sty Nant	4-12-24
5. Jun Vyin	JESS A. YOLLD	3803 900H St	Ocity Studenart	4-12-24
6. Mary Long	Mary Yorro	3803 90th St	O Town O Village O City O Town	4.12.24
7 Nay Eller Cole	Mary Ellen Cole	3641 90th St	Usillage Sturtevant	4-12-24
8 Mattan by	Matthew King	288 915t	o village Sturae vunt	(1-12-51)
9 JUDITH WILSON) Judy Wilson)	9033 MICH 1GAN AUG	O Town	4/12/24
10.			U Village	1964
	6 1	Certification of Circulator		100
1. Daniel Rou-	certify: I	reside at 877 Private Ro.	(circulator's residence - include number, street, and municipality)	146
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	vere a resident of this state, would not be disqualified from voting under 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 indicated opposite his or her
name. I know their respective residences given. $4 - 12 - 2024$	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	y ,	Page No. 392
(date)		re of circulator) • Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	X
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	5 WISCOISH Electrons Commission 1.30, Dox 7704, Madison, W. 37701-7704 000-20	1 AMERICAN AND AND AND AND AND AND AND AND AND A	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nominate	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
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	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 tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"		
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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
· Charles John	S CHARCESTERS	1126 MO+ADR	Utilage Burrlington	5/27/24
201	Tim Morgo	30000 BATHESLA	O Town O Village O City O To City	5/27/24
3 polosat Bren	Deborah Bichenen	Burlington	O Town Village Bur bington	8-27-24
Al Beneman	AL BIENEMANN	N6271 Commy have ghow	Order Durlington	5-27-24
5. Taran , 32 , 40. 61	110		□ Town	
Jesemy Durgery	11/12		□ City	
- Dirace	Sen Johnson	280 La Chestrut St Burlin	O Village Blerlington	5-27-24
1 Dulay	Sarch Sueller	31014 (Louma Drive	Village Unter foro	5/27/24
" 1 De de dy Mar Dec &	Held, m Vanbeek	4243 Boument Ave	Utiliage Hans as Ville	5-127/21
· Challet	Josh Grundman	32110 Generald	Village Sqlem	3.27/24
"Mediall arrida	an Michael Grundman	32/10 schelatd	≥d Town Village Sales	5127/24
1-11/2011		Certification of Circulator	1021 011m 10/15 10	05797
I, ITAN SIESO	certify I	reside at 10029 () AS (FINN)	WKI & BIODICISALE AZ	3031L
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if	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 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 signed	ed the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I and award that alsitting	this certification is punishable under § 12.13(3)(a), Wis. Stats.	e	Page No. 393
(date)	• // -	t of circulator)	6 9005 hugh hug Jolestings and Iran Lancil alastic Control	
בוב-ו /ש (Key 2019-09) The information on this form is requi	tred 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	3-6003 [web intil directions with gow email electrons(a)wi gov	

The Wisconsin Election Commission

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

	(orneral with whom nominate	on papers or deciaration of candidacy for the office is fried)		Qui salction of distric	t of officeriolder)
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		(name of officeholder to be recalled and office)	TATEMENT OF DEACON FOR DECALL		
	(The reason for recall must be stated on netitions t		TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiate the recall of	state, congressional.
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	Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of tri	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
	lack of committment to election integrity, blocking 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
İ	1. Like	Daniel White	31065 Kennedy DR	D.Village Sturtevent	4/12/213
	2 g//hm	Scott Robinson	3100 5 Kennedy	□ Town 2º Village □ City Start	4/12/24
	3.	Rocky Howell	3432 S. Kennedy Dr.	Village City Stortevant	4-12-20
	Eupon	Evan DiFlore	3341 S. Kennedy Or	□ Town ☑ Village Sturteyant □ City	4/12/24
	5. Chreat Lucke	ChartelLunda	3701 SKeinnedy Dri	Di Town Di Village Sturt evant	4-1224
	6 Robert Brawn	ROBERT BRAWNER	8724 WESTMINSTER DR	Grillage STURTEVANT	4-12-24
	mangrat mon U.	Digne Browner	8724 Westminster Dr.	Village Stufferant	4-12-24
	8 Just Kist	CURTIST KISH	8700 WESTMINSTER DR	Oliv STURTEDANT	4-12-24
	Fruith Kish	JUDITH A. KISH	8900 WESTMINSTERDP.	□ Town Village STURTEVANT City STURTEVANT	4-12-24
	8/9/	STEEMY KAD	3224 Kensi, hon	Town St Village of Aework	4-12-24
	, STAN SISSO	, certify: I r	Certification of Circulator reside at 10103 (1) ASH LAN	DO WAYAVONDALK, A	Z 8539Z
	(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 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.	support this recall petition. I am aware that labifying	this certification is punishable under § 12.13(3)(a), Wis Stats.		Page No. 394
E	(date) (L-170 (Rev 2019-09) The information on this form is require		e of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.gov email: elections@wi.gov	

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	 		Q.Town	111
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		Certification of Circulator		
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1, 2011	certify: I	reside at 15/05 W AR 19 UN	NA MAI JANGUES	11/2 0131
(name of circulator)	Winnersia and 110 minimum and 18 and december 161 and	ere a resident of this state, would not be disqualified from voting unc	(circulator's residence - include number, street, and municipality)	n and personally obtained each of
i turiner certify I am either a qualified elector of \	wisconsin, or a U.S. citizen, age 18 or older who, if I w	by the a Coercial decreased in this position. I begin that and a second	ion with paper with full knowledge of its content on the dete	n and personally obtained each of
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction of district represented	by the officeholder named in this petition. I know that each person s	agned the paper with thit knowledge of its content on the date	e marcated opposite his of fler
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/(date)	(signatur	re of circulator)		
EL-170 (Rev 2019-09) The information on this form is require	red by Wis Stats. §§ 8 40 and 10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608	3-266-8005 web: http://elections.wi.gov email_elections@wi.gov	

The Wisconsin Election Commission

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

We, the undersigned qualified electors of the Assembly District 63

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2 j) and	DEAN VOUL	16140 DURANOS AVE	Drown Drillage Gold City C	4/7/24
3. ///	Kers Kungsniensli	7164 Woodbild Dr	Village MIT Plensut	4/7/24
Cr Rox	TESSICO LEUN.	9035 Emstan Hills Rd	Williage Mt Pleasant	47.24
5. 1 Am Makes	AUSTO INCEPT	6405 akeen vidoed	acity M.F. J. Co.S. M.F.	4.7.24
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Ambriel	Six certify: I	Certification of Circulator reside at 50345 Oakullu	OR chesterfield	MI 4804-
(name of circulator)	Wisconsin or a LLS citizen and 18 or older who if Lu	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 o
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9 / / (date)	dignatu (dignatu	re of circulator)		- 000

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1.711 W Slame	WANT-STRASSER	86 11 000	Town	
Mycario Affiniza	W7497 371633CT	0 a 1 1101 br	□ City	
SAMMEN STATE	Soro Van Beek	4243 Beaumont Ave	□ Village □ City △ ○ ○ ○ ○ ○ ○ ○	4-1624
9/2000	AAREN MELBY	2821 CIRCLE DR.	Wilage BURY WOTON	4/16/24
4.	Halfy Vienu	2887 Fishman Rd	Utillage BWI hat ton	4/17/24
5 VI 0 9/1	Tammy Vieau	8007 Fishman Rd.	Orown Ovillage Burleraton	4/17/24
6. DA	Diana Ovintanila	8065 Fishman Rd.	Diffoun O Village O City Burlington	4/17/2034
2) AN SCAPRENCY	JESSER GSTEPHENS	8010 GATELLAY DRIVE	O Village BURINGTON	4/17/2024
* tatrica Bartos	PATRICIA BAPTOLO	34/2 OFKDALE CT	atown O Village Busting to 1	4/17/24
9. Patricia Stoller	Patricia STONER	7810 Park St.	Diviliage Burkington	4/17/24
10			☐ Town ☐ Village ☐ City	V
Certification of Circulator Running Fox TN BUSLING FOY WI 53				
(name of circulators 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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4/17/24				Page No. 397
(signature of circulator) (Signature of circ				

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		STATEMENT OF REASON FOR RECALL		u c	
	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeh	nolder. No statement of reason is required to initiate the recal	ii 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 CC	CP.		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots	S,"		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. TH	HE NAME OF THE MUNICIPALITY OF RESIDENCE M	UST ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	
SIGNATURES OF EBECTORS	TAILUDD AND OF BESCHOOL	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING	
1 70	Kevin May	856 weiler Rd	□ Town □ Village	4/18/24	
the cy	1100		dicity Surlington	1/00/74	
2 FORMA	0	0-50 100 100	Town	11/18/21	
1-2×11(W)	10000011 KU	856 Weiler ra	City HON MOTON	0110124	
20/ 10			☐ Town ☐ Yillage	111 - 1-11	
"(Men Litter	Cheryl A. Herrick	449 W. Chestnut St. #2	Acity Burlinston	14/18/24	
The second second		1	□ Town	6	
4.			O Village	/	
		/	□ Town		
5			☐ City		
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6.			☐ Village ☐ City		
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MAT	VOREK certify:	reside at Certification of Circulator	E THE PLAN	, , , , , , , , , , , ,	
1, ///// 5/	COME certify: 1	reside at 30039 Kunn	10 POX 11/2 15USI.VI	Stan WI53	
(name of circulator)	Wissensin or a LIC sitings and 10 or older who if I	were a resident of this state, would not be disqualified from voting u	(circulators residence - include number, street, and municipality)	on and personally obtained each of	
I turner certify I am either a qualified elector of	wisconsin, or a U.S. citizen, age 18 or older who, if I vers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each perso	in signed the paper with full knowledge of its content on the date	te indicated opposite his or her	
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.			
4/18/24				Page No. 398	

(signature of circulator)

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats §§ 240 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 Commi	ission			
(official with whom	nomination 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	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
•	(name of officeholder to be recalled and office)			
		TATEMENT OF REASON FOR RECALL		
	etitions for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholde	er. No statement of reason is required to initiate the recall of	of state, congressional,
legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit s	support of the Chinese Communist Party (CCP), acceptance of tri	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 FO	OR MAILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. J. A.	Jordan Christensen	9417 (arol Ann Dr.	Town Sturteuant	4/20/24
2. Roby y	McWharter Radner	1708 N.W. Starson	Town Village Raine	4/20/24
3. Shounder	ws Susan Deaver	5 5840 Regencuti	Octy Mt. Pleasant	41/20/24
4.07720	- Dennis Johnedt	1612 10th Ave	City / Min (grove	4120124
5.	1 JARRETT 1	V	☐ Town ☐ Village ☐ City	
6. Adolete Cort	Elizabeth Cortez	216 Capital 5t	Town Village Bushington, with	4/20/24
7. Sun Duch	Shanna Laube-Anderson	416 James St	Town Village Burlington WI	4/20/24
8.			☐ Town ☐ Village ☐ City	
			O Town	
9.			D.Village	
<u> </u>			□ City	X
10.			- O·Village	
		6 6 1 6 1 1	□ City	
ı,/	MATT NO Ecology II	Certification of Circulator reside at 20839 Reposition For	x Tigil Burlington, W.	T 53105
(name of circulato	or)	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality)	and personally obtained each o
the signatures on this paper. I know that t	the signers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	med the paper with full knowledge of its content on the date i	indicated opposite his or her
name. I know their respective residences	given. I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4/20/24		ne of circulator)		Page No. 399
EL-170 (Rev.20 9-09) The information on this for		Wisconsin-Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	66-8005 web: http://clections.wi.gov email: elections@wi.gov	
	1			

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	
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).	TATEMENT OF DEACON FOR DECALL		
(The reason for regall must be stated an natitions		STATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall o	f state, congressional.
legislative, judicial, or county officials.)	for city, viriage, town, and school district officials. The	reason must be related to the official responsibilities of the officeriolder.	. No statement of reason is required to initiale the recall of	state, congressional,
	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking l	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	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
my lowing	meg Robinson	good galddaaf allinena asg	Village BUSINGSON WT	4-21-24
2,	V1256 Peregrine C	+ Bullington, WIT	O Town O Village Bur House	
3.	Constney Tutus	aut killdele et Birlingtin we	Unitage Burnington	4-21-24
4 (Roman)	RICK ROSario	417 Killdeer ct Burlington	O VIIIage BURLINGTON WI	4-21-24
5.			□ Town □ Village □ City	
6,			☐ Town ☐ Village ☐ City	
7.			☐ Town ☐ Village ☐ City	
8.	X		☐ Town☐ Village☐ City	
9.			☐ Town ☐ Village ☐ City	
10.			□ Town □ Village □ City	
WINT LING	7/V	Certification of Circulator	2	V
I, MAII SIVUE	Certify: I	reside at 20839 Running Fox		3/05
(name of circulator's residence - include number, street, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her				
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. 400
(date) EL c170 (Rev 2019 99) The information on this form is requi		te of circulator) • Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://clections.wi.gov email: elections@wi.gov	