

## RECALL PETITION

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)

petition for the recall of Robin Vos  
(name of officeholder to be recalled and office)

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

### STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	KENT J SCHNEIDER	232 BRIDGE ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington wis 53105	4/9/24
	RON CRAWLEY	1750 MAIN ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-9-24
	Antymn Nicirouski	700 Browns lake Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-9-24
	Shannon Johnson	678 Foxtree Blvd Apts	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-9-24
	K. Reynolds	666 Foxtree Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-9-24
	Maria Salinas	658 Foxtree Cr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/9/24
	SALOMON MADA	654 FOXTREE CIR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-9-24
	DEANNA HANSON	706 FOXTREE CIRCLE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-9-24
	William Figarelli	657 Foxtree Ct. #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-9-24
	Damien Fraley	657 Foxtree Ct #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-9-24

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

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

4-9-24  
(date)

(signature of circulator)

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1.	Mike Fesenmader	665 Foxtree #45	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-9-24
2.	Crystal Robinson	257 Origen St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-9-24
3.	WILLIAM BAUER	635 A MEADOW LAKE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-9-24
4.	Rorie Morris	673 Meadow Ln #111	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/9/24
5.	Vanica Vazquez	643 Meadow Ln #108	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-9-24
6.	Laura Ammon	643 Meadow Ln #106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-9-24
7.	Kristin Bessley	1011 States + 105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/9/24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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(signature of circulator)

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1. <i>Sandy Dankert</i>	Sandra A. Dankert	8216 Citadel Terrace	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-10-24
2. <i>John Rasmussen</i>	John Rasmussen	3710 Princeton Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shutwood	4/10/24
3. <i>Joan Percoski</i>	Joan Percoski	8408 Camelot TRCE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-10-24
4. <i>P. Schulte-Stachnik</i>	Paul Schulte-Stachnik	3305 91 Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-10-24
5. <i>Ashley Sandbach</i>	Ashleigh Sandbach	3108 91st st.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-10-24
6. <i>John H Lockhart</i>	JOHN H LOCKHART	3225 91ST ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-10-24
7. <i>John E Lockhart</i>	JOHN E LOCKHART	3225 91ST ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-10-24
8. <i>Vickie Seymour</i>	Vickie h. Seymour	3245 95 ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City sturtevant	4-10-2024
9. <i>Lori DeChenne</i>	Lori DeChenne	3109 92nd St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-10-24
10. <i>Kevin Ziehr</i>	Kevin Ziehr	3039-92 st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City sturtevant	4-10-24

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

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*D. Reed Porter*  
(signature of circulator)

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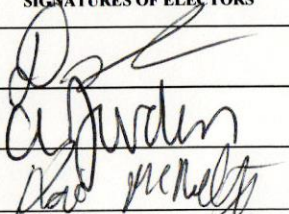
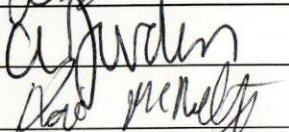
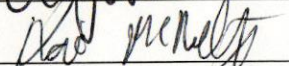
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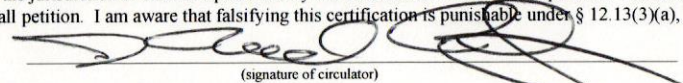
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	Dominique Jordan	3261 91st Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stortevoort	4/10/24
	Alexandra Jordan	3261 91st Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stortevoort	4/10/24
	KAI McNULTY	3201 92nd Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stortevoort	4/10/24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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4-10-2024

(date)



(signature of circulator)

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1. <i>Wanda Downey</i>	Wanda Downey	1400 West St #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
2. <i>Q. J. J.</i>	Gurpreet Singh	1400 West St #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
3. <i>Rosemary Lincher</i>	Rosemary Lincher	1474 Groves Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
4. <i>Sharon Zierke</i>	Sharon Zierke	1472 Groves Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
5. <i>Regina Schlagel</i>	Regina Schlagel	804 High Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
6. <i>Carol Glebke</i>	Carol Glebke	1411 High St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
7. <i>R E</i>	Ray Easton	4915 <del>Durant</del> Rd #81	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
8. <i>Wendy Herman</i>	Wendy Herman	4915 Schoen Rd #54	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
9. <i>Jaylan Johnson</i>	Jaylan Johnson	3225 43rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/11/24
10. <i>Bill Schumacher</i>	Bill Schumacher	3109 83rd S	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturgeon	4/11/24

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

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(date)

*[Signature]*  
(signature of circulator)

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1. <i>James Bergman</i>	James Bergman	2228 Deerfield Park Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/8/24
2. <i>Grace Bergman</i>	Grace Bergman	2228 Deerfield Park Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/8/24
3. <i>Sue Verbaten</i>	Sue Verbaten	3201 Maurice Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4.8.24
4. <i>Jan Kohlman</i>	Jan Kohlman	23010 Hillcrest Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/8/24
5. <i>Robert C. Blake</i>	Robert C. Blake	1706 King Oak Pt Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/8/24
6. <i>Nancy Dujie</i>	Nancy Dujie	22820 Durand Ave. Apts	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/8/24
7. <i>Tony Bruno</i>	Tony Bruno	4014 S Beaumont Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/8/24
8. <i>Frank Lesnak</i>	FRANK LESNAK	1408 10th Ave Apt 15	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/8/24
9. <i>David Munt</i>	David Munt	1380 Park Apt 207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Steven Sean Ohlrogge, certify: I reside at W5179 Memorial Drive Elkhorn WI 53121  
(name of circulator) (circulator's residence - include number, street and municipality)

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

04-08-2024

(date)

*Steven Sean Ohlrogge*

(signature of circulator)

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1. <i>Caryl Brown</i>	Caryl Brown	4411 S. Beaumont Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-10-24
2. <i>Bill R. Hunter</i>	Bill R. Hunter	4435 S. Beaumont Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-10-24
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Steven Sean Chynoweth, certify: I reside at W5178 Memorial Drive 53121  
(name of circulator) (circulator's residence - include number, street, and municipality)

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(date)

*[Signature]*  
(signature of circulator)

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Marieli Bermudez	3045 86th St Apt 101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/11/24
	Ryan Schauer	3045 86th Apt. 104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/11/24
	Patricia Dominguez	3045 86th #103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/11/24
	Kori Mosley	3108 86th #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/11/24
	Kristine Mayle	3100 86th St #4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/11/24
	Alicia Hamilton	8616 Buckingham H/1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/11/24
	Danielle Accurso	8700 Buckingham Dr #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/11/24
	Randell Martin	8716 Buckingham Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/11/24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

#### Certification of Circulator

I, Steven Sean Onlogge, certify: I reside at W 5174 Memorial Drive Elkhorn WI 53121  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

04/11/2024  
(date)

(signature of circulator)

Page No. **408**

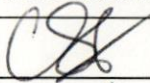
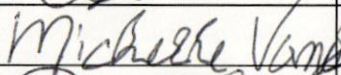
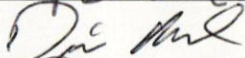
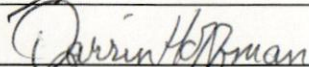
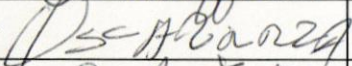
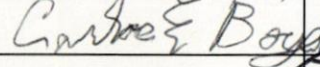


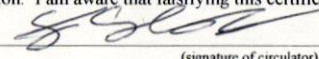
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1. 	Chris Sturn	13245 Old Hwy 11 Racine, WI 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/14/24
2. 	Michelle Vank	74120 58th St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
3. 	David Koukol Koukol	218 Hommas Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/14/24
4. 	Darrin Hoffman	880 Majestic Hills dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
5. 	OSCAR GARZA	8601 - West 132nd Westbrook	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/14/24
6. 	CARLOS BOYER	1547 Center St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/14/24
<del>7.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>8.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>9.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>10.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>

I, Steven Sean Oblragge, certify: I reside at 1517d memorial drive Elkhorst WI 53121  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
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1.	<u>Storia Rasmussen</u>	<u>Storia Rasmussen 1672 - 10<sup>th</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>Union Grove WI 4-20-2024</u>
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, \_\_\_\_\_, certify: I reside at \_\_\_\_\_  
(name of circulator) (circulator's residence - include number, street, and municipality)

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\_\_\_\_\_  
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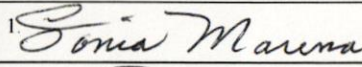

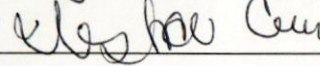
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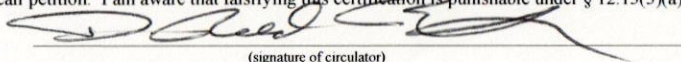
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1 	Sonia Maruma	3119 86th ST #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturdevant	4-11-24
2 	Cheryl Schmidt	3133 96th ST #4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	4-11-24
3 	Iesha Criner	3100 86th ST #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturdevant	4-11-24
4			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4-11-2024  
(date)

  
(signature of circulator)

Page No. **411**

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	Dorothy Lingard	3332 Kensington Sq	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4-12-24
	Danis Dzurick	3247 Kensington Sq	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4-12-24
	Wayne Jepson	8708 Westminster Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4-12-24
	Don Zebrowski	2949 87th St. #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4-12-24
	James Strike	2929 87th Street #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4-12-24
	Nadalie Graichan	2950 87th St #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/12/24
	Gina Barker	2950 87th #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/12/24
	Amber Zabler	2950 87th #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/12/24
	Nevaeh Dahler	2950 87th #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/12/24
	Debra Chaney	2850 87th Street #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/12/24

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4-12-2024  
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(signature of circulator)

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	K.L. Hansen	7903 Dainiel Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/12/24
	Valerie Pazera	7305 Old Springs St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/12/24
	Gianou Lee	3013 90 STR #201B	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	4/12/24
	George Smith	3013 90 St. #204	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	4/12/24
	Gary Jaguish	3225 90 St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	4/12/24
	Casey Lipsey	5509 70th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	4/12/24
	Dale Pierce	3509 90th SE.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	4-12-24
	Anthony Motter	2921 92nd St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Starterant	4-12-24
	Ashley Zaremba	2921 92nd St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURDEVANT	04/12/24
	Ken O'Brien	2838 93rd ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	4/12/24

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1.	Joy M. Cimmerman	17915 2 Mile Franksville Wisconsin	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4-15-24
2.	Mike Hall	4363 96th Franksville wis	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Raymond	4-15-24
3.	Scott Harris	17433 2 mile rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	4-15-24
4.	Jacqueline Pauls	17433 2 mile Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/15/24
5.	Daniel S. Calvino	2905 Raymond	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/15/24
6.	Renate Freeman	2835 Raymond	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/15/24
7.	Cora Freeman	2835 Raymond	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/15/24
8.	Pat Burt	2808 Raymond	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/15/24
9.	Alecia Ludwig	2635 Raymond	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/15/24
10.	Stacy Bunnett	2631 Ray road	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	4-15-24

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

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

4-15-2024  
(date)

(signature of circulator)

Page No. **414**

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Lisa Burchell</i>	Lisa Burchell	263 Raymond Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Dean Yorkville LB</i>	4/15/24
2. <i>Heather Colabella</i>	Heather Colabella	2000 Raymond Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Yorkville</i>	4/15/24
3. <i>Chris Smith</i>	Chris <sup>Smith</sup>	2436 Raymond Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Franksville</i>	4/15/24
4. <i>Kristine M. Sterk</i>	Kristine M. Sterk	17309 Page Ct.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Yorkville</i>	4/15/24
5. <i>Kelly Hansen</i>	Kelly Hansen	262 [REDACTED]	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Yorkville</i>	4/15/24
6. <i>[Signature]</i>	[Signature]	17303 Washington Ave <i>She initially put her phone #</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Union Grove</i>	4/15/24
7. <del>[Signature]</del>	<del>[Signature]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>[Date]</del>
8. <del>[Signature]</del>	<del>[Signature]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>[Date]</del>
9. <del>[Signature]</del>	<del>[Signature]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>[Date]</del>
10. <del>[Signature]</del>	<del>[Signature]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>[Date]</del>

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

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

4-15-2024  
(date)

*[Signature]*  
(signature of circulator)

Page No. 415

# RECALL PETITION

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

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	Richard Boudreau	6205 Pleasant Creek Tr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant W;	4/8/2024
	ANNA MARIA DeRonde	6249 PLEASANT CREEK TR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-8-24
	Kristin McClure	2200 AUTUMN DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine, WI	4-8-24
	Andrew McClure	2206 AUTUMN DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine, WI	4-8-24
	Benjamin McClure	2206 AUTUMN DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine, WI	4-8-24
	Nicole Kubicki	1070 Spring Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield W	4-8-24
	Serena Garcia	1112 N. FANCHER RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant, WI	4-8-24
	Rita LaPoint	1935 Deane Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine WI	4-8-24
	Rick Petkus	4317 Chekanoft Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant W	4/8/24
	Patricia Wronkowski	515 Carls Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	4/8/24

I, Chris Hull, certify: I reside at 4536 46th St. NW, Washington DC 20016  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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



## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Katherine Adams	333 W State St Milwaukee, WI 53203	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	4/8/24
	Daniel Klopp	901 Indiana St. Racine, WI 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4/8/24
	Tony Cepalu	3708 Montau Rise Ct.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-8-24
	Madison Hamilton	525 N 20th St Milwaukee	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	4-8-24
	Mary Kochanski	59 Islands St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-8-24
	Kelsey Collier	4150 E. Barton Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oak Creek	4/8/24
	Jacob Broaglund	8718 Blue Spruce Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/8/24
	Cheryl Meloenick	4466 Two Mile Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	4/8/24
	Jessica Newstead	1460 Crabapple dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-8-24
	Daniel Ballewske	5031 Northwestern Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-8-24

#### Certification of Circulator

I, CHRIS HILL, certify: I reside at 4536 46th St. NW, WASHINGTON DC 20016  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/8/24  
(date)

(signature of circulator)

Page No. 417

## RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Balsirk K. Rana</i>	<i>BALSIK K. RANA</i>	<i>6531 PHEASANT CREEK TR.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>4/8/24</i>
2. <i>Thomas W. Tajnai</i>	<i>THOMAS W. TAJNAI</i>	<i>644 PHEASANT CREEK TRL</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>4/8/24</i>
3. <i>Christina Tajnai</i>	<i>CHRISTINA TAJNAI</i>	<i>6441 Pheasant Creek Trl</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mt. Pleasant</i>	<i>4/8/24</i>
4. <i>Annette M Fidler</i>	<i>Annette M Fidler</i>	<i>6321 Pheasant Creek Tr.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mt Pleasant</i>	<i>4/8/24</i>
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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*4/8/24*  
(date)

*[Signature]*  
(signature of circulator)

## RECALL PETITION

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

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<i>Karen Eckert</i>	KAREN Eckert	1425-Sun Valley Dr <sup>103</sup>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-9-24
<i>Jeffrey H Eckert</i>	Jeffrey H Eckert	1425-Sun Valley Dr <sup>103</sup>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-9-24
<i>Elizabeth Salerno</i>	Elizabeth Salerno	1419 Pheasant Run Dr <sup>#104</sup>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-9-24
<i>Gail Payne</i>	Gail Payne	1419 Pheasant Run Dr <sup>#104</sup>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-9-24
<i>Karen Hansen</i>	Karen Hansen	1414 W. Ridge Ct #104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-9-24
<i>Cindy Wilson</i>	Cindy Wilson	402 Green Valley Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-9-24
<i>Joseph Lammefeld</i>	Joseph Lammefeld	413 Green Valley Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-9-24
<i>Ra Seng/Bonnie</i>	Latonya Boatman	10524 Greenhill Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-9-24
<i>Darleen J MORTL</i>	Darleen J MORTL	2524 Newman RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	4-9-24
<i>Paula Boudreau</i>	Paula Boudreau	5559 Deerfield Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-9-24

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

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

4/9/24  
(date)

*[Signature]*  
(signature of circulator)

Page No. **419**

# RECALL PETITION

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

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<del>Alex Panted</del>	<del>Alex Panted</del>	<del>990 Richard St</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
Alex Panted	Alex Panted	990 Richard St	<input checked="" type="checkbox"/> Village <u>Lomira</u>	4/8/24
DAN KAUFNER	DAN KAUFNER	1015 PRAIRIE TREE LANE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Racine</u> <input type="checkbox"/> City	4-8-24
Constance Price	Constance Price	141 Main St # 244 Racine	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Racine</u> <input type="checkbox"/> City	4-8-24
Cari Wells	Cari Wells	3410 Charles St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Racine</u> <input type="checkbox"/> City	4-8-24
Khadjia James	Khadjia James	410 7th St Apt 6	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Racine</u> <input type="checkbox"/> City	4-8-24
Janet Base	Janet Base	412 Parkview Drive upstairs	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Racine</u> <input type="checkbox"/> City	4/8/24
Lori Rakestraw	Lori Rakestraw	6403 Parmigan Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>MT Pleasant</u> <input type="checkbox"/> City	4-8-24
Nancy Boudreau	NANCY BOUDREAU	6205 Pheasant Creek Tr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>MT Pleasant</u> <input type="checkbox"/> City	4/8/24

### Certification of Circulator

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

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

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(date)

*[Signature]*  
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## RECALL PETITION

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<i>Jack T Ross</i>	JACK T ROSS	22636 Schroeder Rd KANSAVILLE WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/8/24
<i>Judy Sprang</i>	JUDY SPRANG	1709 N. Bayview Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/8/24
<i>Victor Schmidt</i>	VICTOR SCHMIDT	4915 Schoen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-8-24
<i>Lori Christensen</i>	Lori Christensen	4915 Schoen Rd 22	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-8-2024
<i>John Rickard</i>	John Rickard	4915 Schoen Rd. #27	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-8-24
<i>Trusta Bronville</i>	Trusta Bronville	1500 11th Ave Trk 44	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/24
<i>Lois Patrick</i>	Lois PATRICK	4915 Schoen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/24
<i>John Brack</i>	JOHN BRACK	4915 Schoen Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City U.G. Union Grove	4-8-24
<i>Jon Stritesky</i>	Jon Stritesky	4915 Schoen Rd 27	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
<i>Marni D. Jensen</i>	Marni D Jensen	4915 Schoen Rd #43	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24

### Certification of Circulator

I, Daniel Remondos (name of circulator) certify: I reside at 877 Private Road 2220 Hartman Aol 72840 (circulator's residence - include number, street, and municipality)

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

4-8-2024  
(date)

*DR*  
(signature of circulator)

Page No. **421**

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Willi Masker</i>	Willieen Mas Ker	4915 Schoen Rd <sup>Union Grove</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
2. <i>Margha Mas Ker</i>	Margha Mas Ker	4915 S Schoen Rd <sup>Union Grove</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
3. <i>Jerome E Zewer</i>	JEROME E ZEWEY	415 WELLINGTON DR GROVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-8-24
4. <i>[Signature]</i>	Dhys Schicantok	62800 Defand Ave <sup>POWERS VIL</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City POWER	4-8-24
5. <i>Sharon A Bolter</i>	SHARON A Bolter	1380 Park Place #114	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
6. <i>Peter Annis</i>	Peter Annis	1380 Park Place #112	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
7. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>
8. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>
9. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>
10. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>

### Certification of Circulator

I, Daniel Rounder, certify: I reside at 877 Private Road 2220 Hartman AQ 72840  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-8-2024  
(date)

*Dan Rounder*  
(signature of circulator)

Page No. **422**

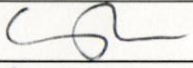
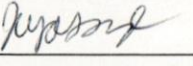
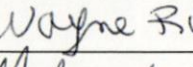
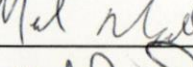
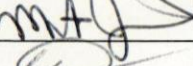
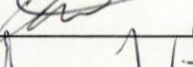
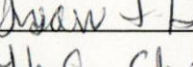
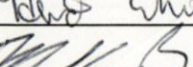
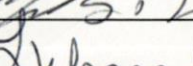
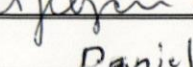
## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

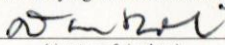
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Chris Davis	4532 Ridgecrest	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/9/24
2. 	Jayden Davis	4532 Ridgecrest	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/9/24
3. 	WAYNE Roud	4511 Ridgecrest	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4/9/24
4. 	Michael Maybell	3545 WOOD RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/9/24
5. 	MATT Sepanski	3455 Wood Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/9/24
6. 	CONNOR WATERMAN	4510 RIDGE CREST #103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4/9/24
7. 	SUSAN Hetzel	4520 Yates Rd #104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-9-24
8. 	Heidi Ehret	4520 Yates Rd #101	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/9/24
9. 	Michael Banta	4510 YATES DR. #206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/9/24
10. 	Ljiljana Kojic	4510 Yates Dr #201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/9/24

#### Certification of Circulator

I, Daniel Rowland, certify: I reside at 877 Private Road 2220 Hartman AR 72840  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-9-2024  
(date)

  
(signature of circulator)

Page No. 423

# RECALL PETITION

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Virginia Sosa	9316 Majestic Hills Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Sturtevant <input type="checkbox"/> City	4-10-24
	Karla Rodriguez	8824 Foxhaven chas	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village sturtevant <input type="checkbox"/> City	4-10-24
	MIKE MCCRAVY	3808 CONTESSA CT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village STURTEVANT <input type="checkbox"/> City	4-10-24
	Cheryl McCravy	3808 Contessa Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village sturtevant <input type="checkbox"/> City	4-10-24
	KURT KLINKHAMMER	8520 CAMELOT TRACE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Sturtevant <input type="checkbox"/> City	4-10-24
	Joly Neoy	8308 Greenway Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village sturtevant <input type="checkbox"/> City	4-10-24
<del></del>	<del>ALBERTO YOUNG</del>	<del>4204</del>	<del><input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
	Mary A Chacon	3200 91st Sturtevant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Sturtevant <input type="checkbox"/> City	4-10-24
	Caroline Mertens	3115 92nd St Sturtevant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Sturtevant <input type="checkbox"/> City	4-10-24
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Daniel Rounbaui, certify: I reside at 877 Private Road 2220 Hartman AR 72840  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-10-2024  
(date)

(signature of circulator)

Page No. **424**



## RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Mary Whited</i>	Mary Whited	2722 Raymond Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franksville</u>	4-11-24
<i>Chris Sidebottom</i>	Chris Sidebottom	1835 Linden Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-11-24
<i>Salina Christensen</i>	Salina Christensen	3417 93rd St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-11-24
<i>Zachery Fahr</i>	Zachery Fahr	3417 93rd St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-11-24
<i>Steve Wolf</i>	Steve Wolf	3218 93rd St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-11-24
<i>Michael Retzelt</i>	Michael Retzelt	3039 93rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-11-24
<i>William L Anderson</i>	William L Anderson	3101 86th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-11-24
<i>ELANOR WASHER</i>	ELANOR WASHER	8412 BUCKINGHAM DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-11-24
<i>Luis Zavala</i>	Luis Zavala	880 Buckingham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-11-24
<i>Conor Hatcher</i>	Conor Hatcher	8717 Buckingham DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4-11-24

#### Certification of Circulator

I, Daniel Orombanio, certify: I reside at 877 Private Road 2220 Hartman AR 72840  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-11-2024

(date)

*D Orombanio*

(signature of circulator)

Page No. 425

B

# RECALL PETITION

TO: The Wisconsin Election Commission . 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 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. (name of officeholder to be recalled and office)

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jeff Resch	7450 W. VIEW Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWAY	4-8-24
	Lewis Melachuk	3610 Meacham RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWAY	4-8-24
	TED PECK	3501 97 ST STARTEVANT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-8-24
	Dawn Syrakos	3325 97th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
	Chris Saldvar	24006 Mile rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City R Caledonia	4/8/24
	Ron Eckert	9416 Grace Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
	Cyasia Barnes	2840 87th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
	Jeanette Acker	9717 Demand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Dylan Cardo	809 15th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24

### Certification of Circulator

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

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

4/18/24 (date)

(signature of circulator)

## RECALL PETITION

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Julie Bohman</i>	Julie Bohmann	996 stratford ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/8/24
2. <i>Dennis J. Martin</i>	Dennis J. Martin	5722 Wildwood Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4/8/24
3. <i>Matt Boulev</i>	Matt Boulev	5723 wildwood dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/8/24
4. <i>Michael Antonacci</i>	Michael Antonacci	4445 RIDGEWAY DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/8/24
5. <i>Jillan Lemieux</i>	Jillan Lemieux	1351 Vine St Union Grove WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/24
6. <i>Nancy Horvath</i>	Nancy J. Horvath	5222 Crystal Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/8/24
7. <i>Katherine Spencer</i>	Katherine Spencer	9100 7 mile rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franksville	4/8/24
8. <i>Tony H. Hagan</i>	Tony H. Hagan	3325 10th St <del>Sturtevant</del>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-8-24
9. <i>Stephanie Prince</i>	Stephanie Prince	4915 schoen Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
10. <i>Erin Decker</i>	Erin Decker	15941 Durand Ave 29 D	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24

#### Certification of Circulator

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

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

4/18/24  
(date)

*[Signature]*  
(signature of circulator)

Page No. 427

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Tara Hyatt	1420 Park Pl Apt #10	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	04-08-2024
2.	John WALLACE	1470 11 <sup>th</sup> Ave TRIR 9	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-2024
3.	RICHARD JOHNSON	4915 SCHOEN RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-8-24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

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

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

4/8/24  
(date)

(signature of circulator)

## RECALL PETITION

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	RAQUEL FALLICO	<del>4002 423</del> 306 N. River St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u>	4/9/2024
	BRIAN CHILDS	1410 - 11 <sup>th</sup> AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4/9/24
	JESSICA HINZ	1040 McHenry St Apt 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4/9/24
	GERALD WAINMAN	1400 W - street APT 8A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4/9/24
	KATHIE ANDERSEN	1350 71ST Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4-9-24
	KARL ERNST	7626 W Smile Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Franksville</u>	4-9-24
	TAMMY ASTIN	1401 11 <sup>th</sup> Ave #59	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4-9-24
	DANIELA LOPEZ	2625 Waukesham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franksville</u>	4-9-24
	MARK A NIDGER	30313 Hwy 11	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>KANSASVILLE</u>	9 APR 24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

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

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Timothy T Sankovskio	3340 Banner Dr. 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-10-2024
	michele Brobner	1323 High st 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-2024
	Kimberly Dieck	1324 High st UG WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24
	Tammy Whitney	1351 High st UG 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24
	Kyle Sorenson	1206 High street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24
	Jackie Hahn	1325 main st.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Unions Grove	4-10-24
	Yolanda Smith	1831 Main St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24
	Alex Vlk	1780 New St APT 103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24
	Morgan VLK	1780 New St Apt. 103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24
	Christina Feaburn	1780 New St Apt. 103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24

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

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

4/10/24  
(date)

(signature of circulator)

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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1. <i>Diane Ross</i>	Diane Ross	22636 Schroeder Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/8/24
2. <i>Don Webster</i>	Don Webster	901 S Raymond Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/24
3. <i>Pat Oberst</i>	Pat Oberst	628 Trailview Crossing	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	4/8/2024
4. <i>M. Sawicki</i>	Samara Hiltz	4915 Schoen Rd lot 86	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/2024
5. <i>Daniel J. Thomas</i>	Daniel J. Thomas	4915 Schoen Rd lot # 28	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/2024
6. <i>Bruce Charter</i>	BRUCE CHARTER	4915 Schoen Rd Lot 84	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/2024
7. <i>Modesto Fortuna</i>	Modesto Fortuna	3256 6 <sup>th</sup> St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/24
8. <i>Nancy Palmer</i>	NANCY PALMER	1460 G6 WEST ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UN. GR Union Grove	4-8-24
9. <i>Erny Martin</i>	Erny Martin	4915 Schoen Rd Lot	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UG Union Grove	4-8-24
10. <i>Sherry Martin</i>	Sherry Martin	4915 Schoen Rd lot 36	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UG Union Grove	4-8-24

#### Certification of Circulator

I, Josias Andujar, certify: I reside at 976 47th Av Vin Beach FL 32946  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-8-24  
(date)

*[Signature]*  
(signature of circulator)

Page No. **431**

## RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Walter M Sobolik</i>	Walter M Sobolik	4915 Schoen Rd Lot 70	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of Dover Vlg	4-8-24
2. <i>Caroline Sydlo</i>	Caroline Sydlo	4915 Schoen Rd Lot 88 <small>UNION GROVE</small>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover Vlg	4-8-24
3. <i>Lynn Sydlo</i>	Lynn M Sydlo	4915 Schoen Rd Lot 88 <small>UNION GROVE, WI</small>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover Vlg	4-8-24
4. <i>Steve Wapling</i>	Steve Wapling	1797 New St <small>UNION GROVE</small>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
5. <i>Brad Wilson</i>	Brad Wilson	4915 Schoen Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
6. <i>Jennifer Roels</i>	Jennifer Roels	4826 N Greenbay Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-8-24
7. <i>David J Bordak</i>	David J Bordak	20017 Spring St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
8. <i>Sara M Bordak</i>	Sara Bordak	20017 Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
9. <i>James Erwin</i>	James Erwin	201 203 County Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-8-24
10. <i>Shawn Slater</i>	Shawn Slater	27810 Durand Ave Apt #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/8/24

I, Josias Andujar, certify: I reside at 876 47th Ave Union Grove WI 53184  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-8-24  
(date) (signature of circulator)



# RECALL PETITION

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

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	Jerry Skaliki	4114 Felicia Run	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kensenville	4/8/24
	Barbara Lambert	1380 Park Jewel	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/24
	Georgin Keller	1380 Park Place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/8/24
	Ember Bettack	1380 Park Place #103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	4/8/2024
	Jerome Boye	1380 Park Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-8-24
6			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Justas Andujar, certify: I reside at 876 47th Ave New Beach FL 32916  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4.8.24  
(date)

(signature of circulator)

Page No. **433**

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Richard A. Hasenstein	1091 White Oak Drive	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-2023
	Michèle Karast	1400 West St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/9/24
	RICHARD A. GREENBANK	21425 SPRING ST FAIRCHILD HALL	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE 53218	4/9/24
	ERICA EMBAWL	4519 RIDGECREST DR	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/9/24
	LOYDE ORADA	4519 RIDGECREST DR	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/9/24
	Macee Reinardy	4520 Yates Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/9/24
	Brenden Michizben	4520 Yates Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/9/24
	Cassandra Villalobos	4440 Yates Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/9/24
	Jessira Mierhe	4510 Yates Dr.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/9/24
	Serge Mucier	4510 Yates Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/9/24

**Certification of Circulator**

I, Josias Andryer, certify: I reside at 376 47th Ave View Beach FL 32966  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-9-24  
(date)

(signature of circulator)

Page No. **434**

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Yumeri Jimenez	4440 Yates Apt 207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WI Pleasant WI	4/9/2024
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Josias Andujar , certify: I reside at 376 47th Ave Vero Beach FL 32906  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4.9.24  
(date)   
(signature of circulator)

# RECALL PETITION

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

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jordan Larsen	320 18 <sup>th</sup> Ave #11	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UG/union grove	4-9-24
	Linda Berger	1636 New St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-24
	Arthur Berger	1636 New St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-24
	Patricia Hopkins	4031 5 <sup>th</sup> Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-9-24
	DAWN M COOPER	17808 58 <sup>th</sup> Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-9-24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jesús Aguilera, certify: I reside at 1330 Selig Ave MD, Baltimore 21237  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-9-29  
(date)

(signature of circulator)

Page No. 436

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	JAMES ZURAWSKI	2002 67 <sup>TH</sup> DRIVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24
	YVONNE HANCOCK	5202 69 <sup>TH</sup> DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24
	JON TESCHER	136 HIGH <sup>ST</sup> High St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/10/24
	ADINA MARURI	745 9 <sup>TH</sup> Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	CHRIS FRANCO	1622 Acorn Trail	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/10/24
	KAREN FRANCO	1622 Acorn Trail	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/10/24
	JACKIE McNEIL	1221 Cardinal Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
	ORLANDO R. VELA	724 Center St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/10/24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

I, Jesus Aguilera, certify: I reside at 1330 Seling Ave MD, Baltimore 21237  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

# RECALL PETITION

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	MATTHEW LOUDER	8317 BEAUCHAMPEL DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/11/24
	PROMISE CASSMAN	9116 BROADWAY DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/11/24
	GERALD JAKOB	9208 BROADWAY DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/11/24
	BRUCE SCHOENING	8425 BROADWAY DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-11-24
	CELINA VOLTZ	3112 BUCKINGHAM RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	04/11/24
	PRESTON HOJSEEN	3050 86 St Apt 3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/11/24
	NIKIA BRANTLEY	11515 1st Street #10	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/11/24
	KAREN MCDOWELL	11515 1st St Lot 56	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/11/24
	JEFF PETERSON	11515 1st st. 57	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-11-24
	MARIA	126 1st 11515	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-11-24

### Certification of Circulator

I, Jesus Aguilera, certify: I reside at 1330 Seliny Ave, 21237 MD, Baltimore  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/11/24  
(date)

(signature of circulator)

Page No. **438**

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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<i>[Signature]</i>	JESUS GONZALEZ	11515 1st St #126	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4/11/24
<i>[Signature]</i>	Ron Coldren	11515 1st St #126	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4/11/24
		S	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jesus Aguilera (name of circulator) certify: I reside at 1330 Seliny Ave Baltimore, MD 21237 (circulator's residence - include number, street, and municipality)

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

4/11/24 (date) [Signature] (signature of circulator)

# RECALL PETITION

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

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	Alan Schneider	22003 Durand Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kanasville</u>	4/12/24
	Jazzmin Bryant	5633 Byrd Ave Apt 7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/12/24
	Infiniti Halmou	504 Shelbourne CT Apt 70	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/12/24
	Donnaike Cox	1337 Monroe Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/12/24
	Wanda Welch	8716 BUCKINGHAM DRIVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>STURDIVANT</u>	04-12-24
	Derrick Westerby	836 Dorothy ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	04-12-24
	Heather Castro	4320 Yates Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mt Pleasant</u>	4/12/24
	Steven Russo	4400 Yates Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>mt. Pleasant</u>	4/12/24
	Ariel Jaime	4430 Yates Dr. #201	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	4/12/24
	James Szymanski	4420 Yates Dr 104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>mt Pleasant</u>	4/12/24

I, Jeddy Aguilera, certify: I reside at 1330 Seling Ave 21237 MD, Baltimore  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/12/24  
(date)

(signature of circulator)



## RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<u>Anne Champion</u>	<u>Anne Champion</u>	<u>2605 Maple Grove</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Barnev</u>	<u>4/13/24</u>
<del><u>[Signature]</u></del>			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<u>Lorien Ayres</u>	<u>LORIE AYRES</u>	<u>2504 Bover Lane</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waukegan</u>	<u>4/13/24</u>
<u>Karen Ayres</u>	<u>KAREN AYRES</u>	<u>2504 Bover Lane</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waukegan</u>	<u>4/13/24</u>
<del>5.</del>				
<del>6.</del>				
<del>7.</del>				
<del>8.</del>				
<del>9.</del>				
<del>10.</del>				

I, Stan Sisson, certify: I reside at 10929 WASHLAND WAY AUDONDALE, AZ 85392  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/13/2024  
(date)

[Signature]  
(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Terri Barber</i>	Terri Barber	1802 grange ave. apt. #103	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine WI.	04/14/24
<i>Jana Monke</i>	TARA MONKE	517 W. P ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine WI.	04/14/24
<i>Angelica Reed</i>	Angelica Reed	3705 Clairmont St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine WI.	04/14/24
<i>Alicia Warren</i>	Alicia Warren	1311 Oakes Rd #10	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
<i>Ben Bergsman</i>	B. Bergsman	1333 Oakes RD #15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
<i>Manda Bergsman</i>	Christa Bergsman	1333 Oakes Rd #15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
<i>Celicia Esler</i>	Celicia Esler	1333 Oakes APT #5	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
<i>Quadarrell Hill</i>	Quadarrell Hill	1345 Oakes Road apt. 9	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
<i>Genevieve Lee</i>	Genevieve, Lee	1345 OAKES RD APT 8	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
<i>Chloria Ithema</i>	CHRISTIA ITHEMA	1435 OAKES RD #4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24

### Certification of Circulator

I, STAN LISSEON (name of circulator), certify: I reside at 10929 W ASHLAND WAY AUBUNDALE, AZ 85329 (circulator's residence - include number, street, and municipality)

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

4-14-2024  
(date)

*[Signature]*  
(signature of circulator)

Page No. **442**

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Deanne Oberst</i>	Deanne Oberst	3128 Wood Rd #2	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/14/24
2. <i>Paul E Oberst</i>	Paul Oberst	3128 Wood Rd #2	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/14/24
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, STAN SISON certify: I reside at 10929 W ASHLAND WAY AVONDALE, AZ 85329  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/14/2024 *[Signature]*  
(signature of circulator)

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire po</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Walter Villaiba</i>	WALTER VILLAIBA	2455 EMMERT <sup>#103</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOUNT PLEASANT	4-15-24
<i>Kendrick W...</i>	Kendrick W...	1533 S CROTON <sup>#106</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4-15-24
<i>Ara Merlos</i>	Ara Merlos	1533 <sup>#107</sup> Greenbay Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4/15/24
<i>Luke Erickson</i>	Luke Erickson	5507 Marburo Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City mt Pleasant	4-15-24
<i>mya richidsion</i>	mya richidsion	2109 meadowlane AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City mt Pleasant	4-15-24
<i>Tewell Flowers</i>	Tewell Flowers	6600 Mariner Dr. #104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City mt Pleasant	4-15-24
<i>Tatiana Garrett</i>	Tatiana Garrett	9340 florenadr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-15-24
<i>Lee Mayfield</i>	Lee Mayfield	2247 Penbrook Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-15-24
<i>Tamara Mayfield</i>	Tamara Mayfield	2247 Penbrook Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-15-24
<i>Crissa Montgomery</i>	Crissa Montgomery	1100 Oakes Rd Apt 208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City mt Pleasant	4-15-24

#### Certification of Circulator

I, STAN Sisson, certify: I reside at 10929 WASHLAND WAY AUBURN, AZ 85329  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/15/2024  
(date)

*[Signature]*  
(signature of circulator)

Page No. **444**

# RECALL PETITION

TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

(name of officeholder to be recalled and office)

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sue Bastian</i>	SUE BASTIAN	6012 Sunset Blvd	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4/15/24
2. <i>Anthony Blunt</i>	Anthony Blunt	5810 Lincoln Village Dr #108	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Mt Pleasant WI	4/15/24
3. <i>Annie M. Blunt</i>	Annie M. Blunt	5810 Lincoln Village Dr #108	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4/15/2024
4. <i>Ernestine Booker</i>	ERNESTINE BOOKER	5810 Lincoln Village Dr #212	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4/15/2024
5. <i>Geraldine Burnett</i>	Geraldine Burnett	5810 Lincoln Village Dr #206	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/15/2024
6. <i>Marilyn Jump</i>	Marilyn Jump	5810 Lincoln Village Dr #112	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4/15/2024
7. <i>Cheryl Draves</i>	Cheryl Draves	5810 Lincoln Village Dr #111	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-15-2024
8. <i>Gregory Lott Jr</i>	Gregory L. Lott Jr	5810 Lincoln Village Dr #109	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-15-2024
9. <i>Mary Vorlob</i>	Mary Vorlob	5810 Lincoln Village Dr #107	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant WI	4-15-2024
10. <i>John J. Pena</i>	John J. Pena	1455 Emmertson #103	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine Mount Pleasant	4-15-2024

### Certification of Circulator

I, STAN SISSON, certify: I reside at 10929 W ASHLAND WAY AVONDALE, AZ 85329

(name of circulator)

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

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

4-15-24  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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	Betty Garcia	5601 Paul Jones Ct <del>mt. Pleasant</del>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4/9/24
	Kevin G Loew	3410 WOOD ROAD <del>mt. Pleasant</del>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4/9/24
	Melinda Kortendick	3505 Weston Dr. <del>mt. Pleasant</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4/9/24
	James J. McKissick	3506 Weston Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/9/24
	Kathy McKissick	3506 Weston Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4/9/24
	Ruben Gonzalez	3514 Weston Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/9/24
	Carol Urban	3533 - Weston Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/9/24
	JOSH SCHEUBLE	3533 WESTON DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-9-24
	Michelle Bawiec	5641 Emstan Hills Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-9-24
	MARK BAWIEC	5641 EMSTAN HILLS RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4/9/24

### Certification of Circulator

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

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

4/9/24  
(date)

(signature of circulator)

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	CRISTINA DEJESUS	5811 Emstan Hills Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT PLEASANT</u>	4/9/24
2.	Terry Redmond	591P Emstan Hills Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT PLEASANT</u>	4-9-24
3.	CRYSTAL KRISTIANSEN	5843 Emstan Hills Road	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT. PLEASANT</u>	4-9-24
4.	Barbara Edwards	5849 Emstan Hills Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT PLEASANT</u>	4-9-24
5.	Dersell Pi Hunn	5855 Emstan Hill Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT PLEASANT</u>	4/9/24
6.	Barbara Dehne	5911 Emstan Hills Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT PLEASANT</u>	4/9/24
7. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
8. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
9. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
10. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>

I, Moira Rounds, certify: I reside at 15872 N 19th St. Phoenix AZ 85022  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/9/24  
(date)

(signature of circulator)

Page No. **447**

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### RECALL PETITION

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Adam Lantz	12210 Spring St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-10-24
	Jose Hernandez	11845 Spring St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT MOUNT	4-10-24
	Mark T. Spranger	11333 Spring St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-10-24
	Seth Knecht	10802 Spring St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-10-24
	Christine M. Peterson	1339 Tallgrass Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-10-24
	Amanda Tulce	9325 Luanne Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-10-24
	Lisa Ramirez	9320 Luanne Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-10-24
	Hugh Thompson	2532 N Fancher	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MH Pleasant	4/10/24
	Marie Peterson	2522 N. Fancher Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/10/24
	Dennis Sorenson	1838 Fancher Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/10/24

I, Moirra Rounds, certify: I reside at 15872 N 10th St Phoenix AZ 85022  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/10/2024  
(date)

(signature of circulator)

Page No. **448**



## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	Amanda Kivenas	1445 Renee Dr. <del>Waukesha</del>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/2024
2. <i>[Signature]</i>	Deb Bielefeldt	1437 Renee Dr., <sup>Mt.</sup> Pleasant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/2024
3. <i>[Signature]</i>	RAT Ceaus	1746 Ramona Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/2024
4. <i>[Signature]</i>	Reilly Peltier	1430 Ramona Dr. <sup>Mt.</sup> Pleasant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/2024
5. <i>[Signature]</i>	Alyssa Redlin	1430 Ramon Dr Mt Pleasant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/2024
6. <i>[Signature]</i>	Chantisa Knecht	10802 Spring St. Mt. Pleasant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/2024
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4/10/2024  
(date)

*[Signature]*  
(signature of circulator)

Page No. **449**

# RECALL PETITION

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Alexander J Elkin	2030 Frankie Pl Apt 103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Alejandra Kallion	2106 Frankie Pl #104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Alejandra Kallion	2106 Frankie Pl #105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	YASHITA Verell	2110 Frankie place #204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Marianela Figueroa	2110 Frankie Place #202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Madivel Flores	2106 Joanne Dr #107	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/13/24
	Chris Pritchett	6001 Joanne Pr #205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-13-24
	REYNALDO BELMAR	5945 Joanne Drive #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-13-24
	Darlene A. Young	5945 Joanne Drive 202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4.13.24
	Eric Litrenta	<del>5945 Joanne Dr</del> #106 5945 Joanne Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-13-24

### Certification of Circulator

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

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

4/13/24  
(date)

(signature of circulator)

Page No. 450

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Kelly Schippers</i>	Kelly Schippers	1222 13th Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24
<i>Dillon Etie</i>	DILLON ETIE	1400 Indiana St Racine	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RACINE	4-10-24
<i>Roy W Jones</i>	Roy W Jones	1214 13th Ave UG	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24
<i>Susan Klingbeil</i>	Susan Klingbeil	1214 13th Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24
<i>Robert Forsman</i>	ROBERT FORSMAN	5603 FREEDY AVE MT PLEASANT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-10-24
<i>Jo Aschauer</i>	Jo Aschauer	1799 MAIN ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24
<i>Colton Niemyjski</i>	Colton Niemyjski	1740 Main St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24
<i>Alivia Niemyjski</i>	Alivia Niemyjski	1740 Main St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-10-24
<i>Juan Becerra</i>	Juan Becerra	1304 Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24
<i>Laura Becerra</i>	Laura Becerra	1304 Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-10-24

#### Certification of Circulator

I, ALEX ITEN (name of circulator), certify: I reside at 4705 WITCHHAZEL WAY ABERDEEN MD 21001 (circulator's residence - include number, street, and municipality)

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

4/10/24  
(date)

*[Signature]*  
(signature of circulator)

Page No. 451

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jane Junstra</i>	JANE JUNSTRA	1790 New St #107	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WILSON GROVE	4-10-24
<del>2.</del>				
<del>3.</del>				
<del>4.</del>				
<del>5.</del>				
<del>6.</del>				
<del>7.</del>				
<del>8.</del>				
<del>9.</del>				
<del>10.</del>				

### Certification of Circulator

I, ALEX PTEN, certify: I reside at 4705 WITCHHAZEL WAY ABERDEEN MD 21001  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/10/24  
(date)

*Alex Pten*  
(signature of circulator)

Page No. 452

## RECALL PETITION

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

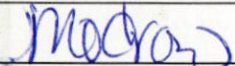
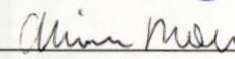
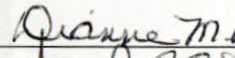


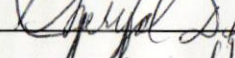
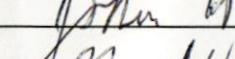
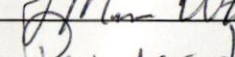
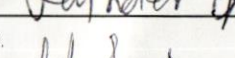

### STATEMENT OF REASON FOR RECALL

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

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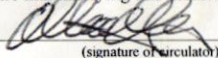
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jessica Madrow	715 S Cox Rd. Kansasville WI 53139	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Dover	4-11-2024
	Allison Madrow	715 S Cox Rd Kansasville, WI 53139	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Dover	4-11-2024
	DIANNE M. PRATER	1380 PARK PL. #204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE WI	4-11-2024
	Justin R Smith	1009 main st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-11-24
	Chascha Skinske	709 Main Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
	Cheryl Dehuan	725 State St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/11/24
	John Heineck	1120 11TH AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	4/11/24
	Marcus Welter	1790 Shumann Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/11/24
	Rajinder Kaur	1709 Shumann Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/11/24
	SIMRANJEET SINGH	1709 Shumann Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/11/24

### Certification of Circulator

I, ALEX ITEN certify: I reside at 4705 WITCHHAZEL WAY ABERDEEN MD 21001  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/11/24  
(date)

  
(signature of circulator)

Page No. **453**

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
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<i>B. Singh</i>	BALWINDER SINGH	1709 Shuman Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
<i>[Signature]</i>	Tanner Kastenson	1122 New Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/11/24
<i>N. Shafer</i>	Nikki Shafer	709 main St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
<i>D Shinske</i>	Dan Shinske	709 main st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
<i>Kathleen Klingbeil</i>	Kathy Klingbeil	1421 High St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
<i>Sarah E. Wiley</i>	Sarah Whitney	1351 high st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-11-24
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, ALEX ITEN, certify: I reside at 4705 WITCHHAZEL WAY ABERDEEN MD 21001  
(name of circulator) (circulator's residence - include number, street, and municipality)

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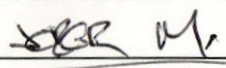
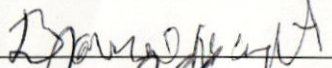
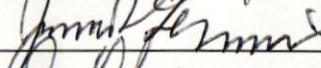
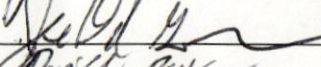
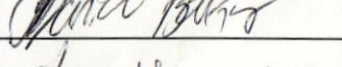
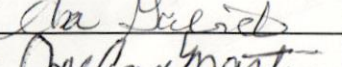
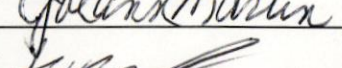

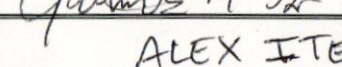
4/11/24 *[Signature]*  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	<del>DOKE Madrigal</del> DOKE Madrigal	1715 W. St Racine	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RACINE	4/12/24
<del>Irma</del>	LOUIS IRMA	2220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	DAN WILLIAMS	5010 Big Caykare	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KOSCIUSKO	4/12/2024
	JAMES R. GERMAN	6528 Millwood Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/12/2024
	FIDEL J. GERMAN	6528 Millwood Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/12/2024
	DANIEL BAKER	6418 South DR #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/12/24
	ANA M. GALINDO	5946 Joanne Dr. #207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/12/24
	JOANNE MARTIN	5942 JOANNE DR #101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/12/24
	ADONIA JONES	8942 JOANNE DR #202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/12/24
	JAMES McGeer	5919 Margery Dr. #206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-12-24

I, ALEX ITEN, certify: I reside at 4705 WITCHHAZE WAY ABERDEEN MD 21001  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Carrie Kosinski	20002 plank Rd Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-12-24
	Lori Warner	23418 Plank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	4-12-24
	John Warner	23418 Plank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	4-12-24
	Trin Warner	23418 Plank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	4-12-24
	Linda Cannon	1818 167th Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Yorkville	4-12-24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

I, Cris Hui, certify I reside at 4536 46th St. NW, Washington DC 20016  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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



## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Tommy Kowalski	10741 Spring St.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant 53177	4/10/24
	Blake Kowalski	10741 Spring St.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant 53177	4/10/24
	Scott Bell	5285 Briarwood Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Windpoint	4-10-24
	TANNER Eason	1018 Paul's Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4/10/24
	Maya Lukunze	2747 N Hancock Rd	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/24
	Jessie Lewis	9454 Luane Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mount pleasant	4/10/2024
	Sarah Lewis	9454 Luane, Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/10/2024
	Kay Meyer	9250 Luane Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/10/24
	Vicki Madson	9400 Luane Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/10/24
	Paul madson	9400 Luane DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/10/24

#### Certification of Circulator

I, Chris Hure, certify: I reside at 4536 46th St. NW, Washington, DC 20016  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/10/24  
(date)

(signature of circulator)

Page No. **457**

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Orlando Boudreau</i>	Orlando Boudreau	5559 Deerfield Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/9/24
<i>Kiersten Gruen</i>	Kiersten Gruen	925 South Green Bay Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/9/24
<i>Donna Meldgaard</i>	Donna Meldgaard	2713 Village Green E.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-9-24
<i>Lisa Boerner</i>	Lisa Boerner	2816 Village Green W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/9/2024
<i>Tom O'Boyle</i>	Tom O'Boyle	5824 Pilgrim Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/9/24
<i>Justin Harris</i>	JUSTIN HARRIS	5733 Mount Vernon Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt PLEASANT	4/9/24
<i>Joseph D. Caminiti</i>	Joseph D. Caminiti	5623 Mount Vernon Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/9/24
<i>John Reese</i>	John Reese	2723 Penbrook Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-9-24
<i>Judy Fraley</i>	Judy Fraley	6513 Antforest Antforest	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-9-24
<i>Gianna Fraley</i>	Gianna Fraley	6513 Antforest	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-9-24

I, Chris Hun (name of circulator) certify: I reside at 4536 46th St. NW, Washington DC 20016 (circulator's residence - include number, street, and municipality)

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

4/9/2024  
(date)

*[Signature]*  
(signature of circulator)



# RECALL PETITION

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)

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

## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Paul R Laub</i>	PAUL R. LAUB III	9330 LUANE DR.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4/10/24
<i>Kurt Begun</i>	KURT BEGUN	16958 Hwy RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/10/24
<i>J. Vasquez</i>	Janette Vasquez	1845 Fancher Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/10/24
<i>John Shawku</i>	John Shawku	1806 Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/10/24
<i>Regina Harders</i>	Regina Harders	182606 Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/10/24
<i>Racianne Kaiser</i>	Racianne Kaiser	1444 N. Stuart Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-10-24
<i>Maria Luna</i>	Maria Luna	1511 Martha Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/10/24
<i>Rafaela Cervantes</i>	Rafaela Cervantes	8101 Crystal Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-10-24
<i>Nicole Lindemoen</i>	Nicole Lindemoen	8149 Crystal Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-10-24
<i>Charles Jopke</i>	Charles Jopke	1444 Laura Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4-10-24

### Certification of Circulator

I, Chris Hull (name of circulator) certify: I reside at 4536 46th St. NW, Washington DC 20016 (circulator's residence - include number, street, and municipality)

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

4/10/24  
(date)

*[Signature]*  
(signature of circulator)

Page No. **459**

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Debbie Dana</i>	Debbie Dana	8130 Crystal Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4-10-24
<del>2.   3.   4.   5.   6.   7.   8.   9.   10.</del>				

I, Chris Hu, certify: I reside at 4536 46th St. NW, WAShtone DC 20016  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/10/24 *[Signature]*  
(date) (signature of circulator)

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	SUSAN M WIENKE	35411 LAKESHORE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	4-13-24
	DAVID J. BURKELL	3330 LAKE SHORE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	4-13-24
	MARY E. RESCHKE	35105 LAKE SHORE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	4-13-24
	DON PIEFER	35107 LAKEWOOD AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	4-13-24
	TRAVIS ELLERTSON	540 PARK AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	KEN PHETTEPLACE	35418 LAKEWOOD AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington Rochester	4-13-24
	BETH PHETTEPLACE	35418 LAKEWOOD AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Durlington Rochester	4-13-24
	BENJAMIN GUIDA	306 WOODLAWN AVE BURLINGTON WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER, WI	4/13/24

### Certification of Circulator

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

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

4/13/24  
(date)

(signature of circulator)

# RECALL PETITION

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

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

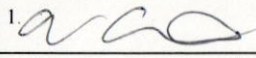
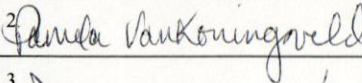
### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Allan Carter	373 Woodlawn Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-14-24
	Pamela VanKoningveld	345 Woodlawn Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-14-24
<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>
<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>
<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>
<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>
<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>
<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>
<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>
<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>

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

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

4/13/24  
(date) (signature of circulator)

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Thomas A. Green	<del>3820</del> 3820 S Beaumont Ave.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville/Dover	4/14/24
	Tony J. Bruno	4014 S. Beaumont AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville/Dover	4/14/24
	Ruth Rahn (RAHN)	<del>4030</del> 3070 S Beaumont Ave.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville/Dover	4/14/24
	Heidi Van Beek	4232 Beaumont Ave <small>(Beaumont Ave)</small>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville/Dover	4/14/24
	Tim Edelman	4316 S. Beaumont Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville/Dover	4/14/24
X	X	X	X	X
X	X	X	X	X
X	X	X	X	X
X	X	X	X	X
X	X	X	X	X
X	X	X	X	X

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

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4/14/24  
(date)

(signature of circulator)

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(name of officeholder to be recalled and office)


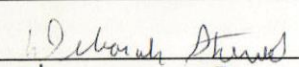
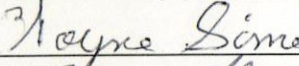
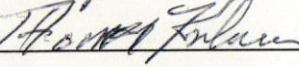
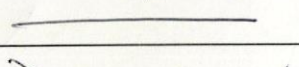
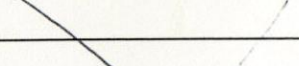

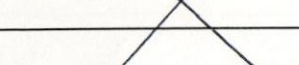
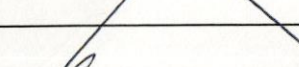
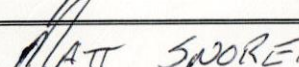
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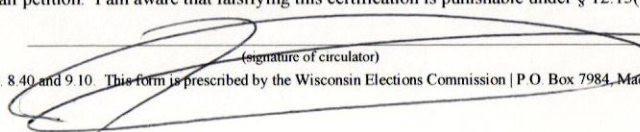
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Lawrence Sternal	3000 Nature Bend	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-15-24
	Deborah Sternal	3000 Natures Bend	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/15/24
	WAYNE Simonsen	24723 JACKSON ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	4/15/24
	THOMAS KUBERA	<del>24723</del> JACKSON ST 24711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover Dover	4-15-24
	THOMAS ↑ KUBERA ↑		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

#### Certification of Circulator

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

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

4/15/24  
(date)

  
(signature of circulator)

Page No. **464**



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(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Kathryn Phillips	3426 93rd st STURTEVANT	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-22-24
2.	Sheryl Goza	3426 93rd st	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-22-24
<del>3.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>4.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>5.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>6.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>7.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>8.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>9.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>10.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>

I, PAAT SNOBEK, certify: I reside at 30839 Rambling Fox Trl Burlington, WI 53105  
(name of circulator) (circulator's residence - include number, street, and municipality)  
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4/22/25   
(date) (signature of circulator)

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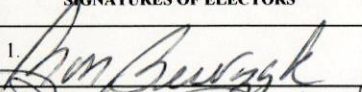

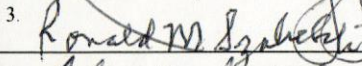
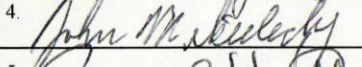
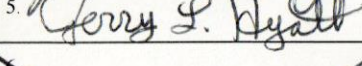
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	RON BERTZYK	2521 N. FAUCHER RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-10-24
	Rose M. Bertzyk	2521 N. Faucher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-10-24
	RONALD M SZABELSKI	9331 Luane DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-10-24
	John Mikulecky	1422 Remond Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4.10.24
	JERRY L. HYATT	10803 SPRING STREET	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4.10.24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

APRIL 10, 2024   
(date) (signature of circulator)

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1.	Rhonda Laner	232 Bridge St #325	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/11/24
2.	Susan Gengler	19512 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/11/24
3.	Stephanie Moore	24226 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/11/24
4.	Amanda North	27610 Washington Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	4/11/24
5.	ALEXANDER HAMMES	119 E WASHINGTON ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	<del>4/11/24</del> 4/11/24
6.	Robert James	24521 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DOVER	4/11/24
7.	ATTA NOVAK	21533 West C/o Ransomb	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Dover	4/11/24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

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

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APRIL 11, 2024 (date) (signature of circulator)

# RECALL PETITION

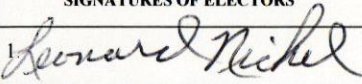
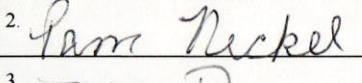
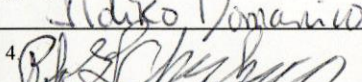
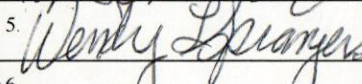
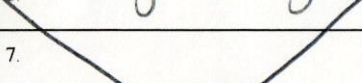
TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant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

## STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Leonard Nickel	16106 Plank Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	2/12/24
	Pam Nickel	16106 Plank Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-12-24
	Ildiko Domonico	17510 Plank Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/12/24
	ROBERT CHRISTENSEN	20115 Plank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE WI	<del>4/12/24</del> 4/12/24
	Wendy Sprangers	6645 Greenidge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/12/24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, JAMES A CLARK, certify: I reside at 5291 US HIGHWAY 158 BUSINESS HENDERSON NC 27537  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

April 12, 2024   
(date) (signature of circulator)

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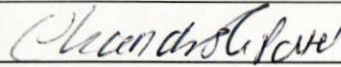
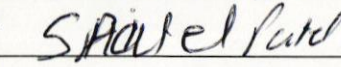
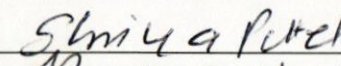
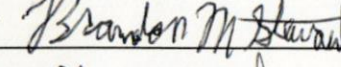
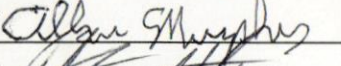
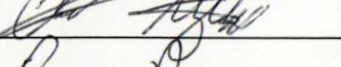
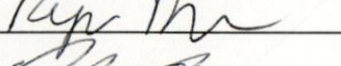
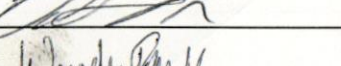
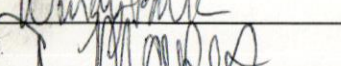
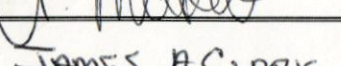
# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

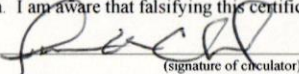
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	CHANDRESH PATEL	5943 KINZIE AVE Unit 15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4/13/24
	SHIKHA PATEL	5943 KINZIE AVE Unit 15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4/13/24
	SRIYA PATEL	5943 KINZIE AVE Unit 15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	4/13/24
	Brandon M Stewart	1407 Willow rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/13/24
	Allan Murphy	1407 willow rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Christopher A. Robles	1533 willow rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Ryan Darns	3735 95th Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
	Patrek Fonk	9201 Angchen Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
	Wendy Fonk	9201 Angelica Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
	Angelica Mares	9324 Angelica Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24

### Certification of Circulator

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

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

APRIL 13, 2024   
(date) (signature of circulator)

# RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>A Mares</i>	Alexandro Mares	9324 Angelica Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
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<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				

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

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

APRIL 13, 2024 *[Signature]*  
(date) (signature of circulator)

# RECALL PETITION

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Mary J Zenner</i>	MARY T. ZENNER	15941 Durand Ave 23B	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/10/24
<i>Verna Schmitz</i>	VERNA SCHMITZ	15941 DURAND 67C	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City " Yorkville	4-10-24
<del><i>[Signature]</i></del>	<del>[Name]</del>	<del>[Address]</del>	<del>[Municipality]</del>	<del>[Date]</del>
<i>Collin Johnson</i>	Collin Johnson	3506 Wright Ave	<input checked="" type="checkbox"/> Town Racine <input type="checkbox"/> Village <input type="checkbox"/> City	4-10-24
<i>Carlo Martin</i>	Carlo Martin	1812 Clayton Ave	<input checked="" type="checkbox"/> Town Racine <input type="checkbox"/> Village <input type="checkbox"/> City	4-10-24
<i>Charles Thomann</i>	Charles Thomann	44529 Braun Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Startevant	4-10-24
<i>Tamara Young</i>	Tamara Young	4440 Yates Dr 105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-10-24
<i>Billy Smith</i>	Billy Smith	4440 Yates Dr 105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-10-24
<i>Sophia Rondeau</i>	Sophia Rondeau	4440 Yates Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-10-24
<i>Cole Corey</i>	Cole Corey	4460 Yates Dr. 203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-10-24

### Certification of Circulator

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

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

4.10.24.  
(date)

*[Signature]*  
(signature of circulator)

Page No. 471

# RECALL PETITION

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

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	Haley Martinson	4460 Yates Dr. Apt. 102 <sup>Racine WI 53406</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine Mt Pleasant	4/10/24
	Liz Clark	4460 Yates Dr. Apt 101	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine Mt Pleasant	4/18/24
	ANTONIA WHITEFIELD	4460 Yates Dr Apt 208	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4/10/24
	KENNETH GARDNER	4450 YATES DR APT 105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/10/24
	Gurner Williams	4450 Yates Dr APT 106	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/10/24
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Josias Andjar, certify: I reside at 376 47th Ave Vero Beach FL 32916  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4.10.24  
(date)

(signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	CAROLYN JONES	4209 S Beaumont	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Dover</u>	4/11/24
	RICKY NEY	1354 High St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>UNION GROVE</u>	4-11-24
	Timothy Berner	25821 76th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	4.11.24
	Steve Shepherd	590 Mill Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	4-11-24
	VICTOR THOMAS	2021 Prairie Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Marquette</u>	4-11-24
	MARGIT FRISO	3101 86th St #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>STURTEWANT, WIS.</u>	4-11-24
	TOM FRISO	3123 86 St. 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>STURTEWANT 53177</u>	4-11-24
	SHARON MALLO	3123 86th 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	4-11-24
	HOLLY SPILNER	8701 Buckingham 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	4-11-24

### Certification of Circulator

I, Josias Andujar, certify: I reside at 376 47th Ave Vero Beach FL 32966  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/11/24  
(date)

(signature of circulator)

## RECALL PETITION

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Hugh Wilson	4915 Schoen Rd #62	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grm	4/12/24
	Richard Bowman	1935 Menomonee	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4/12/24
	Gina Markham	4230 Dardel	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/12/24
	Michele Bendix	2916 Wright Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/12/24
	Juan Ortiz	1900 Grand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-12-24
	<del>Enid Figueroa</del>	1300 Saint Patrick street Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-11-24
	YR	1320 Saint Patrick St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-11-24
	Kahlee Gonzalez	9517 Grayce Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SHUTWANT	4-12-24
	KAPRESHHA CUTRER	1951 ROOSEVELT AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	4/12/24
	MARY TRENTADUE	6416 WANDER LANE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE <sup>with Pleasant St</sup>	4/12/24

I, Josias Andujar, certify: I reside at 376 47th Ave Van Buren St 32964  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4.12.24   
(date) (signature of circulator)

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
<del>[Signature]</del>	<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>[Date]</del>
[Signature]	TURKEY A BLACKS	5019 Margey	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE <sup>mt</sup> -pleasant	4/13/24
[Signature]	Marcus McLaughlin	1945 LAUN ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE <sup>mt</sup> -pleasant	4-13-24
[Signature]	Nancy Huber	3300 FOX DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine <sup>mt</sup> -pleasant	4/13/24
[Signature]	Joseph Rutkowski	3046 Packard A UT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine <sup>mt</sup> -pleasant	4/13/24
[Signature]	Mathew Lees	2000 Kentucky St,	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE <sup>mt</sup> -pleasant	4/13/24
[Signature]	MIKE WASNIEWSKI	4149 BLANDY WINDS AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE 53404	4/13/24
[Signature]	Brian Mincro	942 Lasalle St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine 53404	4/13/24
[Signature]	Alexandro Mincro	942 Lasalle st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine 53404	4/13/24
[Signature]	CHARLE MATHES	2050 LONING 3406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24

#### Certification of Circulator

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

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

4-13-24  
(date)

[Signature]  
(signature of circulator)

Page No. **475**

## RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Sierra Haynes	5947 Byrd Ave Apt 5 Racine WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Mount Pleasant</b>	4/11/2024
2.	Scott ZIEGLER	8901 BROADWAY DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MT Pleasant</b>	4-11-24
3.	Dwight Johnson	2524 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4/11/24
4.	Jan Rudy	9004 Carol Ann Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4-11-24
5.	Michelle Beebe	9227 Carol Ann	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4-11-24
6.	Janice Hysell	11515 - 1st St Lot 8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4-11-24
7.	Erick DeLtron	11515 - 1st St Lot 33	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4-11-24
8.	Yolanda Blair	11515 1st Street Lot 26	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4-11-24
9.	Anne Menor	11515 1st St Sturtevant Lot 38	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4-11-24
10.	Pamela J. Schuster	11515 1st St Lot 41	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4-11-24

I, Shannon West, certify: I reside at Sturtevant WI 53177 17 Pebble Brook Dr, Conway, AR 72034  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

# RECALL PETITION

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

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	Chris Schuster	11515 1st St Lot 41	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant, WI	4-11-24 5-31-24
	Dawn L. Anderson	11515-1st St Lot 55	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	5-31-24 4-11-24
	CRAIG R. LABBERT	11515-1ST ST LOT 55	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT WI	4-11-24 5-31-24
	Mao Dihan	11515-1st St Lot 125	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	5-31-24 4-11-24
	Lisa McAlpine	11515 1st St Lot 127	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	4-11-24 5-31-24
	Elizabeth Olsen	11515 1st St Lot 135	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-11-24
	James Olsen	11515 1st St Lot 135	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-11-24
	Patricia Schlicher	11515 1st #140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-11-24
<del>_____</del>				
<del>_____</del>				

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

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

4-11-24  
(date)

(signature of circulator)

## RECALL PETITION

TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Loren Lindeman	6447 Carnation Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/12/24
	Amanda Nason	6547 Carnation Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/12/24
	Royce Markay	6555 Carnation Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/12/24
	Anthony Wiczorek	6555 Carnation Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4/12/24
	Marisa Sifuentes	20614 Spring St <sup>Union</sup> Grove W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-12-24
	Cesar A Sifuentes	20614 Spring St <sup>Union</sup> Grove W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-12-24
	Tammy Baumann	18427 Spring St <sup>Union</sup> Grove W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-12-24
	Tiffany Cincotta	18308 Spring St. Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-12-24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

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

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

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(date) (signature of circulator)

## RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
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(name of officeholder to be recalled and office)

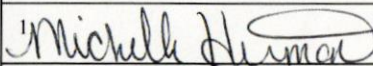
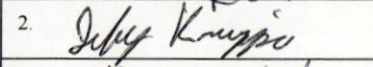
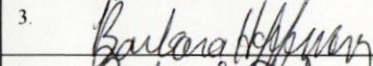
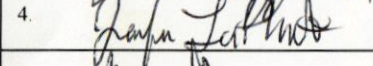
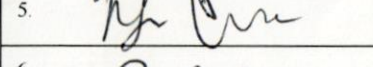
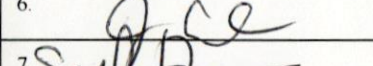
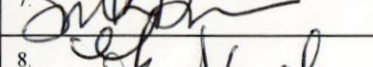

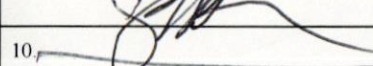
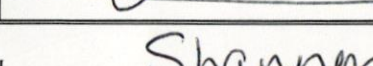
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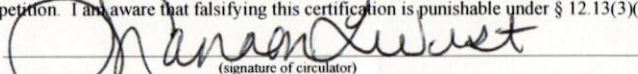
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Michelle Herman	10640 Durand Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/2024
	JEFFREY KNEIPPER	2935 96th ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/13/2024
	Barbara Hoffman	2839 96th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-2024
	Jennifer LaPlante	2901 91st St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-2024
	Ryan Cramer	1408 Willow Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
	Jessica Anderson	1927 Willow Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
	Sarah Daams	3735-95th PL	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-13-24
	Frank Krawinkel	9530 Hawthorne Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
	Scott Krieger	9532 Hawthorne Dr Hawthorne	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

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

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

4-13-24  
(date)

  
(signature of circulator)

Page No. **479**

# RECALL PETITION

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

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	Juan Sanchez	6430 Yahuke rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-14-24
	Joshua Brown	32666 Yahuke Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-14-24
	Aimee Soens	32600 Yahuke Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-14-24
	BONITA UHL	189 PARKSIDE NORTH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-14-24
	CAROL STARR	30527 Durand Ave Apt 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-14-24
	DEBBI WILSON	5235 4350 Marquette Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/14/24
<del>7</del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del>8</del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del>9</del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del>10</del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>

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

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

4-14-24  
(date)

(signature of circulator)

Page No. **480**



## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kevin Nelson	1516 N. Stuart Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-13-24
	Roger Klanner	7921 Gina Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-13-24
<del></del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>XXXXXXXXXX</del>
	Deborah L. Rehorst	8115 Crystal Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	RONALD J. JOZOWKA	1436 LAUREA AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Patricia Tejada-Banillas	1515 Laura Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Barbara Jopke	1444 Laura Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24
	Dianne Flannery	7921 Gina Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/13/24
<del></del>	<del>Janel Ripley</del>	<del>6392 W. 7 Mile Rd</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia/Raymond</del>	<del>4-13-24</del>
	Roxanne McMahon	826 J L H ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kaukauna	4-13-24

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

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

4/13/24 (date) (signature of circulator)

## RECALL PETITION

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

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

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1. <i>Debbie Fowlkes</i>	Debbie Fowlkes	4418 Kinzie Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-13-24
2. <del><i>Linkey Radakovich</i></del>	<del>Linkey Radakovich</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
3. <i>Nicholas</i>	Nicholas A. Kivenas	1445 Renee Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant</u>	4-13-24
4. <i>Linda Martwich</i>	LINDA MARTWICH	1543 Raintree Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	4-13-24
5. <i>James Martwich</i>	James Martwich	1543 Raintree Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	4-13-24
6. <i>Eric Gilgenbach</i>	ERIC GILGENBACH	6541 PRIMROSE WAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT Pleasant</u>	4-13-24
7. <i>Kathy Janaty</i>	Kathy Janaty	6624 Chesapeake Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT Pleasant</u>	4-13-24
8. <i>LaDonna Ystons</i>	LaDonna Ystons	6572 Williamsburg, Wg	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Caledonia/MT Pleasant</u>	4-13-24
9. <i>Kosa Tuscani</i>	Kosa Tuscani	6570 Williamsburg, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT Pleasant</u>	4-13-24
10. <i>Catherine Rolfsen</i>	Catherine Rolfsen	6615 Walter Raleigh Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT Pleasant</u>	4-13-2024

I, Michael Moran, certify: I reside at 5059 Churchville RD Churchville MD 21028  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/13/24   
(date) (signature of circulator)

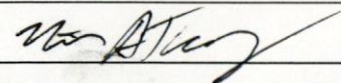
# RECALL PETITION

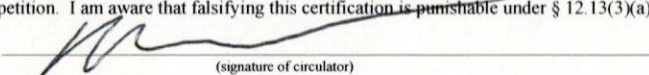
TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant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

## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Nicholas A Tuscany	6570 Williamsburg way	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/2024
X				
X				
X				
X				
X				
X				
X				
X				
X				
X				

I, Michael Marin, certify: I reside at 3059 Churchville RD Churchville VA 21028  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4/13/24   
(date) (signature of circulator)

## RECALL PETITION

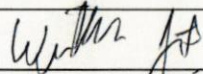
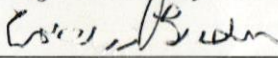
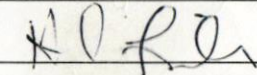
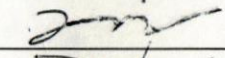
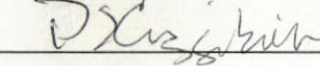
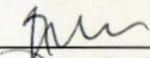
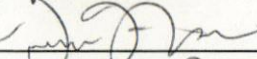
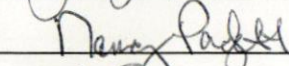
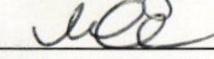
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant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

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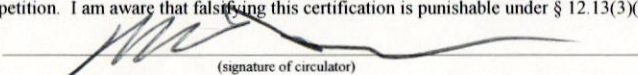
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	William Julius	1401 Oakes Rd #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
2. 	Corey Linden	1401 Oakes Rd #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
3. 	Heidi Linden	1407 Oakes Rd #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
4. 	Jennifer Wendlick	1407 Oakes Rd #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
5. 	Peggy Hussenbott	1421 Oakes Rd #10	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
6. 	Tie Hill	1421 Oakes Rd #9	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
7. 	Janette Noel	1421 Oakes Rd #9	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
8. 	Nancy Padgett	1421 Oakes Rd #4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
9. 	Mark Lehman	1732 Warwick Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/14/24
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

#### Certification of Circulator

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

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

4/14/24  
(date)

  
(signature of circulator)

Page No. **484**

# RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Amanda Lehman</i>	Amanda Lehman	1732 Warwick way	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/14/2024
2. <i>S.R.</i>	Jonathan Baldwin	4327 Meachem RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/14/24
3. <i>Kathy Kremis</i>	KATHY KREMIS	1709 West LA	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
4. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
5. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
6. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
7. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
8. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
9. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
10. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>

### Certification of Circulator

I, Michael Morin, certify: I reside at 5059 Cherokee RD Cherokee MO 21028  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/14/24  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Maive Zimmerman</i>	MAIVE ZIMMERMAN	13315 OLD HWY 11	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-12-2024
<i>Richard Zimmerman</i>	Richard Zimmerman	13315 Old Hwy 11	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-14-2024
<i>Matt Bowen</i>	MATT BOWEN	13237 OLD HWY 11	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-14-24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Daniel Roudsard, certify: I reside at 877 Private Road 2220 Hartman AR 72840  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-14-2024  
(date)

*Daniel Roudsard*  
(signature of circulator)

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Alfred Fellion</i>	Alfred Fellion	9224 Dahlia Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	4-15-24
<i>Faith White</i>	Faith White	9120 Dahlia Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-15-24
<i>Eli Macdonald</i>	Eli Macdonald	1249 Russet Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-15-24
<i>Matthew Rooney</i>	Matthew Rooney	1101 Bedford Court	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City sturtevant	4/15/24
<i>Lisa Sorensen</i>	Lisa Sorensen	4306 Florensen Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City sturtevant	4-15-24
<i>Wayne Sorensen</i>	Wayne Sorensen	9306 Florence Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-15-24
<i>Alex Terpesta</i>	Alex Terpesta	8732 Red Hawk Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	4-15-24
<i>John Paulik</i>	John Paulik	8742 Red Hawk Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-15-24
<i>Lisa Gerson</i>	Lisa Gerson	5 Globe Heights Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	4-15-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

#### Certification of Circulator

I, Branden Hawks, certify: I reside at 237 S. Winstead Y6 Reelley Mount, NC 27808  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-15-24  
(date)

*[Signature]*  
(signature of circulator)

Page No. 487

## RECALL PETITION

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Esteban Mireles</i>	Esteban Mireles	8841 Shady Oak Trl.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-16-24
<i>Alexander Cruz</i>	Alexander Cruz	8824 VONA DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOANT Pleasant	4-16-24
<i>Ron Baker</i>	Ron Baker	9600 Rayne Rd #5	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City stutterant	4-16-24
<i>Dom Natali</i>	Dom Natali	335 Veranda Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/16/24
5			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

#### Certification of Circulator

I, Brenden Hawks, certify: I reside at 237 S. Winstead 16 Reedley Mount NC 27808  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-16-24  
(date)

*[Signature]*  
(signature of circulator)

Page No. 488



## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Margaret A Schwab	29314 River View Pkwy	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/17/2024
	Alan Schwab	29314 River View Pkwy	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/17/2024
	Linda Kasprzyk	815 Prairie View Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/17/2024
	Chris Beckett	29416 Eagle Rd Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/17/2024
	Don Pellin	217 S. 7th St #12	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	4/17/2024
	Theresa Henery	2615 W. Idberry Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/17/2024
	Angela Rander	288 N. Masquepaugh St Apt B	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/17/2024
	Minnie GREIL	371 Oak Hill Cr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/17/24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

I, Brandon Hawks , certify: I reside at 237 S. Woodland Ave Y6 Rocky Mount, NC 27804  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-17-24  
(date)

(signature of circulator)

Page No. **489**

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Robert Niechajus</i>	Robert Niechajus	507 Dunlap Dr Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington 53105	4-18-24
MARY Southgren	Mary F Southgren	1132 Eastbrook	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington 53105	4-18-24
<i>Murkha Lund</i>	Murkha Lund	324 Edward St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington 53105	4-18-24
<i>Kristin Innie</i>	Kristin Innie	424 Edward St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington 53105	4/18/24
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); transform-origin: center;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); transform-origin: center;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); transform-origin: center;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); transform-origin: center;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); transform-origin: center;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); transform-origin: center;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); transform-origin: center;"></div>				

I, Brandon Hawks, certify: I reside at 237 S. Winstead Ave 16 Rocky Mount, NC 28768  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-18-24  
(date)

*Brandon Hawks*  
(signature of circulator)

# RECALL PETITION

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

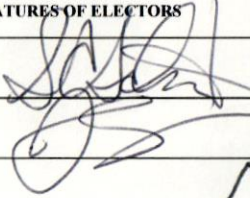
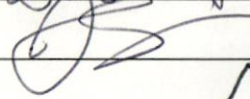
## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Sarah Schrik	8817 Citadel Terr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-12-14
	JASON SCHRIK	8817 CITADEL TER	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-12-14
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jesus Aguilera , certify: I reside at 1350 Seling Ave 21237 MD, Baltimore  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-12-14 Jesus  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
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lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Claudia Widen	1601 Ramona Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4/13/24
	Michael Widen	1601 Ramona Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4/13/24
	Joanne Nehm	8050 E Red Pine Cir	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4-13-24
	Joe Bartos	5713 Heather way	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	4.13.24
	Deborah Lehrer	9001 Chandler Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/13/24
	Dean Schroeder	3408 OsBovine Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	Leticia Cruz	1329 upper Albert St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	Jaime Plascencia	1329 upper Albert St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	Lisa Glover	2025 creek Ridge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24
	Mikayla Glover	2025 creek Ridge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/13/24

I, Jesús Aguilera, certify: I reside at 1330 Seling Ave MD, Baltimore 21237  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/13/24 Jesús Aguilera  
(date) (signature of circulator)

Page No. 492

# RECALL PETITION

TO: The Wisconsin Election Commission . We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	KEVIN BRADLEY	3512 KENTUCKY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	4-13-24
	LINDSEY GUINAP	<del>West 20th Ave</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<del>4/13/24</del>
	LINDSEY GUINAP	" " "	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	4/13/24
	DIANNE KUJAWA	135 Portico Dr. Mount Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT. PLEASANT</u>	4/13/24
	KEN WILHELM	2800 Concord Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE WI</u>	4-13-24
	DAWN THELLEFSEN	8620 4 Mile Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-13-24
	KATHY BRISCOE	3821 HWY K	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	4-13-24
	DEBRA KUBAWSKI	1517 N. Summerset Dr. #83	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-13-24
	ANASTASIA KUBAWSKI	3524 Spring St #204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>mt Pleasant</u>	04/13/2024
	LLOYD LARSON	1540 RAINTREE LN #123	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT PLEASANT</u>	4/13-2024

### Certification of Circulator

I, Jesus Aguilera, certify: I reside at 133a Selig Ave, MD, Baltimore 21239  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/13/24  
(date)

(signature of circulator)

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Edith Larson	1540 RainTree LN#123	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-13-2024
	Rowald Sexta	6638 ALTAMOUNT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-13-24
	Alex Pess	6610 altamount	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4-13-24
	Stephanie Harris	6518 Lincrest Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-13-24
	ANNIES BAPTISTA	2618 DOVER LN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-13-24
	BRIAN WALIDAU	8956 Arbor Hill Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-13-24
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>

I, Jesus Aguilera, certify: I reside at 1330 Seling Ave MD, Baltimore 21237  
(name of circulator) (circulator's residence - include number, street, and municipality)

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4-13-24   
(date) (signature of circulator)

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	Adrienne Starks	1311 oaks rd #1	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	4/14/24
	Deanna Morris	311 oaks rd #8	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. pleasant	4/14/24
	Hence Briffin	1314 oaks rd #16	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4/14/24
	Pamela Hezb	1429 oaks rd # 6, 53006	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24
	Danielle Diel	1600 Warwick Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mount Pleasant	4/14/24
	JOSEPH DIEI	1600 WARWICK WAY	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4/14/24
	Olympia Verriro	51440 PRAIRIES DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4/14-24
	Melinda Anabel	6721 Jacobsen Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	4-14-24
	Brandon George	6711 Jacobsen Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/14/24
	Amy George	6711 Jacobsen Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/14/24

I, Jesus Aquiteron, certify: I reside at 1330 Seliny Ave MD, Baltimore 21232  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/14/24  
(date)

(signature of circulator)

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1. <i>Patricia Rasmussen</i>	PATRICIA RASMUSSEN	5919 Margery #108 MT. PLEASANT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-12-24
2. <i>Felipe Garcia</i>	Felipe Garcia	2105 Hankie place #206 MT. PLEASANT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-12-24
3. <i>Kevin Spewak</i>	KEVIN SPEWAK	2101 Hankie place #101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-12-24
4. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
5. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
6. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
7. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
8. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
9. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>
10. <del> </del>	<del> </del>	<del> </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del> </del>

I, ALEX ITEN, certify: I reside at 4705 WITCHHAZEL WAY ABERDEEN MD 21001  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/12/24 *Alex Iten*  
(date) (signature of circulator)



## RECALL PETITION

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	Brendan Starky	2105 Frankie Place #205	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/13/24
	Jennifer Simpson	2021 Frankie Place #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/13/24
	Robert H. Peterson	24831 <sup>LaFollette Ave</sup> Kansasville C 53139	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	4/13/24
	DARYL HAWKINS	5811 Sunset Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-13-24
	Lucy Hawkins	5811 Sunset Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-13-24
	TERRI LOVDALH	3920 W JOHNSON AV	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-13-24
	Shawn Taylor	15941 Durand Ave Apt. 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-13-24
	Bob Park	7230 <sup>KINZIE AVE</sup> <del>Mount Pleasant</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	4-13-24
	Adrian Baer	5718 Castlebn Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/13/24

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1.	Madelyn Belisario	5718 Castleton Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	4/13/2024
2.	CONCEST EI FLEX	1040 PRAIRIE DR. UNIT #20	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RACINE 53406</u>	4/13/24
X 3.	Clendon Jimenez	4433 CARTER DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RACINE</u>	4/13/24
X 4.	Martin J. Menel	4433 CARTER DR. <del>4433 CARTER DR. #20</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RACINE</u>	4/13/24
X 5.	Tyler Sayers	6852 Beach RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	4/13/24
6.	Kathy Bergan	20190 #1st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>STURDEVANT</u>	4/13/24
7.	Martin Cavale	6132 BRISAYNE AVE <del>OK 73 2014</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT. PLEASANT</u>	4/13/24
8.	Zach Hyatt	6151 Regency Hill dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	4/13/24
9.	Devin Bunge	3204 Wood Rd #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	4/13/24
10.	Calvin Rose	3148 Wood rd #10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	4/13/24

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(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](mailto:elections@wi.gov)

# RECALL PETITION

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	Rob Johnson	3125 Wood Rd #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT. PLEASANT	4/13/24
	Deevon V. Currey	3154 Wood Rd #16	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/13/24
	DAVE SIMON	3154 WOOD RD #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4-13-24
	Jewel Sedina	3154 WOOD RD #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4-13-24
	BARBARA WALTERMAN	3134 WOOD RD #12	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4-13-24
	Susan Sertiz	4244 Greenbriar Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-13-24
	Humbel Portugal	1932 Sun Eye Seave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-13-24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
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	Michael Zinke	609 Michigan Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Karen DeCamillis	624 Michigan Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Angela Schubkegel	516 Congress St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Alicia Peterson	641 Maryland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Courtney Halverson	648 Maryland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Marcus Sevilk Jr	2530 Hidden Cir unit 9	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waterford	4/14/24
	Seth Maldonado	532 N Pine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	RaeAnne Dupree	200 Bridge st apt 202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Misty Baumeister	302 N Browns Lake Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24
	Leonardo Mata	654 Foxtree Cir Apt #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/14/24

#### Certification of Circulator

I, ALEX ITEN, certify: I reside at 4705 WATCHHAZEL WAY ABERDEEN MD 21001  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/14/24  
(date)

(signature of circulator)

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