

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	DONALD KIRT	31509 WASHINGTON AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-21-24
	Maureen Kirt	31509 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-21-24
	Nicole Kirt	31509 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-21-24
	Tom Knudson	32200 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-21-24
	Craig Brunton	32417 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/21/24
	Therese Morrival	33107 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-21-24
	Heike T. Louys	2315 Maple Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/21/24
	Lisa Hilgenberg	33614 Ridge Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	21 Apr 2024
	Steven J. Hueter	2520 Upard Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-21-2024

### Certification of Circulator

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

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

4/21/2024  
(date)

(signature of circulator)

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	Tanner Johnson	1407 Wolff St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4/20/24
	John Westman	1515 Prairie Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mount Pleasant</b>	4-20-24
	Cassie Miller	N10089 Wags Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Wauwatosa CO.</b>	4/20/24
	Madeline Nies	201 McHenry Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Waukesha County Burlington</b>	4-20-24
	Chris Flew	623 Edmund	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Waterford</b>	4-20-24
	DIANE ROBERTSEN	4125 RANDOLPH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>BURLINGTON</b>	4-20-24
	Andrew Zielinski	149 W. State	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Burlington</b>	4.20.24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, SHEILLA THOMPSON certify: I reside at 108 HAZEL ST TRASKWOOD ARK 72167  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-20-24 Sheilla Thompson  
(date) (signature of circulator)

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	MONICA PFARR	4236 N River Bay Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Waterford WI</b>	4/20/24
	Cole Richardson	15856 Spring st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City union grove	4/20/24
	Amy Voge	3023 Storybook Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4/20/24
	Andy Voge	3023 Storybook Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4/20/24
	Oscar Hernandez	31718 North circle dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24
	Karen Braden	29826 Woodlawn Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/20/24
	James Braden	<del>11</del> 29826 Woodlawn Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City 11 Burlington	4/20/24
	Christine Henning	124 N. Elmwood Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	4/20/24
	Chris Walsen	414 WA RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/20/24
	Margie Wessner	337 Lincoln St Burl.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24



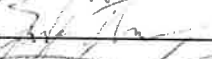
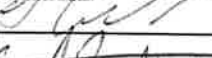
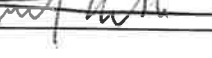

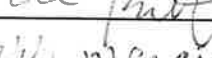
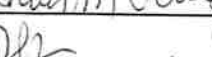
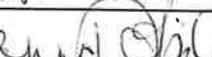
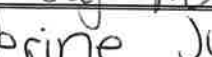
I, Chris Hru (name of circulator) certify: I reside at 4336 46th St. NW, WASHINGTON DC 20016 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4/20/24 (date) (signature of circulator)

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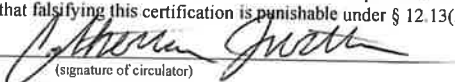
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	JOHN KUVSHINOV	3125 JONATHAN DRIVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>RACINE</b>	4/20/24
	Krista Liers-Nelms	214 Sherman Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
	Brian DeWitt	517 Westridge Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
	Bell, Christopher	7531 334th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Burlington</b>	4/20/24
	FRANK TACHIBANA	205 COUNTY CLUB DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>WALWORTH</b>	4-20-24
	Jesse Riemer	816 Teutona Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Karen Riedel	835 Teutona Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Kathleen M Craig	577 W. Chestnut St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Josh DeBell	355 M Voree Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Jenna Nobile	35519 Voree Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24

I, Catherine Justice, certify: I reside at 16920 Barnes Rd Little Rock, AR 72210  
(name of circulator) (certificator's residence - include number, street, and municipality)

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

April 20th 2024   
(date) (signature of circulator)

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<del>Warren G. Kimpel</del>	<del>Warren G. Kimpel</del>	<del>1117 Motor Dr</del>	<input checked="" type="checkbox"/> Town <u>Lynnes</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<del>4/20/24</del>
Courtney Peterson	Courtney Peterson	273 Chapel Terrace	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Burlington <input type="checkbox"/> City	4/20/24
D. Henningfield	D. Henningfield	273 Chapel Terrace	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Burlington <input type="checkbox"/> City	4/20/24
Michelle Rave	Michelle Rave	273 Chapel Terrace	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Burlington <input type="checkbox"/> City	4/20/24
Rhondlynn Cox	Rhondlynn Cox	273 Chapel Terrace	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Burlington <input type="checkbox"/> City	4/20/24
Crystal Aulick	Crystal Aulick	273 Chapel Terrace	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Burlington <input type="checkbox"/> City	4/20/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Catherine Justice, certify: I reside at 16970 Raines Road Little Rock, AR 72210  
(name of circulator) (circulator's residence - include number, street, and municipality)

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April 20th 2024 Catherine Justice  
(date) (signature of circulator)

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	Cynthia Klink	1572 Barbara St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4-19-24
	James Klink	1572 Barbara St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4-19-24
	Cassandra Fisher	2065 Timberlane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-19-24
	JUDITH I WEHRLY	6510 ARDINAL Circle #8	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-19-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Brighid Macchia, certify: I reside at 575 59th Ave, Vero Beach FL 32962  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-19-2024   
(date) (signature of circulator)

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

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	Zachary Hanchon	Bill Buckingham Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/20/24
	STEVE Simonson	3432 Kelleys Ln Spr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4-20-24
	TOM NOWAK	150 St. James Cir.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/20/24
	KEITH Akke	4915 Seneca Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/20/24
	Diane Gomez	3292 Behno. Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
KRISTU NAGEL	KRISTU NAGEL	32702 MAPLE GROVE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/20/24
	Rob Gauthier	2724 ridge Burlington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
	MIVA MIXIC	02320 18 St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-20-24
	Dante Cottingham	3013 90TH ST APT. 104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-20-24
		N7872 Greenbush	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	4/20/24

I, Brigid Macchion (name of circulator) certify: I reside at 5745 54th Ave 32467 Verona Beach FL (circulator's residence - include number, street, and municipality)

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

4-20-2024 (date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Annette Dragusto	1215 10 <sup>th</sup> Street	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Raymond</u>	4-18-2024
	BARB Petersen	449 LEWIS ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4-18-2024
	Selberg D. ALBRECHT	272 N. KENDRICK AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	4-18-2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Laura Lohya, certify: I reside at 1728 Delaware St. N.W. Palm Bay, FL 32907  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-19 Laura Lohya  
(date) (signature of circulator)



## RECALL PETITION

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

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

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Cristian Far	1700 Prospect St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4-18-24
	Saul Agüero	1629 Maple St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4-18-24
	Terri Williams	1802 Racine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4/18/24
	Douglas Jackson	4625 Victory Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4/18/24
	Tashul Dawd	6100 Brode Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	4/18/24
	Christopher B Dawd	6900 Brode Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	4/18/24
	Latrice Banks	9017 Florence Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Sturtevant</b>	4/18/24
	Ebony Fain	9025 Florence DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Sturtevant</b>	4/18/24
	Mercedes Mohammed	2500 Blaine Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	4/18/24
	Frank Malvasio	2500 Blaine Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4/18/24

I, Laura Lolya, certify: I reside at 1728 Delaware St. NW Palm Bay Florida  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-19-24 Laura Lolya  
(date) (signature of circulator)

# RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kevin Fitzpatrick	24935 Adams St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville WI	4-20-24
	Roger Max	833 Browns Lake Dr <del>Burlington</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4-20-24
	Ryan Webster	116 Randolph St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	JAY WHITE	1106 N MUSKOGEE ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON WI	4-20-24
	Jenny Pease	1809 Flett Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI 53403	4-20-24
	Joan Hunter	6738 Hwy K	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville WI	4-20-24
	Tim Setzler	8405 Charrel Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	Kathy Gillios	28839 Wayman Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Maira Rounds, certify: I reside at 15072 N. 18th St, Phoenix AZ 85022  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-20-2024

(date)

(signature of circulator)



# RECALL PETITION

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

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

## 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
	Jeff Viol	32706 S. Lakeshore Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/21/24
	Rebecca Smith	149 Reynolds Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
	Rebecca Smith	149 Reynold Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-24
	Richard Broad	567 Edgewood	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-21-24
	Margaret Lewis	7338 Woodland Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-24
	Sara Kandler	8632 Fir Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-24
	Trisha Kandler	8632 Fir Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-24
	Daria Kromm	8730 Fir Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

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

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Peggy Smith	8817 Fir Dr. Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-21-24
	Tedd Lyrella	32707 Bohner dr. Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/21/24
	Jessica Woelfel	8020 Hilltop Drive Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/21/24
	Zachary Woelfel	8020 Hilltop Drive Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/21/24
	Jason Vost	8641 Hilltop Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4-21-2024   
(date) (signature of circulator)

# RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>1. <i>[Signature]</i></del>	<del>Eugene Modest.</del>	<del>3128 Red Berry</del>	<del><input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia</del>	<del>4/20/2024</del>
<del>2. <i>[Signature]</i></del>	<del>JUAN GARCIA</del>	<del>1501 WEST BLVD</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE</del>	<del>4/20/24</del>
3. <i>Penny Frank</i>	Penny Frank	28 Indiana St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/20/24
<del>4. <i>[Signature]</i></del>	<del>David Poulsen</del>	<del>1512 Grant Ave</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine</del>	<del>04-20-24</del>
5. <i>[Signature]</i>	Tom Brausch	403 Woodlawn Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Honey Brook Lake	4/20/24
6. <i>Amy Keim</i>	Amy Keim	271 Oak Hill Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rockchester	4/20/24
7. <i>[Signature]</i>	BRETT SMITH	1907 S GREEN BAY RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4/20/24
8. <i>[Signature]</i>	Brooke Drew	805 Echo Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Anna Barker, certify: I reside at 4401 Bear tree Drive Little Rock, Arkansas 72225  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

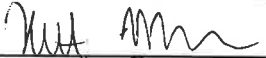
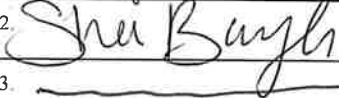
4/20/24 *[Signature]*  
(date) (signature of circulator)

# RECALL PETITION

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

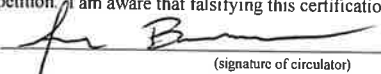
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kent Myerson	303 Killdeer Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-23
	Shannon Boyle	303 Killdeer Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-23
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Anna Banker (name of circulator), certify: I reside at 4401 Bear tree Drive Little Rock, Arkansas 72223  
(circulator's residence - include number, street, and municipality)

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

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

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Vince Venturini	6334 Rosemary Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-23-24
	Ellen Kramer	7142 Parkside Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-23-24
	Shirley Otto	2049 Fairfield CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-23-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4-23-24   
(date) (signature of circulator)

# RECALL PETITION

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

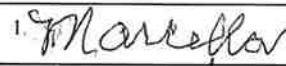
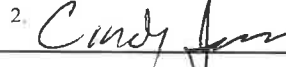









## STATEMENT OF REASON FOR RECALL

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	<u>Marcela Scholz</u>	<u>22810 Apt 3 Durand Av</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kansasville</u>	<u>4/19/24</u>
	<u>Cindy Jones</u>	<u>22810 Durand Av #4</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kansasville</u>	<u>4/19/24</u>
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4/19/24   
(date) (signature of circulator)









# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Mera Turner	1418 Monroe Racine 53705	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Racine</b>	20 Apr 2024
2. Susan Downhower	Susan Downhower	2918 N. Wisconsin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4/20/24
3. Nina Mills	Nina Mills	2463 N. Memorial	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4/20/24
4. Penny Safedis	Penny Safedis	5542 Cambridge Cambridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-20/24
5. 	Julio Castillo	4555 108 ST Franksville	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Racine</b>	4/20/24
6. 	BRIAN ERBE	2336 Olive St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	5/3/24
7. 	Carl Lothari's	5335 Highwood dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	4/20/24
8. 	MARY SCHURZ	811 COUNTY ROAD V	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MT. PLEASANT</b>	4/20/24
9. 	Catherine Andersen	821 County Road V	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mt. Pleasant</b>	4/20/24
10. MARTIN GARCIA	MARTIN GARCIA	425 JEFFERSON ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>BURLINGTON</b>	4/20/24

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

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

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

## RECALL PETITION

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

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	Joan Ortis	4726 N. Main St, Elkhart, WI 53121	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Mike Mitchell	4012 LAKE ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24
<del></del>	<del>NAME</del>	<del>ADDRESS</del>	<del>Town/City/Village</del>	<del>DATE</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>Town/City/Village</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>Town/City/Village</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>Town/City/Village</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>Town/City/Village</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>Town/City/Village</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>Town/City/Village</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>Town/City/Village</del>	<del>_____</del>

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

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

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

# RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed)  
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	Aaron Wroblewski	1406 York Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-21-24
	Peter Wilkoman	20501 Dunand Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-21-24
	Krystie Zera	21640 Schroeder Rd Kansasville, WI 53139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4-21-24
	Freaz Hoda	1930 Cheshire Drive, Union Grove, WI 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-21-24
	SAMREEN HODA	1930 Cheshire Drive Union Grove, WI 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-21-24
	Maria Wright	1500 <del>th</del> Ave 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-21-24
	Terry Peters	1470 11th Ave #16 Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/21/24
	Greg Anderson	1411 11th Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/21/24
	PAT GAINER	1322 11th Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/21/24
	JANET PAVLOVICH	1200 11th Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/21/24

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

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1.	Sarah Sorensen	12210 Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
2.	Sose Nowaruk	9635 Northwestern Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4/22/24
3.	JEFF HESS	2743 N Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
4.	Laura Zander	4540 Deerfield Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
5.	Cliff Watson	5548 Deerfield Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
6.	Karen Dunn	9945 Camelot Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
7.	Diana Munoz	4629 Ranger Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
8.	Gasper Mungz	4629 Ranger Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
9.	John Johnston	1401 WINDSOR WAY # 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
10.	Cathy Dykstra	5727 Cambridge Cir # 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24

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

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

4/22/24   
(date) (signature of circulator)

Marla

# RECALL PETITION

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

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	Fabian Codee	944 Franklin Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Winthrop Harbor IL</u>	<u>4-20-24</u>
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Ella Thompson, certify: I reside at 152 El Dorado Dr. Little Rock, AR 72212  
(name of circulator) (circulator's residence - include number, street, and municipality)

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


04/20/24 Ella Thompson  
(date) (signature of circulator)

# RECALL PETITION

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Tim Sullivan	760 Fox Trail / Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/2024
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Ella Thompson, certify: I reside at 132 El Dorado Dr. Little Rock, AR 72212  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
04/21/24 Ella Thompson  
(date) (signature of circulator)

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Caryn Johnson	3129 S. Green Bay Rd 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-25-24
	Tremel Walker	2900 Wright Ave 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-25-24
	Sarah Zimowski	3702 E Oak Wood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	4-25-24
	Charlotte Gackey	2401 94th St Apt. 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4-25-24
	Laurie Emcitter	2910 97th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4-25-2024
<del></del>	<del>Tim Nelson</del>	<del>7400 26th Ave</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha</del>	<del>4-25-2024</del>
<del></del>	<del>Thomas Weinkrotz</del>	<del>7027 - 48th Ave</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha</del>	<del>4/25/2024</del>
	MARE JAY	3521 Mercury Lane.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/25/2024
	Trevon Dore	2489 Wisconsin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	4/25/2024
	Renny Dadoe	1420 14th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Winthrop Harbor IL	4/25/24

I, Kelley Walker, certify: I reside at 643 Taylor Bend Columbia, TN 38401  
(name of circulator) (circulator's residence include number, street, and municipality)

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

04-25-24  
(date)

(signature of circulator)

# RECALL PETITION

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

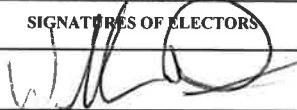









## STATEMENT OF REASON FOR RECALL


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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	William Dow	2909 95th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/25/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kelly Walker, certify: I reside at 643 Taylor Road Columbia, TN 38401  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
04-25-24   
(date) (signature of circulator)



# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	John Hakala	232 Bridge St. #332	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-29-24
	Andrea Gonska	1180 Spruce Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Bend OR</u>	4-29-24
	KATHY Terek	33914 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-29-24
	Linda Johnson	648 Viewcrest	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-29-24
	Celine Klimaszeusk	8621 Thompson Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wind Lake</u>	4-29-24
	Scott Klimaszeusk	8621 Thompson Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wind Lake</u>	4-29-24
	Jordan Baur	18302 65th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Franksville</u>	4-29-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kelly Walk  
(name of circulator), certify: I reside at 643 Taylor Bend Columbia TN 38401  
(circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
04.29.24  
(date)  
  
(signature of circulator)

## RECALL PETITION

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





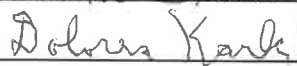
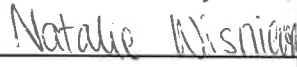



### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Jatinder Kaur	325 Wellington Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove 53182	4-19-24
2. 	Russell Barks	146 Victoria Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove 53182	4-19-24
3. 	Savannah Kus	150 Victoria Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove 53182	4-19-24
4. 	Dianne Funk	140 Chelsea Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove 53182	4-19-24
5. 	Dolores Karls	150 Chelsea Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-19-24
6. 	Natalie Wisniewski	185 Wellington dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-19-24
7. 	Sara Imgea	2035 Norfolk Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-19-24
8. 	JASON REYM	1242 SHUNIANB	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-19-24
9. 	Kristin Pierce	471 18th Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove 53182	4/19/24
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Brandon Hawks, certify: I reside at 237 S. Winstead Ave 16 Rocky Mount, NC 27804  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-19-24  
(date)   
(signature of circulator)

# RECALL PETITION

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

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

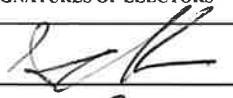









## STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Steven Kaiser	1682 Mill St Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	Raoul Newkirk	308 N Front St PO Box 12	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester VT	4-20-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Brandon Hawks, certify: I reside at 237 S. Winstead Ave 1/6 Rocky Mt NE 27804  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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


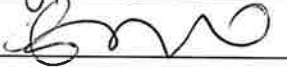
## RECALL PETITION

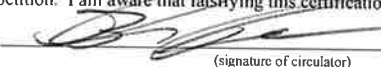
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant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

### STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Jill Gulian	145 13th Ave W6	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/21/24
2. 	ANTHONY IBARRA	4070 OAKHURST AVE.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4.21.24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Brandon Hawks certify: I reside at 237 S. Winstead Ave W6 Rocky Mount NC  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-21-24   
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Nancy Melcher</i>	Nancy Melcher	10001 Khaut Rd Franksville	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	4-22-24
2. <i>Michael V Meyer</i>	Michael V Meyer	9250 Luane Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-22-24
3. <i>William M Flaminio</i>	William M. Flaminio	1401 WINDSOR WAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOUNT PLEASANT	4-22-24
4. <i>Patsy Beres</i>	Patsy Beres	5843 Cambridge Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-22-24
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Brandon Hawks (name of circulator), certify: I reside at 237 S Winstead Ave Y6 Rocky Mount NC 27804 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-22-24 (date) *[Signature]* (signature of circulator)

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

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kevin Bissett	1773 Milldrum St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-25-24
	Kevin Bissett II	1773 Milldrum St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/25/24
	Joshua Daulton	2901 93RD St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Startevant	4/25/24
	Clinton Bissett	1405 Ehlert St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/25/24
	Reginald Bertram	4111 Pelecia Ran	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	4/25/24
	Carolyn Iverson	4915 Schoen Rd #49	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/25/24
	ROBERT W IVERSON	4915 SCHOEN RD #49	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-25-24
	Norma Caputo	4915 Schoen Rd #20	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-25-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4/25/24 Maria DeSautel  
(date) (signature of circulator)

# RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>[Signature]</i>	FERRIS RODRIGUEZ	7948 BLAINE ROAD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT. PLEASANT</u>	4-21-24

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

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

4/21/24 (date) [Signature] (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jorge Castellar	122 S Wisconsin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-22-24
	Beth Nelson	3612 N. Green Bay Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-22-24
	Marice Vargos	2121 Monroe Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-22-24
	Jesusa Sundberg	3000 Ruby Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-22-24
	Olivia DiFiore	3541 S Kennedy Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine Starterevant	4-22-24
	Kelly A. Mack	3400 Buckingham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Starterevant	4-22-24
	Anthony Walker	1862 Roosevelt Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-22-24
	Sam Grant	1628 Park Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-22-24
	José Castillo	2201 Blaine Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-22-24
	Breanna Jones	3608 Douglas Ave. Apt 406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-22-24

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

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

4-22-24

(date)

(signature of circulator)



## RECALL PETITION

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>XXXXXXXXXX</del>
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>XXXXXXXXXX</del>
Bob	Brandon Tristano	6719 Nichols Ct.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Mt Pleasant 4/23/24
is	Henry Spinger	1449 MARGRAVE CT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Mt. Pleasant 4/23/24
LSY	Katey M <sup>c</sup> Grilly	645 S Green Bay dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Mt. Pleasant 4/23/24
Bob	Rob Burmeser	2809 65th Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Franksville 4/23/24
Leo Hagopian	LEO HAGOPIAN	1703 Arcturus Ave Chekanoff	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine 4/23/24
Melinda	Melinda Williams	4241 Chikanoff Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine 4/25/24
Tiffany	Tiffany Johnson	1102 Yocif St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine 4/25/24
Angela	Angela Glenn	326 Freres Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine 4/23/24

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

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

4/23/24  
(date)

SESIS  
(signature of circulator)

## RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>J. Masaya</i>	Joy Masaya	<u>627 Newman Rd</u> <u>Mount Pleasant, WI 53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	<u>4/23/24</u>
<i>Ramon Buntjer</i>	RAMON BUNTJER	<u>1527 Marias</u> <u>53404</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>RACINE WI</u>	<u>4/23/24</u>
<i>Stephen Paige</i>	STEPHEN PAIGE	<u>1634 STATE ST</u> <u>53404</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>RACINE WI</u>	<u>4/23/24</u>
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

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

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

4/23/24  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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1.	Michael Turber	924 Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	4-24-24
2.	Krista Gais	413 N. Hawasker	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	4-24-24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, JESUS Aguilera, certify: I reside at 1350 Seling Ave, Baltimore, ~~MD~~, MD, 21237  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-24-24   
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>Sara Priest</del>	<del>Sara Priest</del>	<del>4831 46th Ave Kenosha WI 53144</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<del>4/19/24</del>
<del>Eric Burnett</del>	Eric Burnett	1634 Stoddard Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4/19/24
<del>Karen Elderbrook</del>	KAREN ELDERBROOK	1704 State Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-19-24
<del>Eric Burnett</del>	Eric Burnett	1850 Newst Apt 203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-19-24
<del>Jessica Schilling</del>	Jessica Schilling	1850 Newst #207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/19/24
<del>Craig Pavelich</del>	CRAIG PAVELICH	3030 70th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant WI	4-19-24
<del>Latoya...</del>	<del>Latoya...</del>	<del>2142 Marquette</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACIN WI	4/19/24
<del>Willie Hall</del>	Willie Hall	1319 OAKS RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant WI	4/19/24
<del>Danetta Jackson</del>	Danetta Jackson	1405 Warwick Way 101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant WI	4/19/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	

I, STAN SIBSON (name of circulator), certify: I reside at 10929 W ASHLAND WAY, AVONDALE, AZ 85392 (circulator's residence - include number, street, and municipality)

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

4-19-2024 (date) [Signature] (signature of circulator)

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	JACKSON Katsarakis	32200 45th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
2.	Kim Marema	556 E. STATE ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
3.	ERIC Marema	556 E STATE ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
4.	AUSTIN Marema	556 E STATE ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
5.	Sarah Dominguez	143 S pine st	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
6.	Jacob Neher	731 N River Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	4/20/24
7.	Stephen Serkowski	R7082 County RD DP	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
8.	JONATHAN CALEK	21401 Plank Rd. Kansasville	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Dover	4-20-24
9.	Kim Calek	21401 PLANK RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	4/20/24
10.	Carly Miller	21401 PLANK RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	4/20/24

#### Certification of Circulator

I, STAN SISSON, certify: I reside at 10929 W ASHLAND WAY AVONDALE, AZ 85392  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/20/2024  
(date)

(signature of circulator)

Page No. 637

# RECALL PETITION

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	KEITH KOBIGILD	4123 108th St, Franksville	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Roshomon	4/20/2024
	Jennifer Johnson	357 E. Market St #511	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/2024
	Zach Underwood	357 E. Market St #112	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/2024
	RICHARD A. YOPP	649 W. STATE ST-APT 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-20-2024
	CARLYNE L. YOPP	649 W STATE ST-APT 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-20-2024
	Zion Conley	641 W State St, Apt 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-2024
	MARSHALL GASEVSKI	300 E. SPRING ST #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	4-20-2024
	Hannah Dufrene	300 E Spring St #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/2024
	William Threlkeld	300 E Spring St #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/2024

### Certification of Circulator

I, STAN SASSON, certify: I reside at 10929 W ASHLAND WAY AVONDALE, AZ 85392  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/20/2024  
(date)

(signature of circulator)

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	Rachelle Dufrene	300 E Spring St Apt 13	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/24
	Jodi Millions	305 E Spring	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/24
	Nick Wachal	203A N Washington St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/24
	Betty Altenburg	201B N Musquegoack St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington/Rochester <small>mailing address</small>	4/20/24
	Terry C. Ranker	208 N. Musquegoack St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/2024
	N.C. Welch	300 MUSQUEGOACK ST A	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/2024
	Joe Oldenburg	406 East Main Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/2024
	Rebecca Vandone	458 Foxtree Cir Apt 2A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, STAN GISSON, certify: I reside at 10108 WASHLANDWAY AVONDALE, IL 60539  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/20/2024   
(date) (signature of circulator)

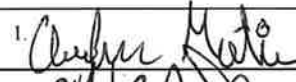
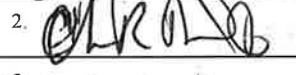
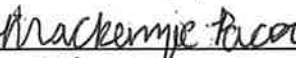
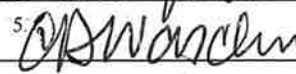
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	Ashleen Martin	2324 Mead St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-22-24
	Charles R Dowl Jr.	2940 old mill dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-22-24
<del>Mackenzie Pac</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____</del>	<del>_____</del>
	Mackenzie Pacourek	1127 N Emmertsen RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-22-24
	Charles Waschbisch	2704 Rolling fields dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4-22-24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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

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

4-22-24  
(date)   
(signature of circulator)



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	ANTHONY PRAZUCH	701 MINK RANCH UNIT A	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/2024
	SARAH PRAZUCH	701 MINK RANCH UNIT A	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/20/2024
	ANGEL DAWLEY	W108 STATE ROAD 306	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Spring Prairie	4/20/2024
	DENNIS SCHMIDT	125 WILCOXDALE DR APT C	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	SETH SZALEWSKI	300 EAST MAR ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-20-24
	CHAR WEBER	106 N ROCHESTER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-20-24
	ROBERT PENSEN	105 N ROCHESTER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	4-20-24
	DAINE A TRAPP	300 E SPRING ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	4-20-24
	JAMIE RANKE	209A MUSQUEGOOK	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-20-24

I, Brian Macchin certify: I reside at 5145 56th Ave Vero Beach FL 32967  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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1.	Emmett Nienhaus	207 N Musquegoack St Unit 1 Both	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
2.	Lillian Torres	666 Foxfire Circle #53177 BURLINGTON, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/20/24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Brigid Macchia, certify: I reside at 5195 South Ave Vero Beach FL 32967  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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	Mike Lill-Bonner	217 State St. 1215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	05.19.24
	Coleen Tracy	2175 Spring St FAIRCHILD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4.19.24
	Sandy Marshall	1210 Center St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-19-24
	Emerald Garcia	1117 Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-19-24
	Anastasia Gomez	1021 Vine St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village UNION GROVE	4-19-24
	Jennifer Pyle	1400 West St Apt. A3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Union Grove	4-19-24
	George Pyle	1400 West Apt A3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Union Grove	4-19-24
	Charles R Anzore	1802 main st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-19-24
	Pamela Davis	1764	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-19-24
	Justin Davis	1215 Pine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-19-24

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

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

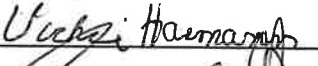
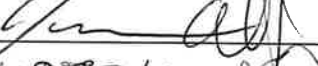
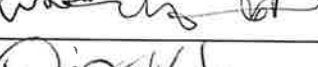


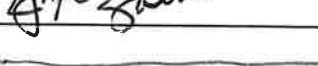
4-19-24 (date) (signature of circulator)

# RECALL PETITION

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

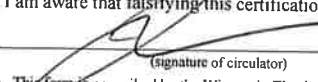
## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Vickie Harmann	1328 W 2nd AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/19/24
2. 	Jamison Albert	1525 11th Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/19/24
3. 	Jaden Vanness	1328 11th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	4/19/24
4. 	Dyannea Johnson	1312 Main	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/19/24
5. 	Robert Wright	22230 Verdant Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Keweenaw	4/20/24
6. 	Jayme Zuckerski	1470 1st Ave #37	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4/19/24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Josias Andujar, certify: I reside at 876 4th Ave Vero Beach FL 32946  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-19-24  
(date)  
  
(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Teri Burnett	1850 New St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/23/24
	Francis Fabio	3442 Daisy Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Racine	4/23/24
	Darlene Fabio	3442 Daisy Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Racine	4/23/24
	Olivia Selbera	6829 Griffin Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/23/24
	Luke Haase	1438 Margrave Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/23/24
	MARIA FARNSWORTH	1527 Hayes Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Racine	4/23/24
	Alberto Rodriguez	6210 33rd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/23/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4/23/24  
(date)

(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)  
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP,

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	ROBERT CLARK	1129 BLUEBIRD LN	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-20-24
	Otis Moss	2921 16th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	4-20-24
	Kathryn Santana	326 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24
	Kelly A. Susnik	342 Joan St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24
	Sandy Kelly	360 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24
	JAMES H. HARRIS	941 CREST DRIVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4/20/24
	Bradley Jones	939 Crestwood	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24
	Renate Euler	934 Crestwood	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24
	RENATE H. EULER SR.	984 CRESTWOOD DRIVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4/20/24
	Kathleen A. Hedrick	100 W. Grove St. - Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/20/24

I, P. REED Porter certify: I reside at 28806 W. Pioneer Grove Rd. Cary, IL 60013  
(name of circulator) (circulator's residence - include number, street, and municipality)

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


4-20-2024


# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Michael DeGrim	9001 Hilda Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Starkost	4.21.24
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, D. REED PORTER (name of circulator), certify: I reside at 28866 W. Pioneer Grove Rd, Cary, IL 60013 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-21-2024 (date)  (signature of circulator)

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Alex Hampton	8421 CORLISS AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4/25/24
2.	James Simon Swan	199 Minuet	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	4/25/24
3.	Steve Knudsen	2326 41 Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	4/25
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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

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.

4/24/2025   
(date) (signature of circulator)



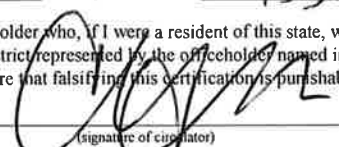
# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)  
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>[Signature]</del>	<del>John P. G...</del>	<del>517 71st Ave Kenosha WI 53140</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City</del> <del>Kenosha WI</del>	<del>4/23/24</del>
[Signature]	Oneida Hagen	1121 Bluebird Ct Union Grove	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/23/24
<del>[Signature]</del>	<del>Arif M. Hanson</del>	<del>1428 Hayes Dr Racine, WI</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City</del> <del>Racine WI</del>	<del>4/23/24</del>
[Signature]	Noah Marchese	1005 58th Rd, Union Grove	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/23/24
[Signature]	Mikki Bayd	1209 8th Ave, Union Grove	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/23/24
[Signature]	Brennan Routhen	1401 11th ave #150 Union Grove	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/23/24
[Signature]	Hedder Sanderan	1476 11th St Union Grove	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/23/24
[Signature]	ELEONORA JOHNSON	1130 Newman Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4-23-24
[Signature]	BRIK MICHNA	1108 Newman Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4-23-24
[Signature]	PAUL KRISTIANSON	5520 Woodland Hills Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/23/24

I, Citers Hru, certify I reside at 4536 46th St. NW, WASHINGTON DC 20016  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4/23/24   
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Drew Sir</i>	Drew & Lucier	1624 Charles St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-23-24
2. <i>Wm Lynn</i>	William Lucier	1624 Charles St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-23-24
3. <i>Troy Krencisz</i>	Troy Krencisz	542 Newman Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-23-24
4. <i>Mary Furlong</i>	Mary Furlong	542 Newman Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-23-24
5. <i>Aaron Burtis</i>	Aaron Burtis	3221 Keeney Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT AAR. PISHA	4-23-24
6. <i>Bill Furlong</i>	Bill Furlong	542 Newman Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4-23-2024
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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

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

4/23/2024 *[Signature]*  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	DAWN WIEGAND	6712 GREEN RIDGE Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	4-20-2024
	AARON FONE	3205 Albert St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-20-24
	ROMAN F. F. F.	101 CHAPEL TERRACE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-20-24
	RICHARD C. HANCOCK	N-2465 Fisk Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-20-24
	JOAN ROSSMILLER	309 N. BROWN'S LAKE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/20/24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

### Certification of Circulator

I, Laura Lohya, certify: I reside at 1728 Delaware St. N.W. Palm Bay 32907  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-20-2024 Laura Lohya  
(date) (signature of circulator)

# RECALL PETITION

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

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	HERMAN PEREZ	3725 CONTESSA CT	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/25/24
	Guillermo Lopez	847 9027 BOYS DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/25/24
	Greg Carpenter	2732 Redfawn ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-25-24
	Victoria Kaminski	25th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/25-24
	William Crane	2422 orchard st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	4-25-24
	Rachel Mullikin	21302 church Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-25-24
	Jamie Ingle	2520 Delaware	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-25-24
	Angelita Melillo	2517 Zerfas Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4-25-24
	CRAG ADAMS	618 45th Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/25/24
	Johnson	29315 31st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	4/25/24

### Certification of Circulator

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

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

4/25/24  
(date)

(signature of circulator)

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TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
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	Stephanie Scilitto	3416 Daisy Lane <del>7229 Washington Ave</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant Racine	4-20-24
	Luan Amos	2505 Prospect	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-20-24
	Dorothy Fleming	580 MADISON ST APT 117	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4-20-24
	Brad Travis	4802 104th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Gona	4-20-24
	Hope Lietz	30521 Grand Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waterford	4-20-24
	Shannon Anders	34901 W State St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Anne Murphy	3415 368th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Elizabeth Cardinal	548 E state st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Jennifer Bero	28780 Cranmer Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
	Amanda Bero	28780 Cranmer Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24

### Certification of Circulator

I, Josias Andujar, certify: I reside at 776 47th Ave Vero Beach FL 32966  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-20-24 (date) (signature of circulator)

# RECALL PETITION

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

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	Justin Bero	28818 Cramer ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	Jessica Beaugrand	625 Meadow lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	Rachel June	31505 Brook Arbor Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	Dan Regent	724 meadow ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	Jodie Kendall	433 Edward St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	Matthew Tessmann	258 Lewis St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
	Justin Loesch	108 W. Grove St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-20-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Lozias Andujar, certify: I reside at 876 47th Ave Van Buren Pl 32966  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

# RECALL PETITION

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	Marianne Peterson	140 Madison St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-21-24
	Lyle Tietel	140 Madison St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
	Tim Schubkegel	516 Congress St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
	Amanda Basso	31531 Bear Ridge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
	Tracy Frederick	9243 S Maple Blvd Windsor WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Raymond	4-21-24
	Pete Ahlon	8151 McHenry St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-21-24
	Mytzi Velazquez	325 Joan St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	04/21/24
	Amber Zimmerman	30030 front st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
	Loretta Robinson	8025 Sage St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
	Joey Wip	654 Foxtree	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24

I, Josias Andujar, certify: I reside at 876 97th Ave Verona Beach FL 32906  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

Page No. 655

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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<del>Frank Nauyoks</del>	FRANK NAUYOKS	4827 FLAMBEAU DRIVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <del>MOUNT PLEASANT</del>	<del>4-20-24</del>
David Mietz	DAVID MIETZ	5739 ISLAND VIEW CT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	4-20-24
JM	Michelle Dorf	409 A W 6th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	4-20-24
Pedro Espinoza	Pedro Espinoza	301 Joan St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
Mckaylin Clayton-Schiller	Mckaylin Clayton Schiller	315 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
Jeff Morrow	JEFF MORROW	945 MIDWOOD DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-20-24
Kevin Samaniego	Kevin Samaniego	925 Crestwood DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
Mikayla Samaniego	Mikayla Samaniego	925 Crestwood Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
Kevin Gohart Dix	Kevin Gohart Dix	936 Crestwood Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24
Kim Mietz	Kim Mietz	100 Grove st. Apt 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-20-24

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

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

4-20-24 Shannon West  
(date) (signature of circulator)

Page No. 656



# RECALL PETITION

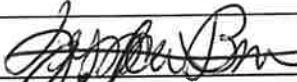

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
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(name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

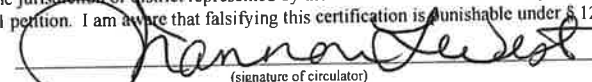
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Lynd L Boan	1571 45th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Somers</u>	
	Connie J Brietzman	1130 11th AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4-21-2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Shannon West, certify: I reside at 17 Pebble Brook Dr Conway AR 72034  
(name of circulator) (circulator's residence - include number, street, and municipality)  
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4-21-24   
(date) (signature of circulator)

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	<del>Joseph</del>	<del>921</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	<del>Ashley</del>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Joseph Athans	9217 Hulda Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Sturtevant 4/22/24
	Amber Miller	75201 Durand	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kansassville 4/22/24
	Christina Marnello	28530 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Burlington WI 4/22/24
	Chris Marinazzo	28930 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Burlington WI 4/22/24
	Janice Koudelka	29331 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Burlington WI 4/22/24
	Matthew Camp	27515 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Burlington WI 4/22/24
	Walter Sandberg	27343 Durand Avenue	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Burlington 4/22/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Justin Graciel, certify: I reside at 14695 Herring Rd Colorado Springs, Colorado 80908  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/22/24  
(date)

Justin Graciel  
(signature of circulator)

Page No. **658**

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	JOVANNA MARTINEZ	1711 Lathrop Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/23/24
	Manuel Sauceda	2218 N. Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/23/24
	moesha Herron	5507 Byrd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	<del>4/23/24</del> 4/23/24
	Rasheda Allison	5513 Byrd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	<del>4/23/24</del> 4/23/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Justin Gravier, certify: I reside at 14695 herring rd Colorado Springs CO 80908  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/23/24 Justin Gravier  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Andrew Schmittmann</i>	Andrew Schmittmann	250 8 <sup>th</sup> Ave Union Grove <sup>53180</sup>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4/28/24
2. <i>Morgan Forgette</i>	Morgan Forgette	1220 8 <sup>th</sup> Ave Union Grove	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	4/28/24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Justin Gracior, certify: I reside at 24695 Herring Rd Colorado Springs CO 80908  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

Justin Gracior 4/28/24  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Chad Albright	31513 Bushnell RD Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-24
	Connor Johnson	31513 Bushnell RD Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-21-24
	KEVIN FLAMENT	2505 S BEAUMONT AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KANSASVILLE	4/21/24
	Megan Flament	2505 S BEAUMONT AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	4/21/24
	Josiah Angley-Thorngate	717 N Kane St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-21-24
	Britany Angley-Thorngate	217 N Kane St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-21-24
	Alex Oum	100 W GROVE ST #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.21.24
	Joseph Arroyo	100 W GROVE ST #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
	Ryan S Oisea	372 S Kane St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24
	Hannah Willem's	209 E Market St Apt 213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/21/24

I, Stan Sisson, certify: I reside at 10429 W ASHLAND WAY AUONDALE, AZ 85392  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Stephanie Kirk</i>	Stephanie Kirk	<del>209 E MARKET ST</del> <sup>106</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/21/24</i>
2. <i>Michael Buss</i>	Michael Buss	<del>209 E MARKET ST</del> <sup>106</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/21/24</i>
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, STAN LASSON, certify: I reside at 10929 W ASHLAND WAY, AUBURN, WI 53392  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Christina Casiano	458 Northrop St Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-22-24
	Debbie Goetz	28505 Washington Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <del>Waterford</del> Rochester	4-22-24
	Crystal Ahles	460 Park Lane, Debra	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-22-24
	Jackson	430 WATKINS ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	4-22-24
	Curt	2912 Kenwood Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KENNESHAW TOWN	4/22/24
	Stephanie Zenger	2210 Cleveland Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine, WI	4/22/24
	Katie Demant	00914 10TH AVE U. G	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/22/24
	Malissa Wightman	4915 schoen rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/22/24
	Angela McLullagh	1945 Lawn St. Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4/22/24
	Sheila Soto	1700 200th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4-22-24

I, Josias Andujar certify: I reside at 876 47th Ave Vero Beach FL 32966  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4-22-24   
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Nicole Hatter	22900 Hanson Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	4/22/24
	Lily Krejci	2075 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	4/22/24
	Tommy Simmons	1713 Statist C/O	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ches Green</u>	4/22/24
	Laura Behenbach	1306 main st UG	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	4/22/24
	Meenach Smith	1233 main st UG	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	4-22-24
	Madeline Leonard	7157 Aspen Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franksville</u>	4-22-24
	Elaine Carpenter	350 York St Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	22 Apr. 2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4.22.24  
(date)

(signature of circulator)

Page No. **664**



# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Tami L. Clark</i>	Tami L. Clark	1515 County Rd V.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant WI 53177	4/22/24
2. <i>Lora Vesceva</i>	Lora Vesceva	733 Sunnyview Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant WI 53106	4/22/24
3. <i>Clayton Emmons</i>	CLAYTON EMMONS	5843 Cambridge Cir #7	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT-PLEASANT WI 53106	4/22/24
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Catherine Justice, certify: I reside at 10920 Rains RD, Little Rock, AR 72210  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

April 22nd 2024 Catherine Justice  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Rora Olson	118A Waters Edge Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
	Tamlyn Plobecky	324 Conkey St. B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
	Erin McMullen	1396 Fairview Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Bloomfield	4/23/24
	STACEY Casely	35123 Wisconsin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
	Jeannine Neil	31505 Bear Arbor Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
	Nick Sikorske	1532 N. Pine St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
	Randy Beritz	432 N. Pine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
	Mike Roberts	340 S. Kendrick Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
	Pamela Roberts	340 S Kendrick Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
	Keaton Mitchell	301215 Meadow Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24

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

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

4-23-24  
(date)

(signature of circulator)

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	Stephanie Hascular	2039 Raintree Ln	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/23/24
	Wm R. Johnson	1848 Rain tree Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/23/24
	Wagner Lester	6336 RuscomphawE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/23/24
	Rafael Serrano	6328 Rosemary Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/23/24
	Austin Ketchum	7123 field view Dr #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4/23/24
	Dan C Jackson	7152 Parkside Cir.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/23/24
	Vanth Lemons	7156 Parkside Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/23/24
	Bradley Schuh	7134 Creeksid Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/23/24
	Michele Lafave	1619 Summerset Dr #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	4/23/24
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Catherine Justice, certify: I reside at 16920 Raines Road, CR, AR 72210  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

April 23rd 2024  
(date)

(signature of circulator)

# RECALL PETITION

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	ROBERT GROENZAM	569 ADAMS ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/24/2024
	John Wood	743 Foxtrail circle	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/24/24
<del></del>	<del>SHARON ZELINSKI</del>	<del>1417 Meadowood Rd</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
	SHARON ZELINSKI	1417 Meadowood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	4/24/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Catherine Justice, certify: I reside at 10920 Ridge River Rd, LR, AR 72210  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

April 24th 2024   
(date) (signature of circulator)

# RECALL PETITION

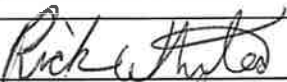
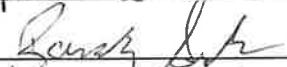

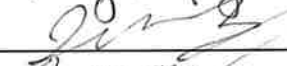

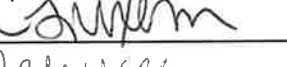
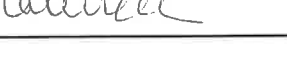
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### STATEMENT OF REASON FOR RECALL

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1. 	Rick Whited	2722 Raymond Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville	4-25-24	
2. 	Randy Sneller	8933 3rd Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franksville WI	4-25-24	
3. 	Kelly M. Maglio	4724 124th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond, WI	4-25-24	
4. 	John Marchlewski	24222 Stormy Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville WI	4-25-24	
5. 	Sarah Frommader	4017 Stormy Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville WI	4-25-24	
6. 	Christine Luxem	29330 Eagle Ridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-25-25	
7. 	Malik Harris	4915 Schone Rd #25	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-25-24	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		

I, Catherine Justice, certify: I reside at 16970 Raines Road, LR, AR, 72210  
(name of circulator) (circulator's residence - include number, street, and municipality)

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April 25 2024  
(date)

  
(signature of circulator)

# RECALL PETITION

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<del>Ben Patrick</del>	<del>Ben Patrick</del>	<del>4930 S. 28th St</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u>	<del>4/26/24</del>
<u>Genevieve Mermal</u>	<u>Genevieve Mermal</u>	<u>2721 MAPLE RD. 15</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/26/24</u>
<u>Steven Cuske</u>	<u>Steven Cuske</u>	<u>4820 S Forest Ridge Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/26/24</u>
<del>Shiregla Jackson</del>	<del>Shiregla Jackson</del>	<del>225 main st</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<del>4-26-24</del>
<u>Daniel Beeman</u>	<u>DANIEL BEEMAN</u>	<u>983 HASTINGS COURT</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>4-26-24</u>
<u>Carol Beeman</u>	<u>Carol Beeman</u>	<u>983 Hasting Ct</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>4-26-24</u>
<u>Troy Karafa</u>	<u>Troy Karafa</u>	<u>4208 Taylor Hwy W 3</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MOUNT PLEASANT</u>	<u>4-26-24</u>
<u>Charles Wahl Jr</u>	<u>Charles Wahl Jr</u>	<u>4032 Lakeview Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mt Pleasant</u>	<u>4-26-24</u>
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Catherine Justice, certify: I reside at 16920 Baines Rd, Little Rock, AR 72210  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/26/24  
(date)

Catherine Justice  
(signature of circulator)

Page No. 670

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	Ryan Nelson	8517 Fox Haven Chase	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/21/24
	Allison Johnson	6333 Fox Haven Chase	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	4/21/24
	STEF JED'BRIEN	9625 MI, PLEASANT AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4-21-24
	Stephen R. Clark	94251 BROADWAY DR.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/21/24
	ERMIRINDA PTEYA	9501 HUKDA DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	4/21/24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Brigid Macchia, certify: I reside at 5145 Satn Ave Vero Beach FL 32987  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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

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1. <u>Addison Barthels</u>	<u>Addison Barthels</u>	<u>512 deer path</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	<u>5/2/24</u>
2. <u>Jessica Stenzel</u>	<u>Jessica Stenzel</u>	<u>14030 Evans Lane</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Yorkville</u>	<u>5/2/24</u>
3. <u>Rubab Ali</u>	<u>Rubab Ali</u>	<u>15 Fawn Trl</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Yorkville</u>	<u>05/02/24</u>
4. <u>Al Glodowski</u>	<u>Al Glodowski</u>	<u>606 Pennsylvania Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Yorkville</u>	<u>5/2/24</u>
5. <u>Karl Voge</u>	<u>Karl Voge</u>	<u>14720 Washington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	<u>5-2-24</u>
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Jay Schroeder, certify: I reside at 1295 N. Lake St. Wauwatosa WI 54056  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5/2/24 Jay Schroeder  
(date) (signature of circulator)



# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Megan Rogers	2440 Upland Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/21/24
2.	Spencer NASH	201 S. River St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	4/21/24
3.	LISA J. FAGAN	31507 Academy Rd. Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/21/24
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

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

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

4/21/2024  
(date)

(signature of circulator)

## RECALL PETITION

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

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Ben Demayack	3820 S. Britton RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/22/24
2.	William Pulera	10425 7 mile Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	4/22/24
3.	Mary Filler	19913 Spring St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4/22/24
4.	Schuyler Maciellu	22810 Durand Ave. Apt. B3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/22/24
5.	Nicole Erickson	28629 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/22/24
6.	Steve Henningfield	27730 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/22/24
7.	Eren Martinez	1779 New St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/22/24
8.	Nicole Millard	27523 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/22/24
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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

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

4/22/24  
(date)

(signature of circulator)

Page No. 674

# RECALL PETITION

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

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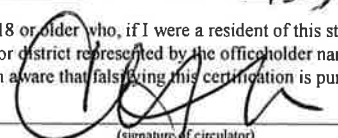
lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>Andres Carmona</del>	<del>Andres Carmona</del>	<del>2114 case Ave.</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<del>4/23/24</del>
<del>Tony Meyer</del>	<del>TONY MEYER</del>	<del>970 Hayes Ave</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<del>4/23/24</del>
<del>Coralee Kortendick</del>	<del>Coralee Kortendick</del>	<del>10670 Durand ave</del>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	<del>4/23/24</del>
<del>Maria Fudge</del>	<del>Maria Fudge</del>	<del>21740 Schroeder Rd</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kansasville</u>	<del>4/23/24</del>
<del>Lois Patricia</del>	<del>Lois Patricia</del>	<del>4915 Schoen Rd</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kansasville</u>	<del>4/23/24</del>
<del>Kimberly Clawson</del>	<del>Kimberly Clawson</del>	<del>4823 Schoen Rd lot 122</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	<del>4/23/24</del>
<del>Hazel Louise Barrett</del>	<del>Hazel Louise Barrett</del>	<del>4823 Schoen Rd Lot 122</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	<del>4/23/24</del>
<del>Landon Edwards</del>	<del>Landon Edwards</del>	<del>4608 Schoen rd</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Kansasville</u>	<del>4/23/24</del>
<del>Loleene Edwards</del>	<del>Loleene Edwards</del>	<del>4608 Schoen rd</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kansasville</u>	<del>4/23/24</del>
<del>Robert Flores</del>	<del>Robert Flores</del>	<del>5410 Mill Ave</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	<del>4/23/24</del>

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

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

4/23/2024  
(date)

  
(signature of circulator)

## RECALL PETITION

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Martha Cozad</i>	Martha Cozad	5811 Cambridge Circle #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-22-24
2. <i>Edna Davila</i>	Edna Davila	5819 Cambridge Cir #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-22-24
3. <i>Wilson Palacios</i>	Wilson Palacios	5835 Cambridge Cir #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-22-24
4. <i>Bradley Leleker</i>	Bradley Leleker	5843 Cambridge Cir #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-22-24
5. <i>Sharon J. Davis</i>	Sharon J. Davis	5810 Cambridge #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pl	4-22-24
6. <i>Jennifer Zebrowski</i>	Jennifer Zebrowski	5820 Cambridge #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-22-24
7. <i>Mark Loundorf</i>	MARK LOUDORF	5700 Cambridge #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	4-22-24
8. <i>James Reesman</i>	James Reesman	9105 Michigan Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stoughton	4-22-24
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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

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

4/22/24 Maria DeSautel  
(date) (signature of circulator)

Page No. **676**

# RECALL PETITION

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

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<i>Colleen LaFave</i>	Colleen LaFave	1756 Raintree Ln #46	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant.</u>	04/23/2024
<i>Wesley Bose</i>	WESLEY BOSE	1532 RAIN TREE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT PLEASANT</u>	4/23/24
<i>Tami S. Karley</i>	TAMI S. KARLEY	6528 WILLIAMSBURG WAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT PLEASANT</u>	4/23/24
<i>Michael Karley</i>	Michael KARLEY	6528 WILLIAMSBURG WAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Way Mt Pleasant</u>	4/23/24
<i>Meera Anant</i>	MEERA ANANTH	6649 Walter Raleigh Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	4/23/24
<i>G.P. Anant</i>	GOPIAL ANANTH	6649 Walter Raleigh Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	4/23/24
<i>S. P. Patel</i>	Sapna Patel	1636 Summerset dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	4/23/24
<i>Catherine Kausch</i>	Catherine Kausch	7122 Fieldview Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rain</u>	04/23/24
<i>La Vegas Muller</i>	La Vegas Muller	1619 Sunnyside Dr Unit 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	04/23/24
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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

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4/23/24 Maria Desautel  
(date) (signature of circulator)

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	Lois BERG	460 Abbey Ln BURLINGTON	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/24/2024
	Kristin Wenzel	208 Parkview Dr Burlington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/24/2024
	Daniel Wenzel	208 Parkview Dr Bu	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/24/2024
	Joseph Daams	165 Bay Ridge Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/24/24
	Alyssa Daams	165 Bay Ridge LN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/24/24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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

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

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

# RECALL PETITION

TO: The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

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

petition for the recall of Robin Vos

(name of officeholder to be recalled and office)

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	Kimberly Rauchfuss	6844 Horseshoe TRL	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/27/2024
	Kristja Hansen	209 E. Market St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/27/2024
	David Schultz	209 E. Market St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/27/2024
	Danielle Rebicek	180 Bridge St. #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/27/24
	Todd A. Stovall	32872 Maple Grove Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/27/24
	Gregg Lamielle	200-main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burling WI	4/27/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Kelle Jorth	2050	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/27/24
	Cardmon Conley	332 Origen St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4/27/24

### Certification of Circulator

I, Jasraj Andujar, certify: I reside at 876 47th Ave Kenosha WI 53144  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-27-24  
(date)

(signature of circulator)

# RECALL PETITION

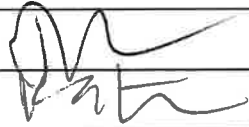
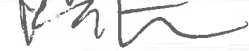
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Justin VanBeekum	28555 Ketterhagen Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-27-24
	KATIE VANBEKUM	28555 KETTERHAGEN RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	04/27/2024
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Justias Andujar certify: I reside at 874 47th Ave Vero Beach FL 32966  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4.27.24  
(date)

  
(signature of circulator)

Page No. 680



## RECALL PETITION

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

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

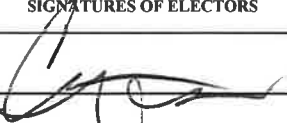



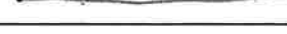










### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	CRAIG KOFKE	1350 W. YORK ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	04/21/24
	Matt ZERA	21640 Schroeder RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KANSASVILLE	4/21/24
	JON FISCHER	4895 Hwy 28	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	4/21/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

04-21-2024   
(date) (signature of circulator)

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jon Olson	91815-9754	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Monongie WI</u>	4/25/24
	Georgia Nicks	253 y N Green Bay Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	6/25/24
	Joy M Lundstrom	<del>33800 Dream St</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Joy M Lundstrom	33800 Dream St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	4/25/24
	David Aldridge	2401 Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kanawauke</u>	4/25/24
	CAL RICHTER	1594 Durand Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>YORKVILLE</u>	4/25/24
	Shonda Hays	2012 Hickory Grove Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/25/24
	Julie Johnson	2030 LaSalle St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/25/24
	DUSTIN STANG	1400B WEST ST #3	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>UNION GROVE</u>	4/25/24
	CHRIS RIGGS	4029 Harding Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KEOSHA</u>	4/25/24

I, Justin Gracier, certify: I reside at 14695 Herring rd Colorado Springs CO 80908  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/25/24  
(date)

Justin Gracier  
(signature of circulator)

Page No. 682

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>David Sprasny</i>	David Sprasny	1005 St Street 102B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-25-24
2. <i>Jamie Niswonger</i>	SARAH Niswonger	1360 Park Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-25-24
3. <i>Jeanette Stuckart</i>	Jeanette Stuckart	4823 School Rd #116	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4.25.24
4. <i>Sarah McDade</i>	Sarah McDade	834 <sup>Burvesten</sup> <del>Burtonia</del> Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4.25.24
5. <i>Brian Jones</i>	Brian Jones	5924 6th Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kenosha WI	4-25-24
6. <i>Nicholas Gordon</i>	Nicholas Gordon	1410 Vine St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-25-24
7. <i>Gurpreet Singh</i>	Gurpreet Singh	1400 West Street E1.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-25-24
8. <i>Deep Singh</i>	Deep Singh	1400 West Street E1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-25-24
9. <i>Amanda Wynn</i>	Amanda Wynn	310 18th Ave #3 <del>Union St</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	4-25-24
10. <i>Frank Pokey Jr</i>	Frank Pokey Jr	1401 11th AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-25-24

### Certification of Circulator

I, Justin Graciar, certify: I reside at 16645 Herring rd Colorado Springs Co 80908  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/25/24  
(date)

Justin Graciar  
(signature of circulator)

## RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Frank M. Pokey	1401 1/2 Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/25/24
	Ben T. Worby	5035 69th Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/25/24
	Delia Laughlin	1009 11th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/25/24
	J. CAREY	460 MILL AVE APT 201	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/25/24
	Donald A Becker	2888 43rd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franksville	4/25/24
	Jessica R Becker	2888 43rd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franksville	4/25/24
	Anthony Peterson	24831 Kansasville, Wis La Follette	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville, Wis	4/25/24
	<del>Robert H. Peterson</del>	<del>24831 Kansasville</del> <del>Wis 53139</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Robert H. Peterson	24831 Kansasville La Follette	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville, Wis	4/25/24
10.				

I, Justin Gracier, certify: I reside at 14695 Herring rd Colorado Springs CO 80908  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/25/24 Justin Gracier  
(date) (signature of circulator)

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Savannah Kus</i>	Savannah Kus	150 Victoria Circle	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/28/24
2. <i>Manjit Singh</i>	MANJIT SINGH	385 Wellington DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/28/24
3. <i>Jatinder Kaur</i>	JATINDER KAUR	325 Wellington DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/28/24
4. <i>Kelsey Puen</i>	Kelsey Puen	410 Wellington Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/28/24
5. <i>Shari Mikulecky</i>	Shari Mikulecky	500 Wellington Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/28/24
6. <i>Jim Mikulecky</i>	Jim Mikulecky	500 Wellington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	4/28/24
7. <i>Justin Keister</i>	Justin Keister	425 Queen Anne Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/28/24
8. <i>Sara Schuldt</i>	Sara Schuldt	425 Queen Anne Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/28/24
9. <i>Joe Belanger</i>	Joe Belanger	500 Maurice DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/28/24
10. <i>Karen Belanger</i>	Karen Belanger	500 Maurice Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/28/24

I, Justin Graeber, certify: I reside at 14695 Herring rd Colorado Springs CO 80908  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/28/24 Justin Graeber  
(date) (signature of circulator)

# RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Alicia Burton</i>	Alicia Burton	32417 Washington Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/21/24
2. <i>Roger Kram</i>	Roger Kram	2514 Maple Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/21/24
3. <i>Daniel Strately</i>	Daniel Strately	33538 Ridge Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/21/24
4. <i>Linda Acker</i>	Linda Acker	33625 Ridge Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-21-24
5. <i>John Crank</i>	John Crank	33601 Ridge Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4-21-24
6. <i>Dionn Dassow</i>	DIONN DASSOW	31340 ACADEMY RD 31340 Academy Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ROCHESTER	4/21/24
7. <i>Colleen Thompson</i>	Colleen Thompson	5124 McHenry Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester	4/21/24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

### Certification of Circulator

I, SHEILLA THOMPSON, certify: I reside at 108 Hazel St Traskwood, Ark 72167  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-21-24  
(date)

Sheilla Thompson  
(signature of circulator)

## RECALL PETITION

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

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

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Martin Haas	14825 Braun Rd	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	4-25-24
	Richard Obernberger	400 Beloit St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-25-24
	Kirk Severson	200 Gardner Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-25-24
	Whitney Thomas	301 Henry St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-25-24
	James Davis	108 E Jefferson	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-25-24
	Bailey Soell	208 N Perkins Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-25-24
	Belle Pamili	267 S. Perkins Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <del>Burlington</del> Burlington	4-25-24
	Josh R. Ofedahl	365 S PERKINS BLVD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-25-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Stephen Wright, certify: I reside at 1603 New Hope Rd Barton AR 72015  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-25-24  
(date)

(signature of circulator)

Page No. 687

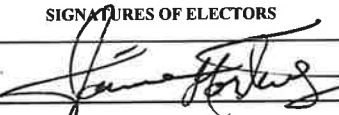
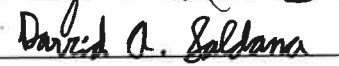
# RECALL PETITION

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

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	Jaime Martinez	2226 Airline Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	4-22-21
	David A. Saldana	5719 Glenwood Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-22-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Justin Moser, certify: I reside at 50345 Oakview Dr, Chesterfield MI 4800  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-22-24  
(date)

  
(signature of circulator)



# RECALL PETITION





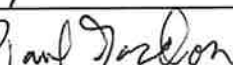
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)

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

## STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Daniel Steward	1315-18 <sup>th</sup> Ave Kenosha	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	4/24/24
2. 	Alice Ann Steward	1315-18 <sup>th</sup> Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	4/24/24
3. 	<del>Thomas S. Seaver</del>	<del>_____</del>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	<del>4/24/24</del>
4. 	Tiffani Krugenberg	333 Britco Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	4/24/24
5. 	Paul Gordon	7412 S Stuart Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	4-24-24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

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

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

4-24-24 Justin Moser  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sharon Ault</i>	Sharon Ault	3224 Wood Rd. Unit 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/25/24
2. <i>Jadyn Irish</i>	Jadyn Irish	15111 Braan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/25/25
3. <i>Craig Steffen</i>	Craig Steffen	524 Dutton St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/25/25
4. <i>Arika Bublaay</i>	Arika Bublaay	327 Jefferson St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4.25/25
5. <i>Leonardo McQuinn</i>	Leonardo McQuinn	474 North 100 St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4.25 - 25
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Justin Moser, certify: I reside at 50345 Oakview Dr, Chesterfield MI 48047  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 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.  
4/25/24 *Justin Moser*  
(date) (signature of circulator)

## RECALL PETITION

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

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

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	Alan Noertker	466 DUTTON ST. BOX #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/25/24
	Alex Ivkovich	317 Garfield St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/25/24
	BRITTANY JADE BRUNKE	457 HAWTHORNE STREET	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON WI	4/25/24
	Blaine Brunke	457 Hawthorne Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4-25-24
	Adrienne Melby	2821 Circle Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4-25-24
	Kelsey Shoemaker	409 S. Perkins Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	4/25/24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

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

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

4/25/24  
(date)

(signature of circulator)

Page No. 691

# RECALL PETITION


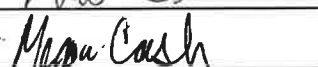
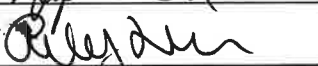
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
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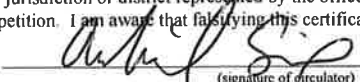
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1. 	Kristina Schmidt	6620 Mariner Dr Unit <sup>103</sup> <del>103</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	4-26-24
2. 	Megan Cash	301 Haynes Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/26/24
3. 	Riley Danielson	209 E Market Apt 108	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/26/24
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

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

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

4/26/24   
(date) (signature of circulator)

# RECALL PETITION

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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1.	JANDREA JOHNSON	16043 SANDY KANTZ Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT Pleasant</u>	4/23/2024
2.	Rita Praefe	6521 williamsburg	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT Pleasant</u>	04-23-2024
3.	Jennifer Skyrn		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.	Jennifer Skyrn	6055 Walter Raleigh Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4-23-2024
5.	Sue Shoet	1626 fieldview Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	4/23/2024
6.	Kevin S. Nerby	7123 <del>Acad</del> Fieldview Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT Pleasant</u>	4-23-24
7.	BONNIE NERBY	7123 FIELDVIEW DR #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT PLEASANT</u>	4/23/24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

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

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

4/23/24   
(date) (signature of circulator)

## RECALL PETITION

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


### STATEMENT OF REASON FOR RECALL

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

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

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

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

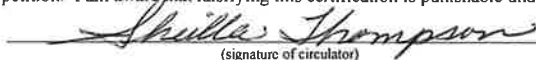
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	CHRIS NELSEN	8501 FOXHAVEN CHASE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STUARTSVANT	4-23-24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

#### Certification of Circulator

I, SHEILLA THOMPSON, certify: I reside at 1018 HAZEL ST TRASKWOOD, AR 72167  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-23-24  
(date)

  
(signature of circulator)

Page No. 694




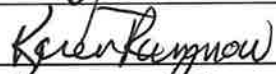


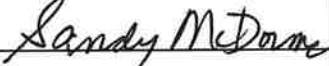
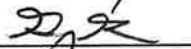
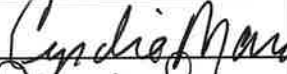
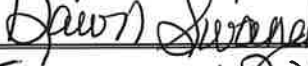
# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

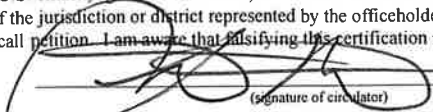
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kyle Korte	3543 Charles St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-26-24
	Sharona Williams	2350 Lon. Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-26-24
	Sheila Johnston	3806 Ruby Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	4-26-24
	Karen Rannow	1713 Parkstone Ter	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-26-24
	Kathleen Peterson	5855 Kinzie Ave # 31	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-26-24
	RANKUMAR PATE	5943 Kinzie Ave #15	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/26/24
	Sandra McDorman	5943 Kinzie Ave #18	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/26/24
	Gavin Karpinski	6621 Mariner Drive #9	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/26/24
	Cynelie Marano	6601 Mariner Drive #6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4-26-24
	Dawn Swenney	1121 S. Sunnyslope Dr. # 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	4/26/24

I, Stephen Wright, certify: I reside at 1603 New Hope Rd Barton AR 72015  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4-26-24  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Rob Vos</i>	Rob <sup>Walski</sup> Walski	<del>3323 32200 45th St #2</del>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4/23/24
<i>Ann Gresskiewer</i>	ANN GRESSKIEWER	4221 RIVERSTONE Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	4-23-24
<i>John Brack</i>	John Brack	4955 Schoen Rd #15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-23-24
<i>Carol Brack</i>	Carol Brack	4915 Schoen Rd #15	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-23-24
<i>Jennifer Edgell</i>	Jennifer Edgell	249 Amanda St. #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	4-23-24
<i>Brandie Lee</i>	Brandie Lee	24816 S. Beaumont Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4/23/24
<i>Andres Rodriguez</i>	Andres Rodriguez	724 A MILWAUKEE AVE.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4/23/24
<i>Joshua Humphrey</i>	Joshua Humphrey	928 S Pine St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/23/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4/23/24  
(date)

*[Signature]*  
(signature of circulator)



# RECALL PETITION

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	KIMBERLY NGUYEN	590 Edgewood Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-24-24
	Joan C. Watson	408 W. Chestnut St Apt 8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-24-24
	Cecelia Dillman	2620 Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-24-24
	Martin Offen	7620 Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	4-24-24
	MATTHEW <sup>Klimowicz</sup> KLIMOWICZ	1104 N. STUART RD, 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	4-24-24
	DARRELL HARRIS	1409 Center St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-24-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

4/24/24  
(date)

(signature of circulator)

Page No. **697**

# RECALL PETITION

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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	TRUDT MENDEZ	22230 <sup>Durand</sup> Park Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove, WI	4/25/24
	Rhonda Peterson	1322 9 <sup>th</sup> Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove, WI	4/25/24
	John A. Lloyd	314 N Milwaukee	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waukesha, WI	4/25/24
	Cameron Little	29715 Clover Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waukesha, WI	4/25/24
	James Cicona	1011 S. Stuart rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	4/25/24
6.	X	X	X	X
7.	X	X	X	X
8.	X	X	X	X
9.	X	X	X	X
10.	X	X	X	X

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

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

4/25/24   
(date) (signature of circulator)

# RECALL PETITION

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	Tony Komarniak	223 N. Milwaukee St 53195	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	4/25/24
	ZACHARIAH Hallingstad	3230 Sheard Road 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	4/25/24
	Andrea Rafael	21420 Washington Ave - KanSisul	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine Park	4/25/24
	Marisa Mahraw	1207 Center St 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/26/24
	ANTHONY M. BIRONQ	260 PHEASANT RUN 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4/26/24
	MARK Donohoe	21485 Springs Union Grove P.O. Box 427 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-26-24
	Robert Spillarspittle	24120 Burmeister Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	4-27-24
	DENNIS WEBSTER	200 So Pine St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-27-24
	Ashley Brown	748 S. Pine St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/27/24

### Certification of Circulator

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

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

4/27/24  
(date)

(signature of circulator)

Page No. **699**

# RECALL PETITION

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	DILLON HOLMES	34000 WHITE OAK DRIVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4/27/24
	Jim Miller	7800 Greenlake Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/27/24
	Michelle Hamby	11616 Russett St <small>Russett St</small>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/22/24
	Hazel Liebzeit	32705 Roberts St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/27/24
	Ethan Melby	2821 Circle Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/27/24
	Aaron Larsen	525 Milwaukee Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	4/27/24
	Eric Schneider	2101 Ravenwood Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington W	4-27-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, MATT SNOBEK M.A.-5. certify: I reside at 30839 Running Fox Trl Burlington, WI 53105  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/27/24  
(date) (signature of circulator)