(official with whom pomination	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele	ectors of the Assembly District 63	
petition for the recall of	Robin Vos		(jurisdiction or	district of officeholder)
petition for the recall of	(name of officeholder to be recalled and office)	from office pursuant to Article XIII, Sect	ion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
The reason for recall must be stated on petitions legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support	for city, village, town, and school district officials. Th	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholde trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
ack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE M MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2. Maur Mi	Maureen Kirt	31509 Washington Ave	O Town O Village City ROCHESTER	4-21-24
3 Disole Kest	Nicole Kirt	3509 Washington Ave	orown Village Rochester	4-21-24
5 m mats	Tom Knutson	32120 Washington Ave	ortown Village Richoter	4-21-24
	Gry Briton	32417 Wishington And	O Town O Village City Roll Fer	Malzy
6. Cournel	Jon morried	33107 washighter	O Town O Village O City Receives te L	4-21-24
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10.	LISA Hilgen burg	33614 Xi Age Jane	Utiliage Dochr JZV	21 PAR. 2024
Atver & Bueter	Steven Thurth	2520 Upland Dr	Q Village Rochester	4-21-2024
Chers Hu	certify: I		WASHWOOD DC	20016
(circulator's residence - include number, street, and municipality) e signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her				
9/21/2024	(Signature	of circulators)		Page No. 601
170 (Rev 2019-09) The information on this form is require	d by Wis Stats §§, 8 40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web: http://elections.wi.gov email: elections@wi.gov	

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

TO:

The Wisconsin Election Commission

(official with whom nomina	tion papers or declaration of candidacy for the office is filed)	we, the undersigned qualified ele-	ctors of the Assembly District 63	
petition for the recall of	Robin Vos	6	(jurisdiction or distr	rict of officeholder)
	(name of officeholder to be recalled and office)	Irom office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statute
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		r his own constiuents by calling them "whack-jobs, morons, and idiots,"		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE MUS	
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(pame of circulator)			TRASKWOOD ARK 72	167
currence certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under V	Vis. Stat. § 6.03. I personally circulated this recall petition an	id nersonally obtained each o
me. I know their respective residences given. I	support this recall petition. I am aware that falsifying	re a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date inc	licated opposite his or her
4-20-24	16:00	12 13(3)(a), Wis Stats		
(date)	(signature	of circulator)		Page No. 602
170 (Rev.2019-09) The information on this form is require	ed by Wis. Stats, §§, 8 40 and 9,10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	-8005 lweb: http://elections.tu.tuny.lemail.elections@u.i-	
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TO:	The Wisconsin Election Commission		West 1 in 1 in 1 in 1		
	(official with whom nominat	ion papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified elec-		
petition	n for the recall of	Robin Vos	from office pursuent to Article VIII Co. C	(jurisdiction or distr	ict of officeholder)
		(name of officeholder to be recalled and office)	non office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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	Chers 1	Nu godini I	Certification of Circulator eside at 45 36 46 74 57 NW	NACH NEVER DE 2 2011	7 1
C 41	(name of circulator)	certify: I r		WASHINGON DL 20016	
iurther c ie signat	errity I am either a qualified elector of W	isconsin, or a U.S. citizen, age 18 or older who ff I we	ge a resident of this state, would not be disqualified from voting under W	Vis. Stat. § 6.03. I personally circulated this recall petition and	nersonally obtained each of
ame. I k	now their respective residences given. I	support this recall petition. I am aware that fastiving t	re a resident of this state, would not be disqualified from voting under W by the officeholder named in this petition. I know that each person signe his certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date indi	icated opposite his or her
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	(datc)	(signature	of circulator)		Page No. 603
-170 (Rev	2019-09) The information on this form is require	d by Wis. Stats §§. 8 40 and 9.10. This form is prescribed by the V	of circulator) Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We the undersion of a 10° 1.1	0.4	
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele		
petition for the recall of	Robin Vos	from office pursuant to Article XIII Sect	(jurisdiction or distr	ict of officeholder)
	(name of officeholder to be recalled and office)		tion 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
(The reason for recall must be stated on petitions	s for city village town and sale at that it a contract	STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	s for city, viriage, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholde	er. No statement of reason is required to initiate the recall o	f state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE MUS	DATE OF
		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
	JOHN KUVSHINIKOV	312 SOMATHICK DRIVE	O Town City Town City	4/20/24
2 Akar	Krista Liero-Nelvin	244 Shervin Dr.	UTown Uillage	4/12/11/1
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8. Kathym crave	Kathleen M Craig	577 W. Chestryt St	Oron Orillage Burlington	4-30-3
9. BSWILL	Josh DeBell	355 M Voree ct	UTown Utillage Ucity UNITY	4-20-21
10. Jenio Ony	· Jenna Nobile	35519 Vorce C+	Ulilage PUI ULATA	4-20-21
Matherine)	Ktica	Certification of Circulator		
(name of circulator)	certify: I r		Little Pork, AR 72210	
I further certify I am either a qualified elector of V the signatures on this paper. I know that the signer name. I know their respective residences given. I	Visconsin, or a U.S. citizen, age 18 or older who, if I we are electors of the jurisdiction or district represented by support this recall petition. I am aware that following the support this recall petition.	re a resident of this state, would not be disqualified from voting under very the officeholder named in this petition. I know that each person signerals certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include humber, street, and municipality) Wis. Stat. § 6,03. I personally circulated this recall petition and ed the paper with full knowledge of its content on the date ind	d personally obtained each o
April 20th 20	24 / th	men Justin	2)	Page No. 604
L-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the V	Visconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-266	5-8005 web: http://clections.wi.gov email: elections@wi.gov	

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

The Wisconsin Election Commission

	on papers of declaration of candidacy for the office is filed)			trict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.	
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(name of circulator)		- 100 100	Little Rock, AR 7221	0	
I further certify I am either a qualified elector of W	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under	Wis Stat 8 6 03. I personally circulated this recall petition of	and personally obtained each of	
the signatures on this paper, I know that the signer	s are electors of the full sufction of district represented i	IV THE OTHCEHOLDER named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her	
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 70th	TUTY / thous	- (husti		Page No. 605	
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EL-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats §§ 8 40 and 9 10 This form is prescribed by the	Wisconsin Elections Commission I P.O. Box 7984 Madison, WI 53707-7984 L608-266	5 8005 hugh: http://dlasticac.us.com/longill-destine-0i		

(official with whom nominal	tion papers or declaration of candidacy for the office is filed)		ectors of the Assembly District 63	
petition for the recall of	Robin Vos		(jurisdiction or dis	strict of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	THE STREET STREET OF NORMERON IE	MUNICIPALITY OF RESIDENCE MUST	
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he signatures on this paper. I know that the signar	visconsin, or a U.S. citizen, age 18 or older who, if I we	re a resident of this state, would not be disqualified from voting under V	Vis. Stat. § 6.03. I personally circulated this recall petition ar	nd perconally obtained and
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)	
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- 42	(name of officeholder to be recalled and office)		on 12 of the wisconsin Constitution and 9.9.10 of	the wisconsin Statutes.	
STATEMENT OF REASON FOR RECALL					
(The reason for recall must be stated on petitions	The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional,				
registative, judicial, or county officials.)		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		,,	
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further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					
ame. I know their respective residences given. I support this recall petition. am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.					
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on Commission		We the undersigned qualified	Lantaur - Cillia - Accombly Diete	*i-t CO	
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	=		trict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.	
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL			
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legislative, judicial, or county officials.)			, ,	, ,	
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idlots."			
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Cristian Faz	Cristian Faz	1700 Prospect st	Unillage Racine	4-18-24	
2.	Saul Aguero	1629 Maple St	U Town Village R q c/12	4-18-24	
3 Juri Williams	Merri Williams	1802 Macine ST	Unillage City Route 1	4/18/24	
4. Dorgan Cacks	Dozcas Jackson	4628 Victory Ave	orown I village City Lacine	4/18/24	
5. Charles Dil	Trish I Bul	6100 Brode BX	Down Skillage Gled Child	4/18/29	
Elem	Christopher Bland	6900 Brode BD	a village Caledonia	4/18/21	
2 Sur	Latrice Banks	9017 Florence Drive	arillage Sturteyant	4/18/Ex	
8. Ja Sag	Ebony Sain	9025 Florence DR	O Village Sturtevant	4(18/24	
9. 46	Mercets Mohammed	2500 Blaine AUG	Uvilage Perton	4/18/24	
10 Feell //////	Frank Malvasia	2500 Blaine Avenue	Uvillage Racing	4/18/24	
Laura Lolya , certify: I reside at 1728 Delavore St. N. Ralm Bay Florida					
I, Lawy Lolya certify: I reside at 1728 Delawre 22 - V XI I alm Bay + 10 rida (irreulator's residence - include number, street, and municipality)					
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of					
the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.					
4-19-24	2 ~	A A OWA		Page No. 609	
(date)	(signatur	te of circulator)		009	
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P O Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.gov email: elections@wi.gov		

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	etors of the Assembly District 63		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
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any in high	JAY WHYTE	110 BH MUSQUE OHCK ST	Utiliage City BULLINGTON WF	4-20-24	
Frank Poar	Jenny Pease	1809 Plett Ave	Orive Racine WI 53403	4-20-24	
Fran Hintell	Joan Hunter	10738 HWYK	Usiliage Surfe WT	420-24	
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· A S O	1 =	Certification of Circulator	(~		
I, Plowa Rounds , certify: I reside at 15072 N. 18 St. Pheonix Hz 95072					
(name of circulator) (circulator's residence - include number, street, and municipality) (further certify I am either a qualified 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 signer	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.	p-p ran knowledge of its coment of the date lik	arearea opposite his or ner	

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

(signature of circulator)



TO: The Wisconsin Election Commission		We the undersigned qualified also	atoms of the Assembly District CD	
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec	A Committee of the Comm	
petition for the recall of	Robin Vos	from office pursuant to Article VIII Socti		rict of officeholder)
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mona malle	Irisha Kandler	8632 Fir Drive	City Survington	4-21-24
9. Nacolar Karayar	Maria Vicana	8736 Fir Drive	O Village Pun (SA O) SA A	1/ 2 //
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I further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who if I we	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality)	0000
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(date)	(signature	of circulator)		011
21-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8 40 and 9 10. This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://clections.wi.gov email. elections@wi.gov				

The Wisconsin Election Commission

TO: The Wisconsin Election Commission			tors of the Assembly District 63	
(official with whom nominat	ion papers or declaration of candidacy for the office is filed)	, was an analogued quantited elec-	(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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"I SON SON MAN	Doggy Smith	880 For Or Benero	ONITON	4-21-24
2 John Mary	Tedd Lygella	32707 Buhner dr. Burly Fon	Vilage Parlily for	4/21/24
3. De Waglal	Jessica Woelfel	8626 Hilltop Prive Burlingh	Village Burlington	4/21/24
4. WWW	Lachary Workel	8026 Hillop Drive Buringer	Village Burlington	4/21/24
5. / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	INCON VOBT	8641 Hilton DR	O Village Burkington	4/21/24
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(name of circulator) I further certify I am either a qualified elector of V	Wisconsin or a LLS citizen age 18 or older who if Luc	ere a resident of this state, would not be disqualified from voting under W	(circulator's residence - include number, street, and municipality)	
the signatures on this paper, I know that the signe	is are electors of the full suiciton of district represented i	by the officeholder named in this petition. I know that each person signed this certification is punishable under § 12.13(3)(a), Wis. Stats.	(15, Stat. § 6,03, I personally circulated this recall petition at the paper with full knowledge of its content on the date in	id personally obtained each of dicated opposite his or her
4-21-2024 (date)	Sign sture	e of circulator)		Page No. 612
EL-170 (Rev 2019-09) The information on this form is requir	red by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 web: http://clections.wi.gov email elections@wi.gov	<i>x</i>

TO:_	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63			
-	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or district	of officeholder)		
petitio	n for the recall of	Robin Vos (name of officeholder to be recalled and office).	from office pursuant to Article XIII, Sectio	on 12 of the Wisconsin Constitution and §.9.10 of the	he Wisconsin Statutes.		
		11800	STATEMENT OF REASON FOR RECALL				
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3				₫ Town	1		
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6	17 1.	David Poulson	1312 Grave Ave	aleny Racina	94-20-24		
5_		Tan Braisch	403 wood lown Alleror Ting	Village Colle Honey Brokes	1-4/20124		
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7.	5 Sills	BRETSMITH	MOD S GREEN BAT ILD	O'Nilage MT PLEASAUT	(h0)24		
*B	Male D-	Brooke Drew	825 Echo Dr.	O Town O Village Bur Lington	4-20-21		
9.				☐ Town ☐ Village ☐ City			
10.				□ Town			
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Λ	2		reside at 4401 Bear tree Drive ut	*			
I,	Inna Darker	certify: I	reside at 4401 Bear tree Drive ut	the Rock Arransas 722	2.5		
I further	(name of circulitor) certify I am either a qualified elector of V			(circulators residence - include number, street, and municipality)	I marromally abtained each of		
the signa	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. Lam aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.						
4	4/20/24 Page No. 613						
	(date)	(aignatu	re of circulator)		010		
FI 170 /D	ev 2019-00). The information on this form is requir	ad by Wie State && 9.40 and 0.10. This form is prescribed by the	Wisconsin Floritons Commission B.O. Boy 7084 Medican, WI 52707 7084 608 266	SOOE hards better Well-sell-see and sound a sell-sell-sell-sell-sell-sell-sell-sell			

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the	Assembly District 63	
	on papers or declaration of candidacy for the office is filed)	, S 1 1		(jurisdiction or distric	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the		
	(name of officeholder to be recalled and office)			wisconstitution and 8.5.10 of	the wisconsin statutes.
The reason for recall must be stated on petitions	for city willows town and select district a Wall to Will	TATEMENT OF REASON FOR RECALL			
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4/2/24	- A B				Page No. C.1.4
(date)	(signature o	f circulator)			Page No. 614
-170 (Kev 2019-09) The information on this form is require	d by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the W	Sconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	-8005 lweb - hrim	Websetians wi was lamail alactions Que sou	

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	HODIN VOS	from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes
	(name of officeholder to be recalled and office)		3	// Idea/Idea/Idea/Idea/Idea/Idea/Idea/Idea/
(T) C 11		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions i	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeho	older. No statement of reason is required to initiate the recall	of state, congressional
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THE MUNICIPALITY USED FOR MAIN	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THI	E NAME OF THE MUNICIPALITY OF DESIDENCE MY	ICT ALWAYS DE LISTED
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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<u>, (9174 (4 HU)</u>	, certify: I r	reside at 50371 OUVVICW DY	inputer would MI 48047	
(name of circulator)			(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of W	isconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting und	- W- C4 4 C C O2 T	and personally obtained each of
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L-170 (Rev 2019-09) The information on this form is require	d by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608	-266-8005 web: http://clections.wi.gov email: elections@wi.gov	

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

The Wisconsin Election Commission

(official with whom nominati	on papers or declaration of candidacy for the office is filed)	we, the undersigned quanticutie	1450-44	trict of officeholder)
petition for the recall of	Robin Vos	from office nursuant to Article VIII Sect	ion 12 of the Wisconsin Constitution and §.9.10 c	
	(name of officeholder to be recalled and office)	nom office pursuant to Afficie Affi, seet	ion 12 of the wisconsin Constitution and §.9.10 c	of the Wisconsin Statutes.
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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(name of circulator)		•	ine sousdave AL	85262
I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis. Stat. 8 6.03. I personally circulated this recall petition a	and personally obtained each of
			ed the paper with full knowledge of its content on the date in	nd personarry obtained each of
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7/17/24	_ rrana	Wants		Page No. 616
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(Kev.2019-09) The Information on this form is require	ed by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the V	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://clcctions.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)	, , , , , , , , , , , , , , , , , , , ,		trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	of the Wisconsin Statutos
	(name of officeholder to be recalled and office)		on serious with the serious constitution and §.7.10 0	The wisconsin statutes.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE MUSICIPALITY OF RESIDENCE	DATE OF
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the signatures on this paper. I know that the signers	sare electors of the jurisdiction or district represented by	ere a resident of this state, would not be disqualified from voting under W	is. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of
name. I know their respective residences given. I	support this recall petition and aware that falsifying	by the office holder named in this petition. I know that each person signed this certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date in	dicated opposite his or her
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L-170 (Rev.2019-09) The information on this form is required	d by Wis. Stats. §§, 8,40 and 9,10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)			trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	
	(name of officeholder to be recalled and office)		3	Wisconsin Statutes
/T1		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 i	of state congressional
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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the signatures on this area. I be such at the size	visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under W	vis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of
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L-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the \	Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 hugh has Valentana and con Laurilla Ladia Co	
			gov email: elections@wi.gov	

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

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

petition for the recall of_

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

Robin Vos

(name of officeholder to be recalled and office).

	5	STATEMENT OF REASON FOR RECALL	- , 11	
	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder trips from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall of	of state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
a line	Aaron Wroblewski	1406 York Street	Drown Styllage UNION Grave	4-21-24
2 Peter Wallhorn	Peter Willkomm	20501 Dunand AUR	Stillage Union Grove	4-21-24
3 Myd Zen	Krystie Zera	Kansasuly wf 53139	Village Kasssylle	4-21-24
4 FRAZITOR	PRAZ HOTA	Union gove, WI 53182	Village Union Grove	4-21-24
5 Sameen Hada	SAMREEN HODA	1930 Cheshire Drive	2 Village Uhion Grove	4-21-24
6 Marully	Maria Wright	1500 Ay 14 Are 3	O'Village UNION Grove	4.21.2
7. I frak	Jerry Reters	1470 11 th Ave # 16 Union Gran	Ullage Carlon Grand	4/21/24
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(circulator's residence - include number, street, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of name. 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 terrification is punishable under § 12.13(3)(a), Wis. Stats.				
$\frac{4/21/24}{(datc)}$	- Maria de Cienaturo	of circulator)		Page No. 619
.L-1/U (Kev 2019-09) The information on this form is require	d by Wis, Stats, §§, 8.40 and 9.10. This form is prescribed by the V	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 web: http://clections.wi.gov email: elections@wi.gov	107

TO: The Wisconsin Election Commission		. We, the undersigned qualified elec	ntors of the Accombly District 69		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	we, the undersigned quanticu elec		rict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII Section	on 12 of the Wisconsin Constitution and §.9.10 of		
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. Mario tassou	ital /	Certification of Circulator	C-HOLL 1	0001	
(name of circulator)	certify: I r	100000	ane scousage, AZ	85262	
I further certify I am either a qualified elector of W	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under W	(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, have aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.					
4 1.7.2	support this recall petition. Lam aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	opposite ins or ner	
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L-170 (Rev 2019-09) The information on this form is require	signature	of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	THE REPORT OF		
,	33 of to and server this form to prescribed by the	Fractional December Commission P.O. Box /984, Madison, W1 53707-7984 608-266-	-8005 web: http://elections.wi.gov email: elections@wi.gov		

Maria

The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
		STATEMENT OF REASON FOR RECALL		I
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials, The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	state, congressional,
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		r his own constiuents by calling them "whack-jobs, morons, and idiots."		
lack of commitment to election integrity, blocking i	ower prescription drug costs, and hagrant disrespect for	This own considerts by calling them whack-jobs, morons, and idiots.		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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(name of circulator)			(circulator's residence - include number, street, and municipality)	
I further certify I am either a qualified elector of \	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition an	d personally obtained each o
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	led the paper with full knowledge of its content on the date inc	licated opposite his or her
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04/20/14				Page No. 621
(date)	(signatu	ire of circulator)	6-8005 web: http://clections.wi.gov.lemail.elections@wi.gov	

TO: The Wisconsin Election Commission		We the undersigned qualified to	Jackson City Associate Division	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified e		
petition for the recall of	Robin Vos	from office numericant to Adiala Will G		or district of officeholder)
•	(name of officeholder to be recalled and office)	non office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and §.9.1	0 of the Wisconsin Statutes
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legislative, judicial, or county officials.)	of the Objects Occurred by 1000		red in statement of reason is required to initiate the ret	cuit of state, congressional,
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots."	1	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	
/ ^ ^	TRINIED NAME OF ELECTORS	Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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(name of circulator)		reside at 100 by Dollago W. While FUDE, MK	10116	
further certify I am either a qualified elector of W	visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting und	(circulator's residence - include number, street, and municipality) Et Wis, Stat. 8 6.03. I personally circulated this recall petitic	on and personally obtained each
ne signatures on this paper. I know that the signers	s are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person si	gned the paper with full knowledge of its content on the da	te indicated opposite his or her
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, age / morning on on this form is require	o, was state gg and and a to 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	

ness nem m			RECALLIETITION		
TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
	(official with whom nominat	tion papers or declaration of candidacy for the office is filed)			rict of officeholder)
petition	n for the recall of	Robin Vos (name of officeholder to be recalled and office).	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
		,	STATEMENT OF REASON FOR RECALL		2
tegistatii	ve, judicial, or county officials.)	s for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholde trips from the CCP, failure to protect Wisconsin farmland from the CCP,	er. No statement of reason is required to initiate the recall of	of state, congressional,
lack of c	ommittment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	augusohuon	Caryn Johnson	3129 S. Gireen Bay Rol 53403	Trown Village Picity Mount Pleasant	4-25-24
2.	July alla	Tremeil Wallkar	2900 Wright Ave 53405	Town Utillage City	4-25-24
3. 2	Sumander	Sarah Zimouski	3702 E Oak Wood Rd	or town or the control of the contro	4-25-24
4.	Clueby	Charlotte Gackey	EGOL GUTH ST Apt.4	Uvillage Stufferent	4-75-21
5,	Lauredelitu	LAURIE ENCETTER	2910 914 5T	Town Village SIVERSYAWT	4-25-2024
6.	fe	Tim Nelson	7400 1810 Ave	D Town D Village RCity ReacS LA	4-25-2024
7.	AUS	Thomas Weintrotts	7627 - 484 Ave	D Town D Village & Courosha	4/25/2024
8.	MACTAY	SAL	3521 Mercira Cane.	O Town O Village Racine	4/25/2024
9. 0	hu Malan	Trevous Dae	2489 Wisconsin St	O Village Sturtevant	4/25/2024
10.	Kara Cara	Renny Doloe	1420 141157	Ocity WINTERS HAROUS IL	4/25/24
I,	Kelly Walker	certify: I	reside at 643 Tay lov Bul C	olumbia, TN 38401	
ne signa	tures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	rere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis, Stats.	(circulator's residence include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date in	and personally obtained each of adicated opposite his or her
	04. 25- 24	(signatur	elles 1 cm		Page No. 623
L-170 (Rev	v 2019-09) The information on this form is requi	red by Wis. Stats. §§, 8.40 and 9.10. This form is prescribed by the	Wiscopsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	6-8005 web: http://clections.wi.gov email: elections@wi.gov	·

TO:	The Wisconsin Election Commission	9)	¥6	We, the undersigned qualified el	lectors of the Assembly District 63	
	(official with whom nominat	on papers or declaration of candidacy for the office is filed)		,	(jurisdiction or distr	rict of officeholder)
petitio	n for the recall of		from o	ffice pursuant to Article XIII, Sec	ction 12 of the Wisconsin Constitution and §.9.10 of	,
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & N	UMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Ι,	Kelly Wilke	, certify: I r	Certification reside at 643	25/00 /Sery (e	WMD12, TN 38401	
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the cions	tures on this paper. I know that the circus	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, wo	ald not be disqualified from voting unde	er Wis Stat. § 6.03. I personally circulated this recall petition as	nd personally obtained each or
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TO: The Wisconsin Election Commission		RECALL FEITHON		
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office surround to Arith Will Govern	(jurisdiction or d	listrict of officeholder)
	(name of officeholder to be recalled and office)	rom office pursuant to Article XIII, Secti	ion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. Th	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholde	No statement of	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE MI MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF
John Hakala	John Hakala	232 Bridge St. #332	Town Village Burlington	SIGNING
2. Arely Gonsile	Brilia Goins nor	1180 Pornee Rd	O Village CONCR (V/TC)	4-19-26
3. Jarthy Tech	THATHY TEVEK	33914 Washinton On	Town Village	11 20 20
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further costiful to maith a middle (name of circulator)			WM 81dj [N 5876]	
the signatures on this paper, know that the signer	risconsin, or a U.S. citizen, age 18 or older who, if I we	re a resident of this state, would not be disqualified from voting under W	/is. Stat. § 6.03. I personally circulated this recall petition	and personally about a land
name. I know their respective residences given. I	support this recall petition. I am aware that falsifying t	re a resident of this state, would not be disqualified from voting under W by the officeholder named in this petition. I know that each person signed his certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date in	ndicated opposite his or her
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TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63		
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)	
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	•	
		(name of officeholder to be recalled and office).		on the state of th	the Wisconsin Statutes,	
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1/			his own constiuents by calling them "whack-jobs, morons, and idiots."			
T	HE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.	
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	JAJINDER KAUK	Italie Kon	325 Wellington Drive	Othy Unica Grove 53/5/2	9-19-24	
2.	RUST	Ryssec Burks	146 VICTERIA CIR	Orillage UNION GROJE 53/DZ	4-19-24	
3.	dunke	Savannah Kus	150 Victoria (ir	Orave 53157	4-19-24	
4.	stanne tunk	Dianne Funk	140 Chelsea Ln	Sivilage Union Enve 5318	4-19-24	
5,	Dolores Kark	Dolores Karls	150 Chelsea Ln	□ Town □ Village □ City □ City	4-19-24	
6.	Notalie Wisnium	Notable Wishelisei	185 wellington dr	a Village UNIM GENE	4-19-24	
7.	Sara Francew	Sara Irongea	2035 NAVIN (+	Q.Village ONTON CONSULT	4-19-24	
8.	Mer	JASON REYMA	1742 SHUMANA	Prilage UNIN GUUT	4-19-24	
9	Roussin Breeux	Verstin Pierce	47/18th Avenue	or Village Union Grove 53/82	4/19/24	
10.				□ Town □ Village		
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t,	Brandon Hawks certify: I reside at 37 S. Wistered Ave 16 Recky Man + No 27804					
THE SIGHT	(circulator's residence - include number, street, and municipality) further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of 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 arms. I know their respective residences given. I support this recall petition. I am aware that falsifying this pertitication is punishable under § 12.13(3)(a), Wis. Stats.					
	4-19-24 (date)	BAC	of circulator)		Page No. 626	
L-170 (Re	v 2019-09) The information on this form is require		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.uov.lemail.elections@wi.com		

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

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

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	ion 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
-	(name of officeholder to be recalled and office)	•	· ·	
	S	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholde	er. 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 t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date i	indicated onposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	1 1	
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EL-170 (Rev 2019-09) The information on this form is requi		Wisconsin Elections Commission P.O. Box 7984 Madison, WI 53707-7984 608-20	56-8005 hugh: http://elections.us.usu.lemail.elections@wi.gov	

TO: The Wisconsin Election Commission		We the undersigned qualified	Jackson - Calcal - Assembly District on	
(official with whom nominate	ion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified e		
petition for the recall of	Robin Vos	from office numericant to A.d. J. VIII. G.		listrict of officeholder)
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		for his own constiuents by calling them "whack-jobs, morons, and idiots."		
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(name of circulator)				Mant NE 35
the signatures on this paper. I know that the signer	Visconsin, 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	er Wis Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
name. I know their respective residences given. I	support this recall petition. Law aware that falcing	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person significant on is punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with full knowledge of its content on the date	indicated opposite his or her
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L-170 (Rev 2019-09) The information on this form is require	(signated by Wis Stats && 8.40 and 9.10. This form is according to the	ure of circulator)		
,	7 State 33 one and 210 This form is prescribed by th	ne Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266-8005 web: http://clections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		RECALLIEITION		
	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec-	ctors of the Assembly District 63	
petition for the recall of	Robin Vos	0 00	(jurisdiction or distr	rict of officeholder)
	(name of officeholder to be recalled and office)	trom office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statute
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(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement 6	
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further certify I am either a qualified elector of W	isconsin or a LLS citizen age 18 or older who if Luce		terremator's residence - include number street and municipality	
e signatures on this paper. I know that the signers	are electors of the jurisdiction or district represented by	re a resident of this state, would not be disqualified from voting under W	is. Stat. § 6.03. I personally circulated this recall petition and	d personally obtained each of
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TO:	The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63		
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)	
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
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lack of	committment to election integrity, blocking l	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots,"			
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
1.4	my Bresette	Levin Bissett	1773 Mildrum, 54	OTOWN UVillage OCity 4 1/1017 6/00 12	4-25-21	
2.	W-11 (1	Kevin Bissett I	1773 Milldrum St.	□ Town M:Village □ City Union (TOVR)	4/25/24	
3,7=	Joshia Dultan	Joshua Daulton	Z901 93RLSt	Sturtevant	4/25/24	
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0	Arolymolosa	n Carolyn Tuers	on 4915 Schoen Ratig	Village Union Grove	4/25/24	
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I,	Maria Des	pautel certify: I	Certification of Circulator reside at	e lane Scrittedale	47 85267	
	(name of circulator)			(circulator's residence - include number, street, and municipality)	1120000	
I further	certify I am either a qualified elector of W	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	Wis, Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of	
name.	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 of punishable under § 12.13(3)(a), Wis. Stats.					
arrivir I	4/25/24	Maria &	Sulta (12.15(5)(a), wis. stats.		Page No. 630	
EL-170 (R	ev 2019-09) The information on this form is require	25,775	e of circulator) Wisconsin Elections Commission P.O. Box 7984 Medison, WI 53707-7984 608, 266	\$ 2005 hugh. http://elections.us.com/		

THE WISCONSIN Election Commission		We, the undersigned qualified ele	ctors of the Assembly District 63	
(official with whom nominat	ion papers or declaration of candidacy for the office is filed)			strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	/
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(name of circulator)	1 1 1 1 0		(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 wer	e a resident of this state, would not be disqualified from voting under	Wis Stat § 6.03 I personally circulated this recall petition:	and personally obtained each o
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TO:_	The Wisconsin Election Commission		We the undersigned qualified along	otono - Cilia Assembly District Co		
	(official with whom nominat	tion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified elec			
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII Section	on 12 of the Wisconsin Constitution and §.9.10 c	trict of officeholder)	
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE MU MUNICIPALITY OF RESIDENCE		
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4	Juhn	Jesusa Sandberg	3400 Ruby AVE	Village Mt Pleasant	4-72-24	
5	Glin John	Olivia DiFiore	3541 S Remady Dr	Village Entine Startevent	4-22-24	
6.:	Keent Im	Kelly A Mark	3400 Rudkington Rd	Town Sturtern ut	4-22-24	
7.	13 4 1 1000	Alund	STO CONSTITUTION	Town	12007	
8.	anny crainer	Anthony walker	1862 KooseVI+ AVE	Ocity MI Pleasant	4-22-24	
0.	Solet of	Sam Grantus	1628 Park Ave	O Town O Village Si City Racine	4.27.24	
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	owen few	Breanna Jones	2608 Migris ave. AP 406	Village Racine	4.22.24	
_	Certification of Circulator (name of circulator), certify: I reside at 1336 SCING AVE, MD, Bait, more 2/237					
further	(name of circulates)					
ne signa	further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of					
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TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
	(official with whom nominate	ion papers or declaration of candidacy for the office is filed)	, 0	(jurisdiction or distri	ict of officeholder)
petitio	on for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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4.	it,	Hay Spinser	1449 Margrave Ct	I Town I Village City Mt. Pleaseint	4/23/24
5,	19	Karey M Sarth	645) Greenby de	Village 17. Heasait	4/23/22
6,	are	Rob Burmes fx	2809 65th Jr	D-Village Franksville	4/23/24
7.	Loo Hapopian	LEO HAGOPIAN	1703 Arcturus App	□ Town □ Village □ City Ruci Ne	\$ 4/23/24
8.	Milable	Melinda Williams	4241 Chicago DY	□ Town □ Village □ City	425/24
9.:	Tilley no	Tiffony Johnson	1102 Youtst	□ Town □ Village ☑ City □ Village	4/25/24
10.	an Olan	Angela Glenn	326 Freres Ave	U Village RACUL	4/23/24
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the sign	latures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented b	ere a resident of this state, would not be disqualified from voting under N by the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality) Wis, Stat. § 6.03, I personally circulated this recall petition ar ed the paper with full knowledge of its content on the date in	nd personally obtained each of dicated opposite his or her
name 1	know their respective residences given.	support this recall petition. Lam aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 633
	(daté)	(signature	e of circulator)		

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

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dis	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
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		STATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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A.Majoya.	Jon Masaya	Mount Pleasant MI 53406	□ City	17/20/31
2. Kindiperk	RAYMANU BUNTRET	1527 mAri45 \$3404	Town Village RACINE WI	42324
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I, Same of circulator)	GUILES CHITY: I	reside at 1330 Seling Ave Mi	Baltimore 2.[2.3]	7
I further certify I am either a qualified elector of		vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	
		by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date	indicated opposite his or her
name. I know their respective residences given.	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		D
1/23/2	The state of			Page No. 634
(date)	(signatu	re 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

6 640

TO: The Wisconsin Election Commission		We, the undersigned qualified	ed electors of the Assembly District 63			
	nation papers or declaration of candidacy for the office is filed)			r 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 Statut				
	(name of officeholder to be recalled and office)		section 12 of the Wisconsin Constitution and §.5.1	of the wisconsin statute		
		STATEMENT OF REASON FOR RECALL				
The reason for recall must be stated on petition	ons for city, village, town, and school district officials. The	he reason must be related to the official responsibilities of the offic	eholder. No statement of reason is required to initiate the rec	call of stata company and		
				an of state, congressional,		
Robin vos snould be recalled for his tacit supp	ort of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the C	DCP,			
ack of committment to election integrity, blocki	ng lower prescription drug costs, and flagrant disrespect to	or his own constiuents by calling them "whack-jobs, morons, and idio	ots."			
THE MUNICIPALITY USED FOR M	IAILING PURPOSES, WHEN DIFFERENT THAN I	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. T	HE NAME OF THE MUNICIPALITY OF RESIDENCE	MUST ALWAYS RE LISTED		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
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further certify I am either a qualified elector of e signatures on this paper. I know that the signer. I know their respective residences given	f Wisconsin, or a U.S. citizen, age 18 or older who, if I was ners are electors of the jurisdiction or district represented. I support this recall petition. I am aware that falsifying	reside at	(circulator's residence - include number, street, and municipality) under Wis. Stat. § 6.03. I personally circulated this recall petitic n signed the paper with full knowledge of its content on the dat	te indicated opposite his or her		
(date)	- Veignahm	e of circulator)		Page No. 635		
170 (Rev. 2019-09) The information on this form is red	uired by Wis Stats 66 8 40 and 9 10. This form is associated by the	Winnersia Elections Commission I D.O. D. Tope A.A. II				
	and the state of t	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984	508-266-8005 [web: http://clections.wi.gov email: elections@wi.gov			



		RECALLIETTION				
TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63			
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	, ,		rict of officeholder)		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	,		
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL				
registative, juaiciat, or county officials.)	ns for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP.	. No statement of reason is required to initiate the recall	of state, congressional,		
lack of committment to election integrity, blocking	g lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."				
THE MUNICIPALITY USED FOR MA	AILING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF DESIDENCE MU	ST AT WAVE DE LIETED		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. And factor	Ara Priect	4831 CHAND KINGSMA	□ Town	4/19/21		
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2 2/100	Grat Rarclay	1634 Stoddard lang	O Town Out Pleasent	19/19/24		
Harer Eldubros	WKAREN ELderbrook	1704 State Breet	Town Willinge (IN; ON) MRDUR	4-19-24		
4 2 0	Eric Burnett	1850 now st Apt 203	O Village Culou Grove	4-19-24		
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6. Com Part	CRAIG PAVELICA	3030 90 th	O'City Sturnant Wi	4-1924		
* HALEGAR AMA	all latoya May	12/42 marquettel	□ Town □ Village □ City □ City	4/19/24		
8. Jelle Mell	Willie HA!	1319 OAKS P.V.	Orlinge Mount Pleacenths	4/19/21		
9)	Daneta Jackson	1405 Warnick Way 181	O Village William Pleasant W/	4/19/29/		
10.	7		□ Town Village □ City			
		Certification of Circulator		1011		
I, STAN 31330N certify: I reside at 16929 W ASHVAND WAY AVONDAUE A285392						
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 fall fifting this certification is punishable under § 12.13(3)(a), Wis. Stats.						
4-19,2024	A (signature	e of circulator)		Page No. 636		
EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web: http://clections.wi.gov email.elections@wi.gov			

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

The Wisconsin Election Commission

	=		Qurisdiction or distr	•
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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legislative, judicial, or county officials.)	ior only, rinage, town, and action district officials. The	reason mast be related to the official responsionities of the officenotic	i. No suitement of reason is required to initiale the recuti o	siaie, congressionai,
	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking l	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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" Carry mill	Carly Milley	21401 YDANKRIJ	City 12HUSAS VILLE	4/20/24
- 1 1 2 2 2		Certification of Circulator	1 1 2 2 1 -	a le sa
I STAN SIS	certify: I	reside at 10929 W ACHLAND	WAY A VENDALE, AZ	35392
(name of circulator)			(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signatures on this paper.	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition at	nd personally obtained each or
name. I know their respective residences given. I	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	aicated opposite his or her
4/20/2021	1/1/	3 -1 -1 - N-1/3		Page No. 637
(date)	(signatur	e of circulator)		37 007
F1 -170 (Rev 2019-09). The information on this form is require		Wisconsin Flortions Commission D.O. Boy 7084 Madiana WI 52707 7084 COR 200	COOK I. A. Employer and Co.	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)			district of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
	(name of officeholder to be recalled and office)		3,5,1,0	or the wisconstitution,
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		r his own constluents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN N	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE M	HIST AL WAVS BE LISTED
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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MININA	Hannah Outrere.	1300 E Sprint St #3	Ocity Rosum Ster	14/20/2011
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Wy Man Mille	o William Twellfold	3000 Spring St # 3	City PCHW	9/20/22
exil exec	14/	Certification of Circulator	1- 11 11 11	1400000
I, _ 2 / AN 2 / 2 2	certify: I		UNAY AVONDALE.	A7_85392
(name of circulator) I further certify Lam either a qualified elector of	Wisconsin or a LLS citizen age 18 or older who if Lw	ore a regident of this state would not be discussed in the	(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs	WIS STATE § 0.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date	n and personally obtained each of
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats	and paper with run knowledge of its content off the date	mulcated opposite his of her
4/20/2024	14/1			Page No. 638
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EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9 10 This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
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	(name of officeholder to be recalled and office)		v	
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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1 Kachule Difree	Rachelle Dufrere	200 ESpring St Apt 13	O Village Rochister	4/10/24
2001 Million	Jadi Millious	305 F Spring	O Village RUChester	4/20/24
3. Mich Wach	Nick Wachal	2034 N Washinston St	Urown Uvillage Ucity Rochestar	4/20/24
1 Dette alterba	Beth Altenburg	201.BN Musqueanack 5+	Utiliage Burling address Octive Burling ton 1 Rochester	4/20/24
5/ Tery C. Kalle	Terry C. Ronker	218 N. Mustalled wack St	Svillage Rochester	4/20/2024
6. Na Alla	N. WEICH	300 MUSGUEGUNCK STA	Dryllage RecleSta	4/20/2024
7. 7. 9.	Lee Oldenburg	406 East Main Street	Town Rechashor	4/20/2004
Stehn Mr	Rebeccavandenci	LUSS FOXTNEE CIV ADTEA	Uvillage Bunington	4/20/24
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, STAN SIS	SON certify: I	reside at 1010 & Children	DWAY BUDDIDALE	5128539
(name of circulator) I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence include number, street, and municipality) Wis Stat 8.6.03. I personally circulated this recall petition or	nd personally obtained each of
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats,	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
4/20/2024	- HAV	of circulator)		Page No. 639
EL-170 (Rev 2019-09) The information on this form is require		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	6-8005 [web: http://elections.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

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

(official with whom nomination	on papers or declaration of candidacy for the office is filed)	•	(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	THAT THE ACTION OF DEAL CONTROL DE CALL		
		STATEMENT OF REASON FOR RECALL	N = -4-44 = C = i=i= d 4= i=idiata dha asaall a	of state companyional
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	, No statement of reason is required to initiate the recuit of	j state, congressional,
	of the Chinese Communist Party (CCP), acceptance of ti	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2. OV (1\ \X)	Charles R Dan Jr.	2940 old mill do	□ Village 1 0/ In cal	4-22-24
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Grace 11.00		Certification of Circulator	in alacho Cald K11	48047
1, Gruco Gum	certify: I	reside at 50377 Oak Naw D	(circulator's residence - include number, street, and municipality)	2100 1
I further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under		and personally obtained each of
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		D 11 046
4-22-24		MAR		Page No 640
(datc)	(signatui	re of circulates	EMPS SECOND	
EL-170 (Rev 2019-09) The information on this form is require	red by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission			ctors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	quantica cice	(jurisdiction or distr	riot of office balders
petition for the recall of	Robin Vos	from office pursuant to Article VIII Section		
	(name of officeholder to be recalled and office).		on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	[No statement of reason is required to initiate the recall of	f state, congressional
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		y orang congressionar,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE MUS	
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Eurah IIItromuo	h Sarah trazuch	701 Mink Kanch unitA	□ Village □ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11/70/2021
3.	y or harmon	TO THE THE MILES	City CONSIG	1120/2029
Ceryl Dewling	Angel Wawley	WIOS STATE ROAD 3Co	Ocity Spring Prairie	4/20/2014
4 Just ochil	Donnis Schmid	125 WELLOW ON CON WORKE	Town Village VIII S Town	(20-24)
11/1/1			acity BUILING FOR	
5. //////////	Sta Stalwari	300 Fast MAR ST	SVillage RACLO-A-M-	4-20-21
6.	Szatewski		□ Town □ Village	1-00-1
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7. V. Weber	CHAR WEBER	106 MiRogiester	orown Power Rochester	11-20-20
8. D1 A-1	D P	1 - 1 2	□ City Town	7,7,5,7
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-170 (Rev 2019-09) The information on this form is required	d by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 web: http://elections.wi.gov email; elections@wi.gov) Li

TO: The Wisconsin Election Commission	1	. We, the undersigned qualified elect	ors of the Assembly District 63	
(official with whom nomin	nation papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitio	ons for city, village, town, and school district officials. Th	e reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall	of state, congressional,
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Robin Vos should be recalled for his tacit support	ort of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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I further certify I am either a qualified elector	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under V	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that the signatures	gners are electors of the jurisdiction or district represented	d by the officeholder named in this petition. I know that each person signed	ed the paper with full knowledge of its content on the date	indicated opposite his or her
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4-10-20)	2 VMMIVI	V hyml 1		Page No. 642
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I 170 (Paul 2010 00) The information on this form is as	aguired by Wie State KK-X 40 and 9.10. This form is prescribed by the	ne wisconsin Elections Commission LP.D. Hox 7984 Madison, WT 51707-7984 1508-250	2-000) IWED THE PERCHONS WE DON TEMAIL EICCHORS (WWL DOV	

TO: The Wisconsin Election Commission		We the undersigned surlified at	6.4	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Adiala WIII G:	(jurisdiction or distr	ict of officeholder)
	(name of officeholder to be recalled and office)	nom office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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he signatures on this paper. I know that the signers	risconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under W	is Stat § 6.03. I personally circulated this recall netition and	nersonally obtained each of
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-170 (Rev.2019-09) The information on this form is required	d by Wis Stats §§ 8.40 and 9.10. This form is preached by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-6	20051 I WANTED	
			DOUG INCO. BILL (refections without empire elections@nvi gov.	

TO: The Wisconsin Election Commission		We the understand a tight		
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele		
petition for the recall of	Robin Vos	from office purposent to Article VIII Co.	(jurisdiction or dist	trict of officeholder)
19	(name of officeholder to be recalled and office)	nom office pursuant to Article XIII, Sect	tion 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statute
		STATEMENT OF REASON FOR RECALL		
The reason for recall must be stated on petitions	for city, village, town, and school district officials, Th	the reason must be related to the official responsibilities of the officehold	er. No statement of reason is required to initiate the recall	of state companying
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,	y and the recurrence of the re	of state, congressional,
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		or his own constiuents by calling them "whack-jobs, morons, and idiots."		
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urther certify I am either a qualified elector of W	Sconsin, or a LLS citizen, age 18 or older who, if I we	11 . 0.11	(circulator's residence - include number, street, and municipality)	
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The information on this form is required	u by wis stats, 99 8 40 and 9 10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)			
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING
1. SEA	Teri Burnott	1850 Deni 87	Q Town Union Grove	4/23/24
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3. Darlac talo	Darlene PADIO	3442 Daisy In.	Other Park Park Park Park Park Park Park Par	4/23/24
4. Olivin Selbern	Olivia Selbera	6829 Griffin Ct	O'City Part 184541.	4/23/24
5. Lule Laiase	Luke Haase	1438 Margrave CT	Octy Mt. Pleasent	4/23/24
6. Maria	MARIA FARNSWORTH	1527 Hayes are	Town	4/23/24
7 allow Rolling	Alberto Rodrigue	6210 33 d are	Uvillage City Cosha	9/23/24
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name. I know their respective residences given.	support this recall petition. I am aware that falsifying	His certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 645
(date)	Jolenatu	ne of circulator)	DEMANDS OF HELLER PRODUCTS	
L-170 (Rev 2019-09) The information on this form is require	red by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wt.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District os (jurisdiction or distric	et of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin Statules.
-	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Town	1 00 5/
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Terry +1-Sushing	TOOK A CB	31200W, 31	City Town	14/12/21
5. Sandy/e/	Sandy Kelly	360 Joan St	City Suv 14940	N7/20/29
6 James H Harri	LAMES HALLIS	941 CRESTORIVE	Ocity BUSLINGTOR	4/20/24
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			(circulator's residence - include number, street, and municipality)	and personally obtained each of
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name. I know their respective residences given	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 646
4-20-2024	(signate	ure of circulator)		
EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web: http://elections.wi.gov. email: elections@wi.gov	

10. The Wisconsin Election Commission		We, the undersigned qualified	electors of the Assembly District 63	
	tion papers or declaration of candidacy for the office is filed)	5 1		strict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
			3.410	or the wisconsin statutes
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	OTREE ENOUGER OR RURAL RUILLE	MUNICIPALITY OF RESIDENCE	
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further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I were a	resident of this state, would not be disqualified from voting under	Circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signer	s are electors of the jurisdiction or district represented by the	resident of this state, would not be disqualified from voting under officeholder named in this petition. I know that each person signification is penishable under 6.12.13(3(a), Wig. State.	gred the page with full land the recall petition a	nd personally obtained each or
name. I know their respective residences given. I	support this recall petition. I am aware that falsifying this	ertification is punishable under § 12.13(3)(a) Wis Stats	gried the paper with full knowledge of its content on the date in	idicated opposite his or her
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(date)	(signature of circ	nulator)		Page No. 647
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•	The second of the wiscon	2.500 2.500 Commission F.O. Bux /984, Madison, W1 53707-7984 608-	266-8005 web: http://elections.wi.gov email: elections@wi.gov	

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

The Wisconsin Election Commission

TO: The Wisconsin Election Commission	ion papers or declaration of candidacy for the office is filed)	We, the unconsigned quantities	(jurisdiction or distr	rict of officeholder)
		from office pursuant to Article XIII Sect	ion 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	Ironi office pursuant to Afficie Affi, Sect	ion 12 of the Wisconsin Constitution and gives	
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, VI 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 obtain	ed each o
the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his	
name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is purishable under § 12.13(3)(a), Wis. Stats.	0
Page No. 64	9
(date) (signature of circulator) EL-170 (Rev.2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commis	ssion	We the understand a U.S. 1. 1		
(official with whom n	nomination papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office numbered to A.d. 1. WITH Co.		strict of officeholder)
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(name of circulator) I further certify I am either a qualified electron	or of Wisconsin or a U.S. citizen, age 18 or older who is		(circulator's residence - include number, street, and municipality)	20016
the signatures on this paper. I know that the	signers are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each or
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The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	THE TELEVISION OF DE LOON FOR DEGLES		
		STATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dundi Jum	DOUG-WELED	6712 GREEN RINGE DE.	De Town Ullage City MT Plange NT	4-20-2029
2. Au	Alexa Ford	3205 Albertst	O'Village CACI Nee MC	4-20-20
3 Down Then	ROMAN FULLEN	101 CHAPEL TERPACE	United BURITING FOR	420-24
4- Pehid Ca Hanwak	RICHAROCHAUCOCK	N-2465F15KOK.	O'Village BURLI WCTON	4-20-28
5. Joen Rossniller	Joon ROSSMILLER	302 N. Browns Lake	O TOWN STAPLING TON	4/20/2
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I further certify I am either a qualified elector of V the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under very by the officeholder named in this petition. I know that each person signs	Wis, Stat. § 6.03. I personally circulated this recall petition ar	nd personally obtained each of dicated opposite his or her
/	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4-20-2029	Zalle Zalle	a Johna Toria		Page No. 651
EL-170 (Rev.2019-09) The information on this form is require	ed by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	· c . 0° - 1- 1d>
(official with whom nominat	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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1. Herman Josef	HERMAN PEREZ	3725 CONTESSA CT	DCity STURTEVANT	4/25/24
2. 2/1/01/20	Collerwing Grandt	8479027 BOYS DY	Orown Village Sturte Vant	4/25/24
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		RECALLIFITION	Accomply District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elec	(jurisdiction or distr	ict of officeholder)
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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	1	Certification of Circulator	Hu Uro Beach FL 30	2966
1, (0516)	Malu a certify:	I reside at	(circulator's residence - include number, street, and municipality)	1
(name of circulator)	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 und	er Wis. Stat. § 6.03. I personally circulated this recall petition	i and personany obtained each of indicated opposite his or her
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name. I know their respective residences give	n. I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No 653
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10: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele	ectors of the Assembly District 63	
petition for the recall of	Robin Vos		(jurisdiction or dis	strict of officeholder)
petition for the recall of	(name of officeholder to be recalled and office).	from office pursuant to Article XIII, Sect	tion 12 of the Wisconsin Constitution and §.9.10 c	of the Wisconsin Statutes.
(77)		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. Th	e reason must be related to the official responsibilities of the officehold	er. No statement of reason is required to initiate the recall	of state, congressional.
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		r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE MU	DATE OF
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justusers 1	Justin Bero	28818 Cramer ct	Ovillage Brington	4-20-24
2. Just Hall	Jessica Beaugrand	625 Meadow lane	Ortown Oly 11 gods	4-20-20
3. Partol extense	Rechel Tom	31505 Boor Asbor Drive	Ovillage	4-20-24
4.			D Town	13030
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5. Douberstill	Jodie Lenouall	433 Edward St.	O Village Bully I'hoton	4-20-24
6 Paryn	Matthew Tessmann	258 Cewisgt	Town Village Bustington	4-20-24
7. (2)	Justin Lopich		□ Town □ Village R	2.2
0	Jasta Copici	108 W. Grove St.	acity DU Paglan	4-20-24
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he signatures on this paper. I know that the signers	are electors of the jurisdiction or district represented to	ere a resident of this state, would not be disqualified from voting under to by the officeholder named in this petition. I know that each person sign this certification is numberable under 8.12.13(3)(c). We state	Wis. Stat. § 6.03. I personally circulated this recall petition a	ind personally obtained each of
ame. I know their respective residences given. I	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date ir	ndicated opposite his or her
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(date)	(signature	of circulator)		Page No. 654
FIVE (Nev 2019-09) The information on this form is required	d by Wis Stats. §§. 8.40 and 9.10. This form is prescribed by the	Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.gov email: elections@wi.gov	···

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Ι,	(name of circulator)	certify: I	reside at 8 16 9 1741	(circulator	's residence - include number, street, and municipality)	
the sign	r certify I am either a qualified elector of V	rs are electors of the jurisdiction or district represented	rere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. §	6.03. I personally circulated this recall petition	and personally obtained each of indicated opposite his or her
name. I	know their respective residences given. I		this certification is punishable under § 12.13(3)(a), Wis. Stats.			Page No. 655
EL-170 (R	(date) ev 2019-09). The information on this form is required.		re of circulator) • Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	56-8005 web:	hup //elections wi gov email: elections@wi.gov	

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed) (official with whom nomination papers or declaration of candidacy for the office is filed) (petition for the recall of Robin Vos Robin Vos From office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. (The reason for recall must be stated on petitions for city, village, town, and school district officials. The 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 tact support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP. lack of committment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots,"
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9 19. 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

		RECALLITITION	Accomply District 62	
TO: The Wisconsin Election Commission		We, the undersigned qualified e	lectors of the Assembly District os (jurisdiction or district os	rict of officeholder)
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TO:	The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
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TO: The Wisconsin Election Commission		. We, the undersigned qualified of	electors of the Assembly District 63	
	nation papers or declaration of candidacy for the office is filed)	•	(jurisdiction of	district of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and §.9.1	0 of the Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

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

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

(jurisdiction or district of officeholder)

TO: The Wisconsin Election Commission

petition for the recall of_

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

Robin Vos

(name of officeholder to be recalled and office)

	S	STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	3, 5, ,	reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall of	state, congressional,
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TO: The Wisconsin Election Commission		We, the undersigned qualified elec	store of the Assembly District 63	
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ist of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article VIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	
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name. I know their respective residences given.	support this recall petition. I am aware that falsifying t	this certification is punishable under § 12.13(3)(a), Wis. Stats.		neared opposite his or her
TILII (data)	— <i>— [77]</i> 7 —			Page No. 661
L-170 (Rev 2019-09) The information on this form is requir	ed by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the V	of circulator) Wisconsin Elections Commission P.O. Box 7984 Madison, WI 53707-7084 L608 266	0005	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nomination	n papers or declaration of candidacy for the office is filed)			istrict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
	1	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions f				
legislative, judicial, or county officials.)	of enty, viriage, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recal	l of state, congressional,
	f the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking lo	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE M	UST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING /
1. Staphanie Kirk	Stephanul disks	BARTHARKETST.	Unilage Canvalington	4/21/24
2 Michael Bust	michael Bussing	209 EMARKETST	Usilage Day VI water	4/2/124
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101 (81 (81)			☐ Village	
		0.00	□ City	
I, (name of circulator)		Certification of Circulator Peside at 10429 W ACHIAND	(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signers	s are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs	Wis, Stat, § 6.03. I personally circulated this recall petitioned the paper with full knowledge of its content on the date	and personally obtained each o indicated opposite his or her
4/21/24	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 662
(date)		of circulator)		
EL-170 (Rev 2019-09) The information on this form is required	d 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	

T-0	The Miller of Electronic Control		RECALL LEITION		
TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
		on papers or declaration of candidacy for the office is filed)	The state of the s	(jurisdiction or distr	ict of officeholder)
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			r his own constiuents by calling them "whack-jobs, morons, and idiots."		
Тн	IE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF DESIDENCE MUS	T AI WAVE DE LICTED
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1()	highlio (00) pm	Chistina Casiano	458 MOST AND PST BUT LEYON	Town Urllage Bur (1/4)	4-22-24
2.	lebbie Spety	Debbie Goetz	28505 Washington Ave	Ortown Village Walso Chrester	4-22-24
3.	A CONTRACTOR	Crutal Ahles	460 Dar Nair Booken	Town Durchago	4-22-2
4	Photos III	JECKSOT COURY	490 bot of any JR	U Village U City	4-20-71
5.	Harry 1	GA GIORIGES	29/2 Kenusdor.	9 Village Comment Th T. pleased	× 4/22/24
6.	Hophanit Jane	Stephanic Zenden	The Cloud and AIR Raine WA	O Town O Milage Of City O TO	4/22/24
7.	***	Patie Domany	00914 1077 five U.Co	o Town UNIVERSE OF THE CONTROL OF TH	9/00/24
8.	Malson Staffe	Malessa Wightman	4915 Schoen Rd	Utiliage Union Grave	4/22/24
1	ngela McCallay	Angela William	ch 1945 Lawn St. Kache	Town Village Rache	4/22/24
10.	- Shuller	5Heila 5010	1700 200 HI AUE	O' Village ON ON OYOUR	4-00-20
I,	OSI 95 (name of circulator)	hdy a certify: I	0 1	(circulator's residence - include number, street, and municipality)	-L 329/g6
the signal	tures on this paper I know that the signer	s are electors of the juristiction of district represented	rere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	Win Park C C O2 T	d personally obtained each of dicated opposite his or her
	9.13-24 (date)	(signatur	re of circulator)		Page No. 663
L-170 (Rev	v 2019-09) The information on this form is require	ed by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	-8005 web: http://olections.wi.gov email: elections@wi.gov	

TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63		
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)	
petition	n for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
1		(name of officeholder to be recalled and office)				
		5	STATEMENT OF REASON FOR RECALL			
	7 1	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,	
	egislative, 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,					
HODIN V	os snould be recalled for his tacit support t	or the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect wisconsin farmland from the CCP,			
lack of c	ommittment to election integrity, blocking I	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."			
TH	IE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.	
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
L	Alycen Cour	- Nicae Hatter	22900 Harson Ld	O Village WICH GOR	4/20/201	
2	lalby Kisin	lity kicejin	2005 Durand Ave	Uvilage UNON CIVONE	4122/24	
3. (1 Immous.	Jammy Simmons	1713 SYDAR C/G	□ Town □ Village □ City \[\begin{align*} \text{No.} \\	4/22/24	
4.	notarus	laura Genenbauch	1300 main St UG	Olly Union Grove	4122/24	
5.	nerolle	meenach smith	1233 main 5409	O'Village O'N ON GYOVE	4-22-24	
6.	Will	Malline Clonard	1157 Aspen 00 III	Ullage Franksulle	4-22-24	
7.,	Carlanas	Chindarpher	1350 br/ 15 Unon Grove	U Village U O O O O O O	22000. 2021	
8. ,		Elaine Curpenten		□ Town □ Village	1	
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101 (8				□ City	710000	
I.	Certification of Circulator 376 47th Am Vero Brach Ft 32966					
-,	(name of circulator)			(circulator's residence - include number, street, and municipality)		
I further	certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under \	Wis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of	
			by the officeholder named in this petition. I know that each person signer this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her	
name, i	4. 2.2. 24	support this recall petition. I am aware that faishfying	turs certification is punishable under § 12.15(5)(a), wis. Stats.		Page No. 664	
	(datc)	(signatur	re of circulator)		- 004	
L-170 (Re	v 2019-09) The information on this form is requir	ed by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://clections.wi.gov email: elections@wi.gov		

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petition for the recail of	(name of officeholder to be recalled and office)			
	S	STATEMENT OF REASON FOR RECALL		070520000
(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 a	state, congressional,
legislative, judicial, or county officials.)	of the Chinese Communist Borty (CCR), accontance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. mi L'Clark	Tamil Clark	1515 County RdV.	Williage Mt Pleasant W15317	4/22/24
2 horanescara	Loraverna	733 Sunad view Dr	Drillage mt Pleasont W 53th	0 4/22/24
3. Charles Empros	CLAYTON ENMONS	5843 Cambridge Cir #1	O Town O Village O City	064122/01
7007		1	□ Town	11
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. Catherine Ju	Stice certify: I	reside at 10920 RD	, Little Rock, AR 7221	.0
(name of circulator)		it at California and he discountified from voting under	(circulator's residence - include number, street, and municipality) Wig Stat & 6.03 I personally circulated this recall petition ar	nd personally obtained each of
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I was see electors of the jurisdiction or district representation	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date in	dicated opposite his or her
name. I know their respective residences given	I support this recall netition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis Stats.	F-F	
name. I know then respective residences given.	2011	horime (history		Page No. 666
(date)	July / feinah	ure of circulator)		
		e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20	56-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission	N	We, the undersigned qualified elec-	tors of the Assembly District 63	
(official with whom nominati	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
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legislative, judicial, or county officials.)	of the Chinese Communict Party (CCD), accontance of t	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
			€	
9,, 0		r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 Ray O's	Rora Olson	118A Waters Edge Circle	O Town O Village Butington	42424
2 and XB	Tamly of Plotocky	324 Conley St. B	O Village Bolling for	4/23/24
3 DINU Momilla	For McMale	BGG FAIRVIEW Rd	Williage Bloom field	4/23/24
4. There asy	STACEY Casey.	35/23 Wyconsing	O city Burlington	4/23/24
5. Jegunnyel	Fearnine Nell	31505 Bear arbirDV.	Uvillage Blaring	4/23/24
6. 0 1	Wicksikorske	532 N.P.neSt.	Unitage Barrington	4/23/29
1. Bonieg Rel	2 Randy Reitz	537 N. Pine &	Orown Village Budington	4773724
8. MARL	Mika Kabas	340 S, Kandick Aux	Original Bur Ington	4/23/24
9. Pandy Poline	Pamela Robers	340 S Kandrick HUR	Oron Village Barlington	4/23/24
10. HUN	Iceaton Mitchell	30/2/15 Meadow Dr	Uvillage Buckington	4123124
I, Josias Andrias certify: I reside at Certification of Circulator 776 47th Am 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				
1 know their respective residences given.		this certification is punishable under § 12.13(3)(a), Wis, Stats,		Page No. 665
EL-170 (Rev 2019-09) The information on this form is requi		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://clections.wi.gov email: elections@wi.gov	



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

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		Quisaction of distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		TATEMENT OF REASON FOR RECALL		
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1. Stephanullalylar	- Stephanie Hoscular	2039 Rainhai LW	arvillage Mt Meisant	4/23/24
2. Upm RJohnson	WMR. Johnson	1848 Raintver Ln.	Urillage ANT PERSONE	4/93/24
3 4/2 1	Wagner Lester	6336 RuseonerphANE	Town Village WTV (casant City	01/23/24
4. Confall Ser	Rollies Serrique	6328 ROLE MANY/2	or Village Moulet Plaging	423 20
5. Ophille	Austin Ketchin	7123 field view Brazz	a village Mount pleasant	4/23/24
6. Hartest	Dan C Jacobson	7156 Parkide Cn.	Octy Mt. Plessont	+/23/28
7. Kliffer	Faith Lemons	756 Parkside In	order of the control	4/23/24
8. Polish	Bradley Schuh	7134 Creeksid Ct	- Town - Village M. Pleasent	4/23/24
9. Michele Lafue	Michele Lafave	1619 Summerset D1 #1	Urillage Wt Pleasent	4/23/24
10.			□ Town □ Village □ City	
I, Catherine J	USTICE certify: I	Certification of Circulator reside at 1000 Raynos Read	(R AR 72210	T.
frame of standard	ACCOUNT OF THE PARTY OF THE PAR		(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis, Stat. § 6,03, I personally circulated this recall petition a ed the paper with full knowledge of its content on the date i	ndicated opposite his or her
name. I know their respective residences given. April 23 RD 202	14 Intak	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 667
(date) EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	re of circulator) • Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 [web: http://elections.wi.gov email: elections@wi.gov	71

[O: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
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Nobili vos siloulo de recalled for his facit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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1			Town	1 /
Robert Brondate	ROBERT GROENLAND	569 ADAMS ST	City BURLINGTON	4/24/2021
2 / il the Ward	John Wood	Total Control of the	@Town	
Cloud of A	28000 Wasa	743 toxtrail circle	Unillage Burtington	4/24/24
3 (//	70 (1-1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Town	
3/0-/	Ja Har	111 / flatbetton pl	Q Village	
0 80 17	C 100×110 = 111(1)		□ Town	
4. Shaler	>HAROND ZILLINSKI	1417 Meder Wood	o Village Blue to W	4/24/24
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10.			Town	
10.			O Village	
7,425		(1980) (1980) W.	□ City	
1. Catherine Justic	V	Certification of Circulator	>- 10 A=	
	certify: I r	reside at 10920 Ridge River 1	Colculator's residence - include number, street, and municipality)	
(name of circulator)	Viccoprin or a LLC aitizen age 18 es alder who if L.		(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V	Wis. Stat. § 6.03. I personally circulated this recall petition ar	id personally obtained each o
name. I know their respective residences given. I	support this recall petition. I am aware that falsifying	by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
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MALL CITTLE	1/24/00	are guerra		Page No. 668
L-170 (Rev 2019-09) The information on this form is require		e of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	9005 hugh. hug //stactions us you lessell, staction Q	

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

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING	
1. Rick thates	Rick Whited	2722 Raymond Ave.	Ocity frantsville	4-25-24	
2. Rough &h	Randy Sneller	8933 3mileRd	Utiliage Cranksville WI	4-25-24	
3. Kelly Wasto	Kelly M. Madio	4724 124th Street	U Village Caymond W	4-25-24	
4. 00 2	John Merchleeri	72 4222 Stormy DK	Ority KensasvilkwI	4-25-24	
5. DUIM	Sarah Fronmader	4017Stormy Prive	Uvillage Kansasvi 11022	4-25/24	
6 Chillen	Christine Luxem	29330 Eagle Ridge	O Village Buckington	4-25-25	
7 Malerice	Malik Harris	4915 Schone Rd \$150	Original Origina Original Origina Origina Origina Original Origina	4-25-24	
8.			□ Town □ Village □ City		
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N211 a :	1.10100	Certification of Circulator	18 00 722:-		
i, Catherne	JUSTICE, certify: I	reside at 16970 Kajnes Road	(circulator's residence - include number, street, and municipality)		
the signatures on this paper. I know that the signs	ers are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition as	nd personally obtained each of dicated opposite his or her	
name. I know their respective residences given.	ne. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats. Page No. 669				
(date)	(date) (signature of circulator) (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				
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TO: The Wisconsin Election Commission	on	We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom non	nination papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	· ·
	(name of officeholder to be recalled and office)		3,5,100	the Wilder
(The reason for recall must be stated on notify	ions for situ village town and asked distinct officials. The	STATEMENT OF REASON FOR RECALL		
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Robin Vos should be recalled for his tacit sup	port of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
ack of committment to election integrity, block	king lower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots,"		-
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bullit	Ben Patrick	49305, 28th ST	O Town O Village Wattle	4/2/1/24
2. / // 2. /)			Town	1120101
" & Mermal	Gonevieve Mermal	2721 MAPLERD. B	Ocity Burlington	4/26/24
3. Sturm	Stevan Coske	4820 S Forest Ridge Dr	O'Town O'Village O'City	4/26/24
4. Just Mile	Shregia Oackroy	329 main st	D Town D Village D City D C A C	4-76-24
5. / Dan Ba	MA DANIEL BEENAN	983 HASTINGS COURT	O Town O Village RACINE	4-26-24
6 Carol Beer	nous Carol Been	au 983 Hastina Ct	UTown Village City Racine	4-26-26
7 Ty hyd //	MTroy Karafa	4208 Parto M50 W3	O'City MOUNT Pleazant	4-26-24
8. Grades/101/	Charles Wahl Ja	4032 Lakevier Pr.	Village At Olean 1	4-26-24
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(name of circulator)	certify: I	reside at 100170 Raines Ral	Little Rocle, AR 72718)
further certify I am either a qualified elector he signatures on this paper. I know that the si	of Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality) Wis, Stat. § 6.03, I personally circulated this recall petition a	nd personally obtained each of
ame. I know their respective residences give	en. I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
4/26/24		time Glister		Page No. 670
-170 (Rev 2019-09) The information on this form is re		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 [web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	-t - F - (Cashalder)		
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		Q	·		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
-	(name of officeholder to be recalled and office)	CONTOR DECALL				
		STATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	f state, congressional,		
(The reason for recall must be stated on petitions to	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 thinke the recall of	, , , , , , , , , , , , , , , , , , , ,		
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CGP), acceptance of	rips from the CCP, failure to protect Wisconsin farmland from the CCP,				
lack of committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."				
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		STREET & NUMBER OR RURAL ROUTE		DATE OF SIGNING		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING		
12 ANL	Ryan Velson	8517 Fox Haven Chase	Stritevant City	4/21/24		
2 0 0	Allism Juhar	&333 Fox Hore Char	8 Village Structer eant	4/21/24		
3.62	STE EDRICH	9/25 MTPLFASANT AUF	Unilage STUYTEVEAN	4-2124		
4. S'Costa Perland	Stephen R. Clark	9429 BROADWAY Dr.	D Town SO Village STYRTEUANT City STYRTEUANT	4/21/24		
5. Propriori Datos	Euminin A RTent	9501 HULDA 912	O Village STUTURANT	4/21/24		
- William Strange	The three transfer of the	V.	☐ Town			
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(La.ab.d) \V	100000	Certification of Circulator	VPM BRACK -15	2061		
1, 12(1)(1)(1)		I reside at	(circulator's residence - include number, street, and municipality)			
(name of circulator)	Wisconsin or a U.S. citizen age 18 or older who if I	were a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each o		
41 - i - 4 4bis I be out that the signs	are are electors of the infristration of district represente	if by the officeholder matter in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	indicated opposite his or her		
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.				
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7 11 12	- William China	ture of circulator)				
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RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		* /	district of officeriolder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sec	ction 12 of the Wisconsin Constitution and §.9.10	0 of the Wisconsin Statutes.
-	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
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Insielativa indicial or county officials)		trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. Altson Backfuls	Adison Barthela	512 deer path	Village Sturt: Vant	5/2/24
2 CLASSICA DENTE	TOGGTA SLANZEL	14030 Evans Lane	Dillage YOY EUI 16	5/2/24
3. Rubo la Ali	Bubah Al	K Fawn Tr/	original City Corkuille	05/02/29
4 AL 6 Hodowski	Al Globous Ki	606 NEGIVENIA MUE	I Town I Village Yorkulle	5/2/24
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1 Det Denre	Certify:	I reside at 124511	Y. KTORUMIN VEL DY	456
(name of circulator)			der Wie Stat & 6.03 I personally circulated this recall notic	tion and personally obtained each
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting und d by the officeholder named in this petition. I know that each person s	signed the paper with full knowledge of its content on the o	date indicated opposite his or her
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represente	d by the officerion is purishable under \$62.13(3)(a). Wis Stats	signed the paper with run knowledge of the comment of the	
name. I know their respective residences given.	I support this recall petition. I am aware that faisily in	g this certification is punishable under § (2.13/3)(a), Wis. Stats.		Page No. 672
1010	Signal	ture of Culator) the Wisconsin Elections Commission P.O. Box 7984, Madeson, WI 53707-7984 60	08-266-8005 web: http://elections.wi.gov email: elections@wi.gov	
EL-170 (Kev 2019-09) The information on this form is requ	lifed by wis stats 99 5.40 and 9.10. This form is presembed by the	ine marketing breakers commission [1 50 500 770 7		

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recal	ll of state, congressional,
to the state of th				
		trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	ower prescription drug costs, and flagrant disrespect fo	r his own constiuents by calling them "whack-jobs, morons, and idiots,"		
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THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN N	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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• • • • • • • • • • • • • • • • • • • •			□ City	
		Certification of Circulator	W MARHINGTON	DC 20016
I, Chris Hu		I reside at	(current residence - include number, street, and municipality)	
(name of circulator)	Wissensin or a LLS gitizen age 18 or older who if	were a resident of this state, would not be disqualified from voting under	Wie Stat & 6.03. I personally circulated this recall netition	on and personally obtained each
I further certify I am either a qualified elector of	ers are electors of the jurisdiction or district represente	d by the officeholder named in this petition. I know that each person sig	ned the paper with full knowledge of its content on the da	te indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsiffin	were a resident of this state, would not be disqualified from voting under the object-holder named in this petition. I know that each person signal in the period of the person of the period of the person of the period of the person of the period of the p		Page No. 672
4/21/2024				Page No. 673
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EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by t	he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	266-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)	
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.	
		STATEMENT OF REASON FOR RECALL			
legislative, judicial, or county officials.)		reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	r. No statement of reason is required to initiate the recall o	f state, congressional,	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1 Jugan	Ben Demagack	38205. britten RD	Ovillage UNION STOLE	4/22/24	
2. Willi Pul	William Pulera	10425 7 mile Rd.	Drown Of Milage Calledonia	4/22/24	
3. Min Jula	Mary Filler	19913 Spring St	Drown DayHage Jolla, Le	4/20/24	
4. Mardella	School MARIEUL.	22810 DULLYDAM. Apr. B3	Oron Union Cross	4/22/24	
5. Yulish	Dicole Erick Son	28629 Dur And AVE	United Barrier Survey	4/22/24	
6. Her Hungfield	Steve Henningfield	27730 Durand Ave	o village ocity Buy lington	4/22/24	
7. Cus	- Fien Mortinez	1779 New St	Ocity Union Grove	4/22/24	
* Made Veller Unit	Dicole Millard	27523 Durand Ave	Village Av Ington	4/22/24	
9.			□ Town □ Village □ City	1 /	
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i, CUMS -	tu, certify: I	reside at 7536 Circulator ST A	IN WASTURE	PC 20016	
(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, in 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 officetholder 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.					
name. I know their respective residences given. 4/22/24		76/06		Page No. 674	
EL-170 (Rev 2019-09) The information on this form is requi	\ /	re of circulator Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov		

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

(jurisdiction or district of officeholder)

TO: ____The Wisconsin Election Commission

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

petition for the recall of	HODITI VOS	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of the	he Wisconsin Statutes.		
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL				
The reason for recall must be stated on petitions to		reason must be related to the official responsibilities of the officeholder	. No statement of reason is required to initiate the recall of s	state, congressional,		
legislative, judicial, or county officials.)				COM Contract		
Hobin vos snould be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,				
lack of committment to election integrity, blocking le	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."				
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1 Andres Carmona	Andres Carmona	2114 case Ave.	B Villago C C C C C	4/2/14		
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6. Kimberly Clays	Kimberly Clawson	4823 Schoen Rd 60+122	Ulliage Un's on Grove	4123124		
Hazel Laurie Borrett	Hazel Louise Barrett	4823 SchoenRd Lot 122	Ullage Uhlon Grove	4/23/24		
8 Las C22V	Landan Edwards	4608 Schoen rd	Utiliage Days as uille	4123124		
9. Laure Edwards	Lole-ene Edwards	4608 Schoon rd	Urown Urillage Ucity (Kan)S6SU;	4193,94		
10.	RobertFlo	5540 MillAV	or Town of Cap	4/23/21		
1 T		Certification of Circulator		000		
CHEIS H	UVC certify: l i	reside at 4536 467H ST. 1000	WASHWOON DC	20016		
(circulator's residence - include number, street, and municipality) further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of ne signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the office holder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her arms. I know their respective residences given. I support this recall petition. I am aware that falsing ing this certification is punishable under § 12.13(3)(a), Wis. Stats.						
name. I know their respective residences given. I	support this recall petition. I am alware that fals fixing	mis certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 675		
(datc)	(signature	c f circulator)		073		
~170 (Rev 2019-09) The information on this form is require	ed by Wis, Stats, 88, 8.40 and 9.10. This form is prescribed by the	Wisconsin Flections Commission P.O. Roy 7984 Madison, WI 53707-7984 608-266	5-8005 luceb: http://elections.vi.uov.lemail.elections@wi.nov			

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63		
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	===	(jurisdiction or dist	rict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.	
•	(name of officeholder to be recalled and office)	OF A PRIME OF DE A CONTROL DECALL			
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,			
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1. Marthe Carol	Martha Coral	5811 Cambridge Circle #5	Urillage Mt. Pleasant	4-22-24	
2. Edgu Davila	Edna Davila	5819 Cambridgen+2	Octy MT. Pleasant	4-22-24	
3-Wilson Palacios	Witholacios	5835 (ambridge (ir #2	Utiliage Mr Prasant	4-22-24	
4. Breek helm	Bradley Ledeher	5843 Combridge Cir#1	Uvillage Mt Pleasant	4-22-21	
5. Sparon I Sovid	Sharon J. Davic	5810 Combridge 17	D-Yillage M. 7L	4-2224	
Smal Thousky.	Lenifer Zebrowski	5820 Cambridge #4	Unillage Mt. Placeant	4-22-24	
1. 11 J. J. J. J.	MARK LOUNDORF	5100 CAMBRICIGE #1	Ulliage MT PLEASANT	4-22-24	
8 My Ren	Junas Ragginan	9109 midigan are	Village Strate July	19-22-14	
9,			□ Town □ Village □ City		
			□ Town		
10.			☐ Village ☐ City	-	
Maria Des	sautel , certify: I	reside at Certification of Circulator Dale	Lane Scottsdale	AZ 85262	
(name of circulator)	Wisconsin or a U.S. citizan age 18 or older who if I u	were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis. Stat. 8 6.03. I personally circulated this recall petition	and personally obtained each of	
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4/22/24	Maria	franks		Page No. 676	
(dato)	(signatu	rc of circulator)			

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

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions		reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall o	f state, congressional,
legislative, judicial, or county officials.)				(20)
		rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of commitment to election integrity, blocking l	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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1. Maria Des	saute certify: I	Certification of Circulator E Dale	Lane Scottsdale +	Z 85267
(name of circulator) I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality) Wis Stat & 6.03 I personally circulated this recall petition a	nd personally obtained each of
the signatures on this paper. I know that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs		
name. I know thoir respective residences given. I	/// 1	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 077
<u> </u>	// Crea	c of circulator)		Page No. 677
EL-170 (Rev 2019-09) The information on this form is requir		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 lweb: http://elections.wi.gov.lemail:elections@wi.gov	

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(official with whom nomin	nation papers or declaration of candidacy for the office is filed)			strict of officeholder)
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	(name of officeholder to be recalled and office)	, 500000	on 12 of the Wissonshi Constitution and g.5.10	of the wisconsin statutes.
		STATEMENT OF REASON FOR RECALL		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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i Maria	DeSautel certify	reside at Certification of Circulator ED	ale Lane Scottsda	10 AZ Om
(name of circulator)			(circulator's residence - include number street and municipality)	1 07 4
I further certify I am either a qualified elector o	f Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under V	Wis Stat 8 6.03 I personally circulated this recall petition	and personally obtained each o
name. I know their respective residences given	ners are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date	indicated opposite his or her
4/24/24	I support this recall perition. That aware that faising in	g this certification is punishable under § 12.13(3)(a), Wis. Stats.	14	2
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EL-170 (Rev 2019-09) The information on this form is rea		ire of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5 8005 lyeb: http://elasticar.yu/www.lameil:elasticare@	
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TO: The Wisconsin Election Commission		We, the undersigned qualified elector	ors of the Assembly District 65 (jurisdiction or district	of officeholder)
(official with whom nomination	n papers or declaration of candidacy for the office is filed)	w		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of t	P
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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lack of committment to election integrity, blocking l	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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	PRINTED NAME OF ELECTORS		Indicate Town, City, or Village	SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	□ Town → Λ ↑ Λ	11/20/2011
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I,	sigs Andujar contry	reside at	(circulator's residence - include number, street, and municipality)	and personally obtained each of
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. Lknow that each person sign of his certification is punishable under § 12.13(3)(a), Wis. Stats.	wis. Stat. § 6.03. I personally circulated this recall personal and the paper with full knowledge of its content on the date it	ndicated opposite his or her
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(date)	(signal	ure of circulator)	54 9005 bush http://elections.wi.uov email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§ 8 40 and 9 10. This form is prescribed by the	ure of circulator) ne Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	100000 prod. mp. 1111111111111111111111111111111111	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
(official with whom nominat	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	TARREST OF DEAGON FOR BEGALL		
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	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	. No statement of reason is required to initiale the recall of	f state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1.	Justin VanBeeren	28555 Ketter hagen nd	Stown Burlinghton	4-27-24
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I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	wis, stat. § 6.05. I personally circulated this recall petition a	ndicated opposite his or her
name I know their respective residences given	I support this recall petition. I am aware that falsifying	the certification is punishable under § 12.13(3)(a), Wis. Stats.	to the paper with run knowledge of its content on the date i	Total Control of the
4.27.29				Page No. 680
CL-170 (Rev 2019-09) The information on this form is requ		e of circulator) Wasconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	*,

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

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

petition for the recall of

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

Robin Vos

(name of officeholder to be recalled and office)

legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit suppo	rt of the Chinese Communist Party (CCP), acceptance of	trips from the CCP, failure to protect Wisconsin farmland from the	CCP,	
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1.	(RAIG 1400)	1350 W. YORK ST	Otiv ()N/104 GROUE	04/21/24
2,	Mutt ZERA	21640 Schroeder RD	Otiv Kansasuijic	4/21/24
3. prus Zu	JOI 5. SMAN	4899 Huj 28	Town Of illage On CA Of CV City	4/21/24
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1, Steven sean Ohli		Certification of Circulator reside at W5179 memorial driv	e Elkhorn'53121	
(name of circulator) I further certify I am either a qualified elector of the signatures on this paper. I know that the sign	f Wisconsin, or a U.S. citizen, age 18 or older who, if I where are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting by the officeholder named in this petition. I know that each perse this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) g under Wis. Stat. § 6.03. I personally circulated this recall petition	n and personally obtained each o
04-21-2024	802	ure of circulator)		Page No. 681

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

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		(name of officeholder to be recalled and office)			
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		for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall o	f state, congressional,
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+11-2	in Called		Certification of Circulator	toda Calas 1 100	c Crac
I, 0091	in Galier	certify; I	reside at 19695 herning rd G	Colorado Springs	CO 80908
I further certify I am	either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis. Stat. 8 6.03. I personally circulated this recall petition a	nd personally obtained each of
the signatures on this	paper, I know that the signer	s are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign		
name. I know their r	espective residences given. I	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	-	
4/25/	u	tostin Gra	cian		Page No. 682

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petiti	on for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
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		9	STATEMENT OF REASON FOR RECALL	No state and of second in accordant to initiate the encell of	fetata congressional	
		for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder,	No statement of reason is required to initiale the recuit of	state, congressional,	
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	
	SIGNATURES OF ELECTORS	TRIVIDE IVANIE OF EDDE FORD	Rural address must also include box or fire no	Indicate Town, City, or Village		
1.	Daniel Carlos	David Sprasky	1005 St Street 102B	O Village Vhior Grow	4-25-24	
	Buy		0 110	□ Town	11 - 4	
2	James Musex	SZEZH NISWONLEC	1360 Far XP	City Union Grave	19-25-24	
	300.00 170000	2 CD a R Manual		□ Town	1.	
3.	Joanette Stuckar	I Jeanette Stuckart	4823 Schoon Rd #116	Ocity Union Grove	4.25.24	
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	(X)	R CO	5929 4th Place	Town Village 1/2 / 2	11 21 211	
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	Jan John State of the State of		11.10 16:00 64	Town Town (1014)	4-75-24	
6.	nechen s.	Micholds Caston	1410 Vine St.	City Old 46	1, 72	
			tal A a	Town	1. 25 21.	
1 /	Courbaco Sinsh	Guzbaed Link	1400 West Street EI.	octy UNION GLOVE	19-25-29	
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1			Certification of Circulator			
ī	OCSAM GRAGA	certify: 1	reside at 14695 herring rd 4	plorado springs co 80	908	
٠,				(circulator's residence - include number, freet, and municipality)	and personally obtained each of	
I furtl	ner certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	were a resident of this state, would not be disqualified from voting under	wis. Stat. § 0.03. I personany circulated this recall pention a	ndicated opposite his or her	
the si	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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EL-170 (Rev.2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov



The Wisconsin Election Commission

RECALL PETITION

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

	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)	
p	etition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
		(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL			
(7	The reason for recall must be stated on petitions to		reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall o	f state, congressional,	
le	gislative, judicial, or county officials.)				- Contraction of	
	··-	., ., .,	ips from the CCP, failure to protect Wisconsin farmland from the CCP,			
Ia	ick of committment to election integrity, blocking is	ower prescription drug costs, and tiagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."			
L	THE MUNICIPALITY USED FOR MAIL	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA			
ı	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	
	July My	Frank M. Pokey	1401 1/4 Ave.	Town Williage Union Grove	4/25/24	
	27	Ben Two by	5075 69th 01	ortiv Union Glove	4/28/20	
	30000	Delia Laughlin	1009 11th Are	Town Wilage Wilm Grove	4/25/24	
	4. The Carry	17013 CAREY	460 MISSAVE APTZO	O'Town Williage Charles Grove	425 25	
	5 onald a befrer	Donald A Decker	2888 43rd Ave	Ulliage Franksville	4/25/24	
	Design MBULIE	Jessica 12 Becker	2888 43rd Ave	O City Franksville	4/25/24	
	7 Authopphitos	on Anthor Peterson	24831 Kansus Ville, Wis	Olity Nassasville, Wis	4./25/24	
	8 Pober Porton	24831 KARSUSVILLE	Wi5 53 139	□ Town □ Village □ City		
	9. Romber J. V. Petersa	Robert H. Petersol	2483 Jahran sagirille	Olity Karsus VIII WIS	4/25/24	
	10.		La Tonocro	□ Town □ Village □ City		
I,	I, DCSTIN GREGAY certify: I reside at 14695 herring rel colorado SPFings CO 80908 (circulator)					
th	(circulator's residence - include number, sthet), 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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TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	fors of the Assembly District 65	
		on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
peti	tion for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
•	-	(name of officeholder to be recalled and office).	TEMENT OF DEACON FOR DECALI		
		S to the second of the second	STATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall o	f state, congressional,
		for city, village, town, and school district officials. The	reason must be related to the official responsionities of the officended	To signement of reason to require a to the second	, , ,
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_			his own constluents by calling them "whack-jobs, morons, and idiots."		
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_			STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	Ditt Do.
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1.	Samlles	Sayannah Kus	150 Victoria Circle	Village Union Grove	4/28/24
2.	Month I with	MANJIT SINGH	395 wellington DR	a rown GROVE	4/28/24
3.	Talinde Kay	JATNDER KAUR	325 wedington DR	Town Wilage UNION GROVE	4/28/24
4.	Hus Pur	helses Puon	410 Wellington Dr.	Willage Union Grove	4/28/24
5.	Shadi Mikalenke	Shari Mikulada	500 Wellington Dr.	O Town O Village O City Union Grove	4/28/24
8	min	Jih Milleless	SOU WEMINTON	O City UNN Olar	4/28/24
7.	7 lar Kat	Justin Keister	425 Que Ame Ci	Oron Willage Union Grune	4128/24
8.	Sharhuldt	Sara Schuldt	425 Queen Anne Cr	ority Wilder Charles	4/28/24
9.	Bules	Toe Belanger	500 Maurice DR.	evillage Union Gove	4 28/24
س	Karn Belance	Karen Belanger	500 Maurice Dr.	Drown City Union Grove	4/28/24
			Certification of Circulator	1-1 10-0-1	Mac el
1	Justin Graciv	certify: I	reside at 14695 herning rd ca	01 21	80908
I fur	(name of circulator)	III sitiran ago 19 ar alder who if I v	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
the :	signatures on this paper. I know that the signs	ers are electors of the jurisdiction of district represented I support this recall netition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis Stats.		
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F7 4	in (B. 19010 00) The 'C. 1911 on this form in security	and have the State SS 9 40 and 9 10. This form is prescribed by th	ne Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	56-8005 web: http://elections.wi.gov email: elections@wi.gov	

The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nominati	ion papers or declaration of candidacy for the office is filed)		-	strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes
	(name of officeholder to be recalled and office)	THE CONTROL OF THE CONTROL PROCESS.		
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o Lindal Ches	Linda Ackor	33625 Ridge Jane	or Village Rochester	4-31-24
5.	Jon Coulchink	33/A1 Didalah.	Town Divillage College	4-11-24
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6.	DIONN DASSOW	3/34/ Aach Th	O VIIIage O City ROCHESTER	4/2/24
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	10	Certification of Circulator	9	
1. SHEILLA THON	PSON , certify: I	reside at 108 Hazel St Tra	skwood, ark 72167	
(name of circulator)		were a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality)	n and personally obtained each
the signatures on this paper. I know that the signa-	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	e indicated opposite his or her
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		
4-21-24	Shulla.	Thompson		Page No. 686
(date)		are of circulator)	MALE MENERAL AS AN MALE S	
EL-170 (Rev.2019-09) The information on this form is requ	ired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO:	The Wisconsin Elect	ion Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	
,	(official	with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition	n for the recall of		Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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4.	Whitenst	havo	-whitney Thames	301 Henry St	O Village Buy inoten	4-25-24
5.	12		Jama Dais	108 e Jeffefson	O Village Rullington	4-25-25
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_	SA.	· N	77264	Certification of Circulator	RI Bulon AA	77015
l,	(nam	of circulator)	certify: I	reside at 1603 New Hope	(circulator's residence - include number, street, and municipality)	12012
I further	certify I am either a qu	alified elector of \	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	vere a resident of this state, would not be disqualified from voting under V	Wis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each of
the signa	tures on this paper. I k	now that the signer	rs are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person signs, this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
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(signature of circulator)

Page No. 687

O: The Wisconsin Election Commission		We, the undersigned qualified	electors of the Assembly District 63	istrict of officeholder)
(official with whom nominati	ion papers or declaration of candidacy for the office is filed)		g-1-2	, ,
etition for the recall of	Robin Vos	from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statute
	(name of officeholder to be recalled and office)			
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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7 00 0 1		ure of circulator)		
(date)	This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984	608-266-8005 web: http://elections.wi.gov email: elections@wi.gov	
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		RECALL PETITION	District CO	
TO: The Wisconsin Election Commission			fors of the Assembly District 63	ict of officeholder)
(official with whom nominat	ion papers or declaration of candidacy for the office is filed)	OF A C 1 VIII C-4	9	
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2. A. M.	Alice And Steward	1315-18th Are	U Village City K 70/2	Yzyzy
3.		8	Oriv Mont Pleason	1261/0
4 pm	MISTAN Kragubrin	333 Brtico Dr	Oringe MOUNT Pleasar	4/24/24
Day Descon	PAUL Gordon	742 5 Stupet Rd	Orillage Monn + Pleagant	4-24-24
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RECALL PETITION ____. We, the undersigned qualified electors of the ____ Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(official with whom nomination	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
SIGNATURES OF ELECTORS	TRINTED NAME OF BEECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 Slawor Cruet	Shavon Ault	3224 Wood Rd. Unit/	orown village Mt. Pleasant.	4/25/24
2. Occumo Orah	Sladun Irish	15111 Braun Rd	Unillage / LA CON Grove	4/125/25
	0 / 1100	(211 D 11 St	Town Village	11/20125
"Craig Shillion	(vaig Stoston	524 Dutton St.	city Hulling Ton	1103 125
4. Algrens	Arika Bublary	327 Jefferson st	O Town O Village O City Burlington	4.28/25
5. Doxnard Maria	Logiarda McOvim	474 Northson St.	O City Bulliage	4.25-25
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STATEMENT OF REASON FOR RECALL

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

The Wisconsin Election Commission

petition for the recall of

legislative, judicial, or county officials.)

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

Robin Vos

(name of officeholder to be recalled and office).

We, the undersigned qualified electors of the Assembly District 63

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

(jurisdiction or district of officeholder)

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I, Ambriel Six certify: I reside at 50345 Oakview Ov. Chesterfield on 48047						
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 his certification is punishable under § 12.13(3)(a), Wis. Stats.						
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170 (Rev. 2019-09) The information on this form is required by Wis. Stats. 88, 840 and 910. This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984 Madison, WI 53707-7984 608-266-8005 bythe http://elections.wij.gov/						

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The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
\ -	(name of officeholder to be recalled and office)	TATEMENT OF DEACON FOR DECALI		
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3 Jennifer Sturm			□ Village	
4. 10	Jennifer Symm	6055 Walter Rheigh La	U Town U Village U City City	4-23-2001
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6. KM	Kevin S. Nerby	7123 Arm Fieldview Dr	Ovillage MT Pleasant	4-23-24
7. Bonnis Werly	BONNIE NERBY	7123 GROVIES DZ #1	O'City My PLDAGAUT	4/23/24
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EL-170 (Rev 2019-09) The information on this form is requir	(signatured by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	re of effcutator) : Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-26	66-8005 web: http://clections.wi.gov email: elections@wi.gov	

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The Wisconsin Election Commission

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(name of officeholder to be recalled and office).

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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE	NAME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Chir Tehen	CHRIS NELSEN	8501 FOXKAVEN CHASE	O'Town AVillage STURTEUANT	4-23-24
2			☐ Town ☐ Village	
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			d City	
		Certification of Circulator		
1. SHEILLA THE	om 050Al certific I	reside at 108 HAZEL ST	TRASKWOOD AR 7216.	7
(name of circulator)	contries to	reside at 100 MAZZZ 21	(circulator's residence - include number, street, and municipality)	
	Wisconsin or a LLS citizen age 18 or older who if I w	ere a resident of this state, would not be disqualified from voting und	er Wis Stat & 6.03 I personally circulated this recall petition	and personally obtained each o
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person si this certification is punishable under § 12.13(3)(a), Wis. Stats.	igned the paper with full knowledge of its content on the date	indicated opposite his or her
4-23-24		The name of 12.13(3)(a), wis. Stats.		Page No. 694

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

T	O: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
i		on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
n	etition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
Р		(name of officeholder to be recalled and office)			
		S	STATEMENT OF REASON FOR RECALL	No statement of accounts acquired to initiate the recell of	f etata congrassional
		for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiale the recuit of	state, congressional,
le B	egislative, judicial, or county officials.) Robin Vos should be recalled for his lacit support (of the Chinese Communist Party (CCP), acceptance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
_			his own constiuents by calling them "whack-jobs, morons, and idiots,"		
Г	THE MUNICIPALITY USED FOR MAI	LINC PURPOSES. WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
H		PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
	1. White	Helion Kyle	3543 Chewles St.	Ulliage Racine	4-26-24
r	2. 81	11.	01 = (/	☐ Town ☐ Village	4-76-24
۱	1 July Van	Sharena William 5	23 × 10n. 19ne	ocity Raine	. 00 0
r	3.	377 -	0 × 0 1 0	□ Town □ Village	131.34
	2 8 () /	Shala Johnston	3806 Ruby Ne	acity Layra	426-01
T	4		To A.V.I To	Town Village MM Planes	4 26 -11
	- Kerenkumow	Karen Rannow	1113 mustone ler	ocity Int- reasons	1-4-24
	5 Kattley telerson	Kathleen Reterson	5855 Kinzie Ave # 31	Ulliage MT, Pleasant	4-26-24
	6. Remin sul-9	RAMKUM AL PARC	5943 Kinzer Ave #15	o Town o Village MT. Plecsant	4/26/29
	2 Sandy Miton	Sandra McDorman	5943 Kinzie Ave #18	Uvillage Mt Pleasant	4/26/29
	8 22,2×	Govin Karpinski	6621 Mariner Drive #9	o Village Mt Pleasant	4/26/24
Ī	9. Cadia Mar	andie Marano	6601 Marine Pri #6	Divillage Mt Placeant	4-26-24
ľ	10. Dawy Surana	DOWN SUMPLY	1121 S. Sunnyslope DV.#Z	Drown Dillage Att. Pleasant	4/26/24
L	Station Win	1	reside at 1603 New Hope Pd	Borton AR 72	2015
1,	(name of circulator)		•	(circulator's residence - include number, street, and municipality)	and paragonally obtained auch o
I	further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	wis, Stat. § 0.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date is	and personally obtained each of indicated opposite his or her
tl	he signatures on this paper. I know that the signe	ers are electors of the jurisdiction of district represented	this certification is punishable under § 12.13(3)(a), Wis. Stats.	the paper with ran into meage or the contain on the date.	
n	4-26-24	1 support and recent			Page No. 695
EI	(date)	ired by Wis Stats \$5, 8 40 and 9.10 This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web: http://elections.wi.gov email elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63		
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petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
petition for the result of	(name of officeholder to be recalled and office)				
	S	STATEMENT OF REASON FOR RECALL	N	Cetate commencional	
	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 rectition	state, congressional,	
legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,			
		his own constiuents by calling them "whack-jobs, morons, and idiots."		-	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Post with	Boy walster	3 303 32200 45th 5th 5th	Diviliage BUNLANGTON WI	4/23/24	
2. And Jufferning	ARM GRIESTKIRWICZ	4221 LWERSIDE Rd.	U Village Waterford	4-23-24	
3. Jok Brack	John Brack	49\$5 Schoen Rd #15	City UNION Shall	4-23-24	
4. Carl Buck	Canol Brack	4915 Schoen Rd #15	Styllage Union Shove	4-23-24	
5 gennier Edgell	Jennifer Edgell	249 Amanda St. #8	Original Bull Gurdington	4-23-24	
"Brewelle 2d	brandie Lee	24816. S. Beaumont Ave	Williage DOUR	4/23/24	
7. AU 20 Con Ry VD	Andrew Vodriquez	724 A MILWANKEE AUG.	O'CHA BURLINGTON	425/24	
8. Jun Jens	Joshva Humphrey	928 S Pihe St.	a City Burlington	4/23/24	
9.			□ Town □ Village □ City		
10.			□ Town □ Village □ City		
Certification of Circulator Rayners Fox 1/1 Burlington, WI 53105					
(name of circulator's residence - include number, street, and municipality) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her					
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 696	
EL-170 (Rev 2019-09) The information on this form is requi	red by Wis Stats \$4 8 40 and 9 10. This form is prescribed by the	ue of circulator). e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web: http://elections.wi.gov email: elections@wi.gov		

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions		reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall o	f state, congressional,
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), accentance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
·		his own constiuents by calling them "whack-jobs, morons, and idlots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kimbeilin nuren	KIMBERLY NGUYEN	590 Edgewood Dr	Village RUR INGTON	4-24.24
2. Jan E. Watson	Joan C. Watson	408 W. Chestnutst Api8	O' Village Burlington	4-24-24
3. Corner	Cecelia Dillman	2620 lakeshore Dr.	a city Dover	4-24-24
4. Mudala	Mahm Offen.	7620 Caheshire Dr.	a City Dever	4-24-24
5 Con Lly	MATTHEWKINGWICZ	1104N. STVART RD, 53406	Divilage AT PLSASATAT	4.24=4
6. 1/4//	DARRELL HARRIS	1409 Center St.	Williage Voton Grove	4-24-24
41			□ Town □ Village □ City	
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9.	\times		□ Town □ Village □ City	/-
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1. Certification of Circulator Running Fox TIL Burlingley, WI 53105				
(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.		
4/24/24	(signatu	re of Circulator)		Page No. 697
EL-170 (Rev 2019 9) The information on this form is required by Wis Stats. §§ 8.40 and 9.70 This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://elections.wi.gov email: elections@wi.gov				

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
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	(name of officeholder to be recalled and office)		· ·	
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	1. No statement of reason is required to initiate the recall o	f state, congressional,
	of the Chinese Communist Party (CCP), acceptance of to	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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I foul of	TRUDT MENDEZ	22230 POR AND AVE	a Town Williage Only (Grove, WI	4/25/24
Frondo Elisa	Rhonda Peterson	1322 9th ove	Town Avillage City (Milon Grove WI	4/25/24
3. Jahr A. Lok	John A. Lloyd	314 N Milwaute	or City Water Tord Williams	4125/24
4 CMOST Jallo	Coneion Little	29715 Clover LA	d Village Warperson, WI	4125/24
5. Jans luns	James Cicona	10118, Stuart pl.	Styllage MT PLG95ant	4/25/24
6.0			□ Town □ Village □ City	
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8.	X		□ Town □ Village □ City	V V
9.			□ Town □ Village □ City	
10.			□ Town □ Village □ City	
I, MATT 5 NOREK Certification of Circulator Running Fox Fox Burlington, WI 5310				
(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.				
(date)		to of circulator)		Page No. 698
EL-170 (Rev 2019-09) The information on this form is require		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://olections.wi.trov email: elections@wi.gov	8

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	on papers or declaration of candidacy for the office is filed)	n of candidacy for the office is filed) (jurisdiction or district of officeholder)		
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· · · · · · · · · · · · · · · · · · ·	(name of officeholder to be recalled and office)			
**		TATEMENT OF REASON FOR RECALL	No at-to-sect of committee to initiate the recall of	fotata aguararrianal
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Home former	Tony kominiak	223 N. Milwanker st. 53/95	Ulliage Water fird	4/25/24
2. Zachasiah Hallingeted	ZAChariah Hallingsta	1 3230 Sheard Road 53105	Wilage Burlington (N)	4/25/24
	LACTACIANT	Λ \	D Town	, , ,
3	Andrea Rafel	21420 Washington Are-Kansisu	City Lacone Jok	4/25/24
4 Many Many	Marisa Mahrauu	MOT CenterSt 53182.	Town drivillage UNION SVOV	4130/24
5 many M. Birony	AUTHONYM, BIRONG	260 PHEASANTRON 53182	O Town Village O WOON GOOVE	4/26/24
5			Nillage City	
7.40/1	MARK DONOPOR	Part Springuita Gray	Octive Company Company	4-26-29
8.	Ribert Spifferseitle	14120 BUCMO 158 C R.	Town Grow Grow	4-27-21
9. 00	DEMOIS WEBSTER	200 50 PINEST	a City Polling for	4-27-21
10 1 D. Al	Ashler Brownstan	748 S. Pine St.	O Town O Village Pur 1, 101 - 31	4/27/24
I, MAH SNOREK Certification of Circulator Ce				
(name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that 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)	Distribus)	TO OI CITCUIATOR)	5 8005 hards have language with many lampile elections@wit gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	
(official with whom nomination	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
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1 and Alle	DILLON HOLMES	34000 WHITEOAK DRIVE	Stown Village City BURLINGTON	4/27/24
	DIEUN FIOCHILS	1 3400 ALLES 111 2 P. 12	∆,Town	
2-4-50/11/	Ju Miller	7800 Greenlale AUC	Ochy Burlington	4/2724
Mahalle Mondy	Michelle Hamby	1610 RUSSET ST	Strown Utiliage City Survivorian	1/22/24
4. A and Subject	Hazel Liebzeit	32705 Robers St	Village Burlington	4/37/24
5. Getter 1 Willy	Ethin Melby	2821 Circle Dr	SETOWN Utiliage City Village	4/27/24
6.	Haron Larsen	525 minaukee Ave	Unilage Surlington, Cot	4/21/24
7 Sen & herday	Eric Schneider	2101 raverswoodroad	O' Village Bupying GON W	4-27-24
8.			Uvillage	
9,			□ Town □ Village □ City	
10,			□ Town □ Village □ City	
Certification of Circulator				
1, Certification of Circulator Running Fox Tri Burlington wife survey of correlators residence include number, street, and municipality)				
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4/21/24		un of circulation		Page No. 700
(signature of circulator) EL-170 (Rec 2019-09) The information on this form is required by Wis. Stats. §§ 8.30 and 9.10. The 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				