

We, the undersigned qualified electors of the Assembly District 63

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	CT ATEMENT OF DE ACON FOR DECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholder trips from the CCP, failure to protect Wisconsin farmland from the CCP,	. No statement of reason is required to initiate the recall of	f state, congressional,
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kaikar on Walk	Kaharian Isalker	2435 2154 54	Unillage Deche	05.07-2
2. Ko Nyla John	-	70 0	□ Town □ Village □ City	
3. Kan	Klipana Dohnson	1608 Charles St.	U Village CAC/NE	08-02-24
4. Quito	Alber For	1434 the Stanfatte	U Village CAC (mula	5,221
5. Janeton Port	Johathath Ranke	1700 96th st unit3	Unilage Sturferant	5/02/24
6. Abdiyah Golden	africal Hesta	2827 Efieldstone way	Uvillage Sturte Vant	5-2-24
7.	Jecomian Dack	1624 Keerney Ave	O Town O Village Confidence Confi	5-7-24
8. Louderande	TAMEKA SANCHER	292090+3	Ulliage Stust (vant	5-2-24
9. Rabet Water	REGIST WASdONGR	1109/2 COURSE AV	□ Town □ Village □ City	5224
10. GRPS Walks	6001 agrikar	& 815 16th 51400x	Ulliage QLCity	1-2-24
1. Britteny B	aker , certify: I	reside at 125 73A Drive	Gastania, NC 28	3056
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs		
name. I know their respective residences given. $5-2-24$	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis, Stats.		Page No. 801

(date) (signature of circulator)

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

TO:	The Wisconsin Election Commission		We, the undersigned qualified elec-	tors of the Assembly District 63	
	(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or district	of officeholder)
petitio	n for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.
_	-	(name of officeholder to be recalled and office)			
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		for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of a	state, congressional,
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	Mr. Millie Man	Mr. Willie Man	5507 Best Ass.	U Village CA (I)	5-02-24
2.	Ellox 1	tha Jacos	13 900 \$ 54	Uvillage Racine	5-2-51
3.	Soft Haw Destit	Scott Alan Nesbitt	617 Wisconsin St. #7	_ ord	5-2-24
4.	Ta Sousa	Ted Johnson	3546 Necema Rd.	Uvillage Caque	5-224
5.	<u>`</u>	` /		□ Vilage □ City	
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10.				□ Town □ Valage □ City	
I,	D 1 11 -01-01	certify: I	reside at 125 TBA Drive	Gasturia, NZ 280 Sta	
the signa	atures on this paper, I know that the signer	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition and	
name. I	know their respective residences given. I		this certification is punishable under § 12,13(3)(a), Wis. Stats.		Page No. 802

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		RECALLIETITION		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
		1242 18th Ave union Grove, WI	UVIllage UNION Grove	5-6-24
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/ 100	7 - 7 - 7 - 7	53182	Town	4 .
2. \a - \ou \ala 10	Valore Valore V	13702 N. Jine 22 Union Give	Dicity Union France	5-6-24
VONTO LOS CONHECIOS	VENOVITOR CONHECCES		Town	
3. Vanna Stant	kaning schmitt	Lunion grove	SexVillage \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5-12-21
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	1 Onminou ore	12/20 / Callyin	□ Town □ Village / / / / Coole	510-74
5.	10 MM MURICITES A	1362 Couter St. 6 nove	City Unon Grove	316-09
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Theresa I then	Theresa Peterson	11 TY NEW SU WI	Town	1
10x. 10 T 121	Various Delay	1724 NEW ST WI	Willage UNION GREYS	-6.04
To I other	KENNETH Peterson	1354 NEW SI MI	ocity 10 0 10 4 2	2 4 11
0 11	611.	Certification of Circulator,	C/1 117 47	N-0-1
1 KUSSELL	oftencertify: I	reside at 2532 5. (7534	Sheboggan WZ 53	05/
(name of circulator)	40 11 1 70	and the state would not be disqualified from voting under	(circulator's residence include number street, and municipality) Wis Stat 8 6 03 I personally circulated this recall netition a	nd personally obtained each of
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I was are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in	ndicated opposite his or her
name. I know their respective residences given	I support this recall netition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats		
A 1300		•		Page No. 803
2/6/04	feinnahi	ere of circulator)		
CL=170 (Rev 2019-09) The information on this form is requ	uired by Wis. Stats. 88, 8.40 and 9.10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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2	THEM SINCE		□ Village □ City	
3.			□ Town □ Village □ City	
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Enssell of	ten, certify: I	reside at Certification of Circulator	(circulator's print for - include number, street, and municipality)	
		were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs this certification is punishable under 8 12 13(3)(a). Wis. Stats.	Wis. Stat. \$6.03. I personally circulated this recall petition and the paper with full knowledge of its content on the date in	and personally obtained each of indicated opposite his or her
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 804
EL-170 (Rev 2019-09) The information on this form is requi	(signatived by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the	ure of circulator) ie Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	166-8005 web: http://elections.wi.gov email: elections@wi.gov	

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1. Jan De	Linda M° Gee	215 S. Stuart Rd-	ervillage M+ Pleasant	5-6-24
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2. Moon- Items	Mosia Imenez	358 Dan 34	Ocity Bullngton	5-1/24
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3. Whe Misteden	Nich Middleton	916 Eche Dr	Oity Burlington	5-1-24
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4 M Ouly (as)	marilyn Cutz	189 monica ave	ocity BUPlington	5 1-27
5.			U Town Utiliage	
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		Certification of Circulator,		
Jenathan Ko	certify: I	reside at 118 s washington st. (Green Bay WT 54301	
			(circulator's residence - include number, street, and municipality)	
TO A COLUMN TO STATE OF THE STA	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition a	nd personally obtained each o
the gignetures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	by the officeholder hamed in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date in	naicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 805
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(4-4-)	leignifu	pe of circulator)	DESCRIVAÇÃO SECURIZAÇÃO DE CASA A COMPANSA DE COMPANSA	
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	SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
î.	Reboah Rule	DEBORAH L. RICK	25424 Portsmoull Rd	Village WAA Role Wi	4-30-24
2	Land Ph	GARY L. RICK	25434 ROZEMOUTH RO	UVIIIage (1) IND LAKE (U)	4-3-24
3,	Sheres .	Stacey Ton Bonk	350 ZO DOUR ROLT	Unitage Waterford	4-30-29
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, 5.	& x min	Kut J hiller	3025 Shore Dr.	O Town O Village Berlington WI	4-30-24
6.	Gally Blum	bally Blum	613 CAVRA DD	O Village BUNINGTON WI	4/30/24
7.	Marcia Carrier	WAR GREELEY	WS Shield Terr	U Village C C C C C C C C C C C C C C C C C C C	4/30/34
	- Tomos Company	A ELT. CL	5621 LOST WAYER	Town D Village	4/20/21/1
8.	Deane Jok	Dane Textos	ELHHORN	Ocity Elector Ke	
9.	W. Purux	Nillie DeGrad.	332 N 81m	O Village O City BUNINE OUNT	4-20-21
10.	hin	Sack Work	617 Rober Word	O City Town Burlington City Company Company	4/40/24
	D. II D		Certification of Circulator	1: NY 285/2	
I,	Drittony (Certify: I	reside at 125 TRA Drive, Gas	(circulator's residence - include number, street, and municipality)	
I furtho	(name of circulator)	Wisconsin or a U.S. citizen, age 18 or older who if I w	vere a resident of this state, would not be disqualified from voting under	Wis. Stat. § 6.03. I personally circulated this recall petition a	and personally obtained each of
the sign	natures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date it	ndicated opposite his or her
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	(datc)		ure of circulator)	C BOOK house have delegations are any lower to all all address Quid and	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	indicate rown, city, or vinago	1 1
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Brittony Bo	, certify	: I reside at	(circulator's residence - include number, street, and municipality)	
			a con y Unique lated this recall petition	and personally obtained each
I further certify I am either a qualified elector of	f Wisconsin, or a U.S. citizen, age 18 or older who, if	were a resident of this state, would not be disquared from the officeholder named in this petition. I know that each person	signed the paper with full knowledge of its content on the date	e indicated opposite his or her
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(date)	(Sign	nature of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 60	08-266-8005 web: http://elections.wi.gov email: elections@wi.gov	
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SIGNATURES OF ELECTORS Rural address must also include box of the no.	
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10: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63	
	tion papers or declaration of candidacy for the office is filed)			trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	
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Page No. 809

(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://clections.wi.gov | email: elections@wi.gov

(jurisdiction or district of officeholder)

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

The Wisconsin Election Commission

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

(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	A A A AVIII C. A	ion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sect	non 12 of the wisconsin Constitution and given	
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL	lar. No statement of reason is required to initiate the recal	ll of state, congressional,
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6/23/24 (date) EL-170 (Rev 2019-09) The information on this form is r		mature of circulator) y the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 60	08-266-8005 web: http://elections.wi.gov email: elections@wi.gov	<u> </u>

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

The Wisconsin Election Commission

(jurisdiction or district of officeholder)

TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)		Official of district	of officeriorasi)
(official with whom nomination		from office pursuant to Article XIII. Section	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	Hom office pursuant to rations with a		
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EL-170 (Rev.2019-09) The information on this form is requ	uired by Wis Stats. §§. 8.40 and 9.10. This form is prescribed by	ine wisconsin accords commission [1] As a series of the se		

(official with whom nomination papers or declaration of candidacy for the office is filed) Determined the recall of Robin Vos (name of officeholder to be recalled and office). 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.	(jurisdiction or district of officeholder) titution and §.9.10 of the Wisconsin Statutes.
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is paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Lam aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(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

		We, the undersigned qualified elect	ors of the Assembly District 63	
TO: The Wisconsin Election Commission		. we, the undersigned quantied elect	(jurisdiction or distr	rict of officeholder)
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(date) (signature of circulator)

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

TO:_	The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63		
	(official with whom nomination papers or declaration of candidacy for the office is filed)			ict of officeholder)		
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the sign	ie signatures on this paper. I know that the signers are electors of the jurisdicted opposite his or her					

Page No. 814

TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	ors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)	, we are the same of	(jurisdiction or distri	ct of officeholder)
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the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign a this certification is purishable under § 17.13(3) (a), Wis. Stats.	ica the paper with run knowledge of its content on the date .	
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EL-170 (Rev 2019-09) The information on his form is requi	ired by Wis. Stats §§ 8 40 and 9.10. This form is prescribed by		66-8005 web: http://elections.wi.gov email: elections@wi.gov	
	HOUSE CO. CO. MARINE CO. C.			

TO:	The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
	(official with whom nominat	ion papers or declaration of candidacy for the office is filed)	To, the didensigned quantica elec-	(jurisdiction or distr	rict of officeholder)
petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes
		(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
(The re	eason 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 o	of state, congressional.
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			his own constiuents by calling them "whack-jobs, morons, and idiots."		
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1,	Dirtely Culy	Shirley Culp	6516 Spring St	UVillage of plegsunt	may 10/2021
2.	Rosal Deap	RoNald G Culp	6510 Spring St.	Village Mt Pleasent	Mex 10 60
3.	8 Mu	Jackie C. Brochhausen	10552 Spring Hill De	o Village W.) Pleas and	May 10 1/202
4.		Jenniter Throcke	6529 Cedarhedas DV	o Village MF Plasant	made lotte
5_	esalone	Ida Hines	S80316th 5T	Uvillage MT Relaxent	May 10/a
6.9	Kathley Tawre	6 KATALLEN LAWRENZ	5943 KINZIE UNIT 14	Village Deterace Mtp (ASA)	Mary 10/20
7.	Man (Iniza Bergman	3518 Duches Jr	Village RECEIVED WHO CASA	May 10 Hace
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I,	Spr 9ch rot	certify: I r	reside at 1990 Circulator Ate 4	weensh WIS	4956
me aign	r certify I am either a qualified elector of Variety on this paper. I know that the signe	is are electors of the jurisdiction of district represented t	ere a resident of this state, would not be disqualified from voting under W by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) Vis. Stat. § 6.03. I personally circulated this recall petition at d the paper with full knowledge of its content on the date in	nd personally obtained each o dicated opposite his or her
	5/10/24	Ssignature	Desirentinos Al		Page No. 816
EL-170 (R	ev 2019-99) The information on this form is require	red by Wis Stats. §§ 8 40 and 9.10 This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 65 (jurisdiction or distric	t of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin otacaros.
•	(name of officeholder to be recalled and office)	THE STATE OF PEACON FOR DECALI		
	S	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, congressional,
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECADL reason must be related to the official responsibilities of the officeholder.		
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lack of committment to election integrity, blocking	lower prescription drug costs, and magratic discosposition	THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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I further certify I am either a qualified elector o	f Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting unde d by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	and the paper with full knowledge of its content on the date	indicated opposite his or her
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represente	by the officenoider named in this periodic. g this certification is punishable under § 12.13(3)(a), Wis. Stats.	3.8	
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5-6-2024	(Signa	ture of circulator)	lamail alegians@us gov	
(date) FI_170 (Rev 2019-09) The information on this form is rec	uired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by t	ture of circulator) he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266-8005 web: http://elections.wi.gov email: elections@wi.gov	
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Barlington, Wi

		. We, the undersigned qualified elect	ors of the Assembly District 63			
TO: The Wisconsin Election Commission			(Jan 1841-11 - 1 - 1	ct of officeholder)		
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.		
	Robin Vos	from office pursuant to Article XIII, Section	in 12 of the wisconsin Constitution and 30000			
petition for the recall of						
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lack of commitment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."				
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(name of circulator)		and a fathic state, would not be disqualified from voting unde	and a continuous sizulated this recall netition	and personally obtained each of		
I further certify I am either a qualified elector o	f 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 the distribution of the state, would not be disqualified from voting under the distribution. I know that each person significant the state of the state	gned the paper with full knowledge of its content on the date	indicated opposite his or her		
the signatures on this paper. I know that the sig	ners are electors of the jurisdiction or district represente	of by the officerion is punishable under § 12.13(3)(a). Wis. Stats.				
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. § 6.03.1 personary circulated this rectain perturbation and in this person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her the signature of the paper with full knowledge of its content on the date indicated opposite his or her the signature of the paper with full knowledge of its content on the date indicated opposite his or her the signature of the paper with full knowledge of its content on the date indicated opposite his or her the s						
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1-2029	(date) (EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://elections.wi.gov email: elections@wi.gov EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://elections.wi.gov email: elections@wi.gov					
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TO: The Wisconsin Election Commission		. We, the undersigned qualified elec-	ctors of the Assembly District 63	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	*	(jurisdiction or distr	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	ion 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
(The reason for recall must be stated on petitions legistative, judicial, or county officials.) Robin Vos should be recalled for his tacit support	for city, village, town, and school district officials. The of the Chinese Communist Party (CCP), acceptance of the	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	et. No statement of reason is required to initiate the recall o	of state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Cay New	Cory New	1200 13th Ave	Drown Solvillage Union Group	58-24
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Jay 5ch	certify: I	reside at Certification of Circulator	NEENA, WI 50	1956
(name of circulator) I further certify I am either a qualified elector of		were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person significant is a period of the state of the	(circulator's residence - include number, street, and municipality) er Wis. Stat. § 6.03. I personally circulated this recall petition gned the paper with full knowledge of its content on the date	and personally obtained each of indicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that his roung	g ms certification is professione under 1250/3/6), was stated	-	Page No. 819
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TO: The Wisconsin Election Commission			ctors of the Assembly District 63	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	,
	(name of officeholder to be recalled and office).		g g	The transfer statutes,
(The reason for recall must be stated on petitions	for city village town and school district officials. The	STATEMENT OF REASON FOR RECALL	7000	
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	trips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE	DATE OF
1 / / 10	30.00 vi	Additional financial and the f	Indicate Town, City, or Village	SIGNING
" the the	Mike HECK	388 Highridge RD	Dillage BUKLINGTON	5/6/24
2. Hans	Jison Samonia	5940 Johnson Rd	Otiling Burling Fair	5-6-24
3. / CAA ()	Oristing Doute	833 Browns Lake Dr Ast 104	U Town Utillage	5-6-24
1	CI STITUTE PAGE	033 13000113 Cape 11 141 101	Town	3 6 6-1
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5. Janet (Plany	-Janet Flannery	249 LOWIS ST	O Town O Village Buller Carto	5/6/201
6. Acath		1000	UTown Utiliage Burlington	01/10
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L ERILL	Daniel Dougard	277 Lewis St	oth Borling ton	5/6124
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further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who if I we	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality)	
he signatures on this paper I know that the signer	s are electors of the jurisdiction of district represented	by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	dicated opposite his or her
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(date)	(Signature	e of circulator)		020
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The Wisconsin Election Commission

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

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

(jurisdiction or district of officeholder)

petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	TATEMENT OF DEACON FOR DECALL		
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Parchage	DON Christia	4114 20 st	Uvillage	43024
2. Suran M Curam	SHELLY CARISTIAN	4114 20+9 SREET	Ullage RACINE WI,	4/30/24
3. Lin Dolgade	Luis Dulgado	3205 W. Kimberly AVE	Utiliage Eveenfield	4-30-24
4. K. Marchaltzer	Keeri Cherholtzer	8627-17th Ave	Usiliage Herrosho	4-30-24
5. S. Obreholtzer	Steven Obwholter	8627-17 au	Ocity Kynolla	19-30-21p
6. 9/19	Brandon CRITES	8-17-6-949-404 433 St	Village City Racington	4/30/24
7.	Shannon Crites	8-17 75 7 9524/433 Emerson	Village of Burrlington	4/30/24
8. Ultotall	-ElVit-Knoka	464 Emerson ST	Village BWI WT.	4/30/24
9.			□ Town □ Village □ City	
10.			☐ Town ☐ Village ☐ City	
Ruan Graham	Certify: I	reside at 364 C Manny Ct. 96	1734 Kajlua, HI	
(name of circulator)		70101110110	(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 was are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs	wis, Stat. 9 0.03. I personally circulated this recall petition a ed the paner with full knowledge of its content on the date in	nd personally obtained each of
name, I know their respective residences given	I support this recall petition I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	and bakes with the wife was as an account on the date in	
4/30/24	Kym GM	re of circulator)	46	Page No. 821
EL-170 (Rev 2019-09) The information on this form is requi		Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	5-8005 web: http://elections.wi.gov email; elections@wi.gov	

The Missessia Floation Commission		. We, the undersigned qualified elected	ors of the Assembly District 63	
TO: The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	
	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	(rome of officeholder to be recalled and office)			
	S	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	f state, congressional,
(The reason for recall must be stated on petitions	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 timber the terms of	
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. 6- The	Enter Pospichal	Builington wif	O Village Bull 19th	5-7-24
2. Che Che	CARLOS CENTENO	5709 cambe age Cie HS	O Village ocity Plasfeut	5-2-24
3. Jugan No Collins	Marce dos Conten	5709 Combridge Cis#5	O Village Mout Plasent	5-7-24
4. In a special	Ana Barcia	307 Contley 87 53108	D'Town Bulington	5.7-24
5. M.D. Coperin	Michael Ashcio.	280 Church St	Ullage DU Numan	5-1-24
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name. I know their respective residences given	I support this recall petition. I am aware that falsify in	g His certification is punishable under § 12 13(3)(a), Wis. Stats.		Page No. 822
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EL-170 (Rev 2019-09) The information on this form is requ	ired by Wis Stats §§. 8.40 and 9.10. This form is rescribed by the	tre of circumsory te Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-20	1	
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TO:	The Wisconsin Election Commission		We the understand and Co. 1.	and the same of th	
	(official with whom nominati	on papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified elec		
petitio	n for the recall of	Robin Vos	from office pursuant to Article VIII Service		trict of officeholder)
	\ \	(name of officeholder to be recalled and office)		on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
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			r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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,	(name of circulator)	may a certify: I i		An Vero Beach FL 3294	6
further	certify I am either a qualified elector of W	Visconsin or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under W	(circulator's residence - include number, street, and municipality)	
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(official with whom pomiest	in an	We, the undersigned qualified elec	ctors of the Assembly District 63	
petition for the recall of	ion papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes
(The reason for recall must be stated on petitions legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support	for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE MUS MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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I further certify I am either a qualified elector of W the signatures on this paper. I know that the signers	visconsin, or a U.S. citizen, age 18 or older who, if I we sare electors of the jurisdiction or district represented by support this recall petition. I am aware that falsifying the	re a resident of this state, would not be disqualified from voting under W y the officeholder named in this petition. I know that each person signed his certification is punishable under 8.12.13(3)(a) Wie State	(CIFCUIATOR'S residence - include number street and municipality)	d personally obtained each of dicated opposite his or her
EL-170 (Rev 2019-09) The information on this form is associa-	Marvin Missignature (signature	of circulator)		Page No. 824
	LOT THIS ENGLE YOU BITTE STILL THIS FORM IS PRESCRIBED by the V	of circulator) Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8	3005 web: http://clections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	ctors of the Assembly District 63			
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	, ,	(jurisdiction or distri	ct of officeholder)		
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes		
	(name of officeholder to be recalled and office)		or the state of th	the Wisconsin Statutes.		
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The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	f state, congressional,		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
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runner centry I am either a qualified elector of W	s are electors of the invisdiction or district representative	te a resident of this state, would not be disqualified from voting under we the officeholder named in this petition. I know that each person signs	Wis. Stat. § 6.03. I personally circulated this recall petition an	d personally obtained each of		
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05/1/24		a pullishable under visional, wis state.		Page No. 825		
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TO: The Wisconsin Election Commission . We, the undersigned qualified electors	Of the Accounty Blomet Co				
(official with whom nomination papers or declaration of candidacy for the office is filed)	(jurisdiction or distr	ict of officeholder)			
petition for the recall of from office pursuant to Article XIII, Section 1	2 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.			
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lack of committment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constiuents by calling them "whack-jobs, morons, and idiots."					
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Rural address must also include box or fire no.	Indicate Town, City, or Village Town	SIGNING			
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I, Certification of Circulator 2943 P	Certification of Circulator 2943 & Millen Wan Fresho CH 9374				
(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 δ 12.13(3)(a). Wis. Stats	-				
5-V-Ly Dea Brown		Page No. 826			

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8 40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://clections.wi gov.

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

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(-CC-i-1 with whom nomination	on papers or declaration of candidacy for the office is filed)		(misdiction of distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL		
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Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of to	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of commitment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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March 12		Certification of Circulator	6- 4	C. 520110
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(name of circulator)			We Stat 6 6.03 I personally circulated this recall petition	and personally obtained each of
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name. I know their respective residences given.	I support this recall petition. am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 827
65/01/2024	(Lini			021
	(signa	ture of circulator) he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	-266-8005 web: http://elections.wi.gov email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is requ	uired by Wis. Stats. 99. 8.40 and 9.10. This form is prescribed by t	IIC 17 ISCOLLAND COMMISSION I - 1-1-1-1		

10: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	(jurisdiction or district of officeholder)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII. Section	on 12 of the Wisconsin Constitution and §.9.10 of		
	(name of officeholder to be recalled and office)		on 12 of the Wisconsin Constitution and 9.5.10 of	the wisconsin statutes.	
		STATEMENT OF REASON FOR RECALL			
The reason for recall must be stated on petitions legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholde	No statement of reason is required to initiate the recall of	f state, congressional,	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE MUS	DATE OF	
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further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I w	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality)		
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EL-170 (Rev 2019-09) The information on this form is required by Wis, Stats §§ 8.40 and 9.10—This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov

Page No. 828

TO: The Wisconsin Election Commission		RECALL PETITION		
	tion papers or declaration of candidacy for the office is filed)	. We, the undersigned qualified ele	ctors of the Assembly District 63	
petition for the recall of	Robin Vos		Cincipalitation - 10	trict of officeholder)
	(name of officeholder to be recalled and office)	Section of the paradiant to Afficie Affi, Section	on 12 of the Wisconsin Constitution and §.9.10 o	of the Wisconsin Statutes.
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-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 W	Sectional Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8		Page No. 829
	July tile W	P.O. Box 7984, Madison, WI 53707-7984 608-266-8	005 web: http://elections.wi.gov/lemail:elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	etors of the Assembly District 63	
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	, v. s, the unasinglined qualified elec	(jurisdiction or district	rict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	
		STATEMENT OF REASON FOR RECALL		
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	fotate companyional
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		r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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Then Jahray	Thoras Dakryky	232 bodge St dot 331	Village Barloyton WI	5-1-24
4 The same	Ross RABBINE	31531 BEAK ARBOK DIC	Village Bookington W/	5-1-24
	Michael Com	818 Milliast	U Village DECLA	51-24
6 7 10 79	Kins Einbourget	PHAMOUS Ell The lot	U Town U Village U City	61,100
7 Jan Mulgun	Rian Markham	473 Davd & Dr	O Town Village By / Tag ton	50024
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and organization on this paper I know that the arginer	are electors of the full suffiction of district represented	ere a resident of this state, would not be disqualified from voting under V by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	Via Ctat C C 02 I II - i - 1 - 1 - 1 - 1 - 1	nd personally obtained each of dicated opposite his or her
$\frac{5/1/29}{(\text{date})}$		turs certification is bunishable under § 12.13(3)(a), Wis. Stats.		Page No. 830
L-170 (Rev.2019-09) The information on this form is require	ed by Wis Stats. §§ 8.40 and 9.10. This form is prescribed by the	Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	-8005 web: http://elections.wi.gov email: elections@wi.gov	

		RECALLIEITION	C.1 Assembly District CO	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or distri	ict of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	¥		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin statutes.
petition for the recarror	(name of officeholder to be recalled and office)	THE STATE OF THE CALL		
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11.1 1 12.		Certification of Circulator	Grormann Road Apt	2135 47 600
. Michael Kim	certify:	I reside at	the makes start and municipality)	716852
(name of circulator)	to the set	ware a resident of this state, would not be disqualified from voting under	win con \$ 6.03. I perconally circulated this recall petition	and personally obtained each of
I further certify I am either a qualified elector of	f 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 d by the officeholder named in this petition. I know that each person sig	ned the paper with full knowledge of its content on the date	indicated opposite his or her
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04/30/2024	11/10	ture of circulator)	The second secon	
(date)	(sign)	nture of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	66-8005 web: http://elections.wi.gov email: elections@wi.gov	
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		. We, the undersigned qualified elector	ars of the Assembly District 63	
The Wisconsin Election Commission		. We, the undersigned qualified elector	rs of the Assembly District of (jurisdiction or distric	t of officeholder)
O: The Wisconsin Election Confinission (official with whom nomina	tion papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
tition for the recall of	Robin Vos (name of officeholder to be recalled and office)			
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, congressional,
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9.	JULY JANAURY	6200 DIVENEY 160	City IJON III	* R C I
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10 Ath ANS	Athans	la l		79.1
JUE CARRE		Certification of Circulator	Germann Road Chandl	el AC 034
Michael Kim	, certify:	I reside at	(circulator's residence - include number, street, and municipality) Wis Stat 8 6 03. I personally circulated this recall petition	n and personally obtained
(name of circulator)	r of Wisconsin, or a U.S. citizen, age 18 or older who, if I	I reside at would not be disqualified from voting unde ed by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with full knowledge of its content on the date	e indicated opposite his of
he signatures on this paper. I know that the	signers are electors of the jurisdiction or district represent	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 832
ame. I know their respective residences give	//V //	~~		
05/01/2024	(sign	nature of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-	266-8005 [web: http://elections.wi.gov email: elections@wi.gov	
(date) (date) (170 (Per 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 7504, 1000000]		

(official with whom nominati	on papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele	ectors of the Assembly District 63	
petition for the recall of	Robin Vos		(invertication or di	strict of officeholder)
	(name of officeholder to be recalled and office)	Irom office pursuant to Article XIII, Sect	tion 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statute
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
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2. Harry Chartomor	Madian Trus	1249 N. Sunny Slope Dr Unit 104	□ Town	05/02/24
3. 0 6 7		1810 3 1 4	□ City □ Town	105/0 at
4 Sumberdingofel	the Susan Heidingsfelder	8800 Shannon lane	City Sturdauent	5-2-24
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Michael Kim		Certification of Circulator	□ City	
(name of circulator) further certify I am either a qualified elector of Win	, certify: I re	eside at	Mann Rd. Chandler AZ, 8528	6
	are electors of the jurisdiction or district represented by apport this recall petition. I am aware that falsifying the	e a resident of this state, would not be disqualified from voting under W the officeholder named in this petition. I know that each person signed is certification is punishable under § 12.13(3)(a), Wis. Stats.	Vis. Stat. § 6.03. I personally circulated this recall petition ard the paper with full knowledge of its content on the date in	nd personally obtained each of
05/02/2024	- William	is certification is punishable under § 12.13(3)(a), Wis. Stats.	S S S S S S S S S S S S S S S S S S S	
-170 (Rev. 2019-09) The information on this form is required	(signature of the Wis. Stats §§ 8.40 and 9.10. This form is prescribed by the W	of circulator) Tisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	SOOS house the Park	Page No. 833

TO: The Wisconsin Election Commission	on	We, the undersigned qualified elected	ors of the Assembly District 63	2	
(official with whom nom	ination papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes	
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL			
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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	
Pat Body	ENT BEDNAR	5820 Lincola Ulga	Ullage City Contracts	5/18/24	
Harry Hala	HENLY F. GABERSE	3027-Kearney Ave #I	Ovillage put Pleasant	5/18/24	
3 Kynn Volob	Lynn Vorlob C	1632 Richard Ave.	Williage MT. Pleasant	5/18/24	
4. Sauche	Cameron Kruse	2719 1st Street	TVIllage DIO Pleasant	5/18/14	
5 HOW 1 50	Alexis Lood	952 market St	Oylage Cache	5/18/24	
6.	Jessica Bushman	1439 Fox Tail Dr	Orthogo MI Pleasant	5-18-24	
1 Eman Aug Vo	Emanuel Sontiago Vay	5939 MARJOY DR PAT 105	- Town - Tillage of Pleasa. +	5-18-21	
Mail a	Moria Vorgos	5930 Mergery Dr. Ag/#/ty	O TOWN O Village / / / / / / / / / / / / / / / / / / /	5-18.24	
" Virginia ga	Min Vinguery Jacks	W 5946 GOONNE DR	Village UT VOLES	5-18-24	
10. Edapi Orozco	Edger Orocco	5945 Janua De	Utillage of the said	5-18-24	
Certification of Circulator Ato St. Nearly 1 5485					
(name of circulator) 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					
		this certification is punishable under § 12.13(3)(a), Wis Stats.			
SURIO	1	1 / la Oa . Uget exe		Page No. 834	

EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8 40 and 9 10. This form is prescaped by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53/07-7984 | 608-266-8005 | web: http://clections.wi.gov | email: elections@wi.gov |

Т	O: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)	RECALL PETITION We, the undersigned qualified elector Can exercise to Article XIII, Section	rs of the Assembly District 63 (jurisdiction or district of the Wisconsin Constitution and §.9.10 of the	of officeholder) e Wisconsin Statutes.
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p	etition for the recall of	(name of officeholder to be recalled and office).	CATEMENT OF REASON FOR RECALL eason must be related to the official responsibilities of the officeholder. so from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall of s	lale, congressional,
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	3. P 00 V	1-8 Haudel	5910 Margery 180.	Town UL Clasant	d 19124
	Tom Hay	Com Media	SODZ HONDRY DY	City C TOWN	9-18-24
	4 Antonio Diran	A dalan	2030 margery Dr	arvillage Mt, pleasant	5-18-24
	5. Linda Sluter	Linda Slaton	5830 Morgery Drc	philage of Plegant	5/18/24
	6. Cosum Martina Z	Cesar Marine)	5830 Margry Dive	Town Mt Pleasant Octy Mt Pleasant	cuebu
	7 Minia Robles	Maria Robles	resol Museus Dr	a Village MA RROSANT	7(8/0)
	8. Alan Juna	Outrouva lock it all	So Zor I wigge of	Town Village A V V O SW	12/18/CA
	93° Car & Caso	Brade Rows	5879 101549	Town Village Mf. Pleat 52400	5(18/24
	10:/	and let	2238 Rentreclu Wi Nr. Pleat	CL + 100 AM ALV	T54956
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	I,	18 or older who, if	I were a resident of this state, would not be disqualified from voting unit	signed the paper with full knowledge of its content on the da	le muicaicu opposite
	I further certify I am either a qualified elector	of Wisconsin, or a U.S. citizen, age 10 of older with a general manager of the jurisdiction or district represent the state of the property of the state of the s	y: I reside at T were a resident of this state, would not be disqualified from voting united by the officeholder named in this petition. I know that each person significant is purishable under § [2-11(3)(a), Wis. Stats		Page No. 835
	name I know their respective residences give	n. I support this recall petition. I am aware in the talson	Jak Jakon	// / / / / / / / / / / / / / / / / / /	
	5/18/3	4 - 9	mature of urculator)	08-266-8005 web: http://ciccutats.wi.go.	
	EL-170 (Rev 2019-09) The information on this form is t	equired by Wis Stats §§ 8.40 and 9.10. This form is prescribed to	mature of circulator) by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 66		

The Wisconsin Election Commission

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

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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3 Caril M Johnedes	Jennifer H. Schneider	130 135 Wood Jan	City //Bullington	5/8/2024
4. Bourne	Men Melanie Baumeist	103 Musqueruschest. Rochester, Wi 53167	Usling CBUS ling ten	5 18 / 2024
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the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	Circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date in	nd personally obtained each of adicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 836
(date) (date) FI 170 (Pay 2010 00) The information on this form is requi		nr of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 lweb: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	fors of the Assembly District 65 (jurisdiction or distric	et of officeholder)
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the wisconsmission
(The reason for recall must be stated on petitions f	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	τ. No statement of reason is required to initiate the recall oj	state, congressional,
lack of committment to election integrity, blocking to	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
18 gring Way of boys	Gina Freislehen	2832 Cottage Dr.	Village MT. Pleasant	05/09/24
2.	lovely roanty	6204 Condiment dru.	oty MT Agernet	S w/24
3. Valle I lost lan	LEIL, MARYN	6205 lardmont	city Mt Pleasant	5/9/2024
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		were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person sing this certification is punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with full knowledge of its content on the date	Page No. 837
EL-170 (Rev 2019-09) The information on this form is requ	(Signa sired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by t	ture of circulator) he Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608	-266-8005 web: http://elections.wi.gov. email: elections@wi.gov	

	RECALL PETITION	Cut - Assembly District 63	
	. We, the undersigned qualified elected	rs of the Assembly Blattet of (jurisdiction or distric	t of officeholder)
TO: The Wisconsin Election Commission			the Wisconsin Statutes.
(official with whom nomination papers or declaration of candidacy for the office is filed)	from office nursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of t	the Wisconsin States
petition for the recall of Robin Vos	Hom office parameters		
(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL	11-4	-tata congressional
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Certify:	I reside at 125 TPA DITE	The state of the s	II to a description
		ti 'lated this recall petition	and personally obtained each of
I, (name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I the signatures on this paper. I know that the signatures are electors of the jurisdiction or district representations of the property of	were a resident of this state, would not be disquarmed from voting under	med the paper with full knowledge of its content on the date	e indicated opposite his of her
I further certify I am either a quanties elector of wassessing of the jurisdiction or district represent	ed by the officeholder named in this petition. I know that each person significant the person significant that the person significant the person significant that the person significant the person significant that the person significant the person significant that the person significant that the person significant that the person significant that the person significant the person significant that the person significant the person significant that the person significant the person significant the person significant that the person significant the person sign		2 37 000
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5-10-24 (sign	ature of circulator)	266 8005 lweb: http://elections.wi.gov email: elections@wi.gov	
(sign (date) EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by	the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	200-8005 [WCO. IIII] 75-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	
EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats 99-8-40 and 5-10. This form is presented by			

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63	
	n papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	*
petition for the recall of	Robin Vos (name of officeholder to be recalled and office).	•	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
		STATEMENT OF REASON FOR RECALL	No. 1.1. Commission of the initiate the good! of	atata anyanyatawal
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THE MUNICIPALITY USED FOR MAIL	ING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNICIPALITY OF RESIDENCE MUST	T ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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the signatures on this paper. I know that the signers	s are electors of the jurisdiction or district represented	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	Wis. Stat. \S 6.03. I personally circulated this recall petition at ed the paper with full knowledge of its content on the date in	nd personally obtained each of dicated opposite his or her
name. I know their respective residences given. I		re of circulator)		Page No. 839
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EL-170 (Rev 2019-09) The information on this form is required by Wis, Stats §§ 8 40 and 9 10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov |

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	,
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of the	the Wisconsin Statutes.
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
		Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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2 Huma Osborne	01	2809 Martin Sive	Olity (Min Grove	5-14-24
3. 1 2 2 7 7	DERRYL SMITH	4425 S. BEAUMONT ACE	Village DOVEIZ	5-14-2024
4 Hunnah	Kelly Smyth	4425 5 Brownert Are	Divillage Oct	5/14/29
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(name of circulator) I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03, I personally circulated this recall petition ar ed the paper with full knowledge of its content on the date in	nd personally obtained each of dicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		r
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EL-170 (Rev.2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

TO: The Wisconsin Election Com	mission	We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or distric	t of officeholder)
(official with who	m 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	n 12 of the Wisconsin Constitution and §.9.10 of t	He Wisconsin Statutes.
•	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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Robin Vos should be recalled for his tag	cit support of the Chinese Communist Party (CCP), acceptance of tr	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity	, blocking lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
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TO: The Wisconsin Election Commission		THE STEEL TELLITORY		
(official with whom nomin	nation papers or declaration of candidacy for the office is filed)		ectors of the Assembly District 63	
petition for the recall of	Robin Vos		figrisdiction or di	strict of officeholder)
	(name of officeholder to be recalled and office)	from office pursuant to Article XIII, Sect	tion 12 of the Wisconsin Constitution and §.9.10	of the Wissensin Statute
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Dara Fro	w~	Certification of Circulator		111
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further certify I am either a qualified elector of Wisconsin are U.S. it				
ne 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 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.				
ame. I know their respective residences given.	I support this recall petition. I am aware that falsifying	by the officeholder named in this petition. I know that each person signe this certification is punishable under § 12.13(3)(a), Wis. Stats.	ed the paper with full knowledge of its content on the date in	dicated opposite his or hor
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-170 (Rev 2019-09) The information on this form is require	red by Wis Stats 68 8 40 and 9 10. This form in account	of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-		042
	This form is prescribed by the	wisconsin Electrons Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	-8005 web: http://clections.wi.gov email: elections@wi.gov	

		RECALL PETITION We, the undersigned qualified electors	ors of theAssembly District 63 (jurisdiction or district	t of officeholder)
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)	S - CG - a pursuant to Article XIII. Section	12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.
C .111 - C	Robin Vos			
petition for the recall of	(name of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder, and the CCP, failure to protect Wisconsin farmland from the CCP.	No statement of reason is required to initiate the recall of	state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.	□ Town	E/2/14
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John Miles	I wall wall	536 N COGSWELLDE	City 5, y Van Cate WF	11/1/19
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I further certify I am either a qualified elector of	of Wisconsin, or a U.S. citizen, age 15 of older who, in	I reside at		Page No. 843
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

TO: The Wisconsin Election Commission		We, the undersigned qualified elected	ors of the Assembly District 63	. C 0° 1-14-0	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri		
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
	(name of officeholder to be recalled and office).	STATEMENT OF REASON FOR RECALL			
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name. I know their respective residences given.	I support this recall petition. I am aware that falsifyin	g this certification is punishable under § 12.13(3)(a), wis. Stats.		Page No. 844	
5/3/24	- Okle	x Bom		1 444	
(date)	(signat	ure of circulator) ne Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	66-8005 web: http://elections.wi.gov email: elections@wi.gov		
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		RECALL PETITION		
TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or distric	t of officeholder)
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of the	THE WISCONSIII States
	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL		
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EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by the	in Travelsin Licencia Commission (1.10.200.19.1)		

		RECALL FEITHOR	C.1 Assembly District C2		
O: The Wisconsin Election Commission		We, the undersigned qualified elect	Ors of the Assembly District 63 (jurisdiction or distri	at of officeholder)	
(official with whom nomination	on papers or declaration of candidacy for the office is filed)				
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
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L-170 (Rev 2019-09) The information on this form is require	red by Wis Stats §§ 8 40 and 9.10. This form is presorbed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-260	6-8005 web: http://elections.wi.gov email: elections@wi.gov		

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EL-170 (Rev 2019-09) The information on this form is required by Wis Stats. §§ 8.48 and 9.10. This form is prescribed by the Wisconstn Elections Commission 1 O Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://elections.wi.gov email: elections@wi.gov	(date)	(signatur	cofereulator)			- 0-7/
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TO T. W		RECALL FEITHON		
TO:The Wisconsin Election Commission		We, the undersigned qualified elect		
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	,
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her				
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TO: The Wisconsin Election Commission		RECALL PETITION		
	ion papers or declaration of candidacy for the office is filed)	, We, the undersigned qualified elec		
petition for the recall of	Robin Vos	from office pursuant to Article VIII Socti		trict of officeholder)
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The state Commission		We, the undersigned qualified elected	Gurisdiction or distric	t of officeholder)
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		Constitution and 8 9 10 of 1	the Wisconsin Statutes.
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The Wisconsin Election Commission	or · 61-1\	. We, the undersigned quantities	electors of the Assembly District 63 (jurisdiction or district 12 of the Wisconsin Constitution and §.9.10	strict of officeholder) of the Wisconsin Statut
(official with whom nominati	on papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, S	ection 12 of the Wisconsin Constitution and §	V
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The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed) (official with whom nomination papers or declaration of candidacy for the office is filed) (petition for the recall of Robin Vos 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. Iack of committment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."
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Dichard Carnagey certify: I reside at 2700 W POWELL POUR Blvd Apt 199 Grasham, OR 97630
(circulator's residence - include number, street, and municipality)
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her
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Page No. 852
(signature of circulator)
L-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web: http://clections.wi.gov email: elections@wi.gov

TO: The Wisconsin Election Commission		, We, the undersigned qualified elec	tors of the Assembly District 63 (jurisdiction or distr	ict of officeholder)
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petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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(name of circulator)			(circulator's residence - include number, street, and municipality)	and personally obtained each of
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under d by the officeholder named in this petition. I know that each person significant on the property of the continuous punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with full knowledge of its content on the date	indicated opposite his or her
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EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§. 8.40 and 9.10 This form is prescribed by	num of Curcustor) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	ZOU-OVOS JACO. HINE TEXAS PROPERTY WARREN TO SEE THE PROPERTY OF THE PROPERT	

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63			
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	rict of officeholder)		
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL				
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder rips from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall o	f state, congressional,		
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THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	UNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Janie Maries	Jamie morrissey	33712 Fern Dr	orown village Burlington	5/8124		
2. Le Mussel	Kris Morrisse	33712 Fern Dr	O TOWN O Village Burlingtons	518/24		
3.	Tohn Pofinson	8420 Whewent.	ortown village orting BUR/STORT	5-8-24		
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1, Joshua Foss	certify: I	reside at 25 Rosewood RA B	satesville AR 7250/			
the signatures on this paper. I know that the signe	rs are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	Wis Stat § 6.03. I personally circulated this recall petition	and personally obtained each of ndicated opposite his or her		

Page No. 854

(signature of circulator)

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

TO:The Wi	sconsin Election Commission		RECALL PETITION		
	(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	We, the undersigned qualified el	lectors of the Assembly District 63	
petition for the	recall of	Robin Vos (name of officeholder to be recalled and office)		2: · · · ·	district of officeholder)
			STATEMENT OF BUASANTE	ction 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
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urther certify I am	(name of circulator) either a qualified elector of W		TOCCO OCC	d Bestesville AR	72821
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		as and and a tv. ton form is prescribed by the W	of circulator) Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 web; http://clections.wi.gov/leggill.classics.co	
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RECALL PETITION We, the undersigned qualified electors of the Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		•	strict of officenoider)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.
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<i>legislative, judicial, or county officials.)</i> Bobin Vos should be recalled for his tacit support o	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
		his own constiuents by calling them "whack-jobs, morons, and idiots."		
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I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who if I v	were a resident of this state, would not be disqualified from voting under a by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	e indicated opposite his or her
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L-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed by th	ne Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20	66-8005 web: http://clections.wi.gov email: elections@wi.gov	

		. We, the undersigned qualified elected	ors of the Assembly District 63	
O: The Wisconsin Election Commission			Qui salettori er alsa-	
(official with whom nomination p	papers or declaration of candidacy for the office is filed)	a m VIII Continu	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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T(): The Wisconsin Election Commission		We, the undersigned qualified elected	ers of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distri	ict of officeholder)
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII. Section	12 of the Wisconsin Constitution and §.9,10 of	the Wisconsin Statutes.
	·	STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder, rips from the CCP, failure to protect Wisconsin farmland from the CCP.	No statement of reason is required to initiate the recall o	f state, congressional,
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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I further certify I am either a qualified elector of the signatures on this paper. I know that the signatures of the signature of the signatur	ers are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under W by the officeholder named in this petition. I know that each person signed	(circulator's residence - include number, street, and municipality) is. Stat. § 6.03. I personally circulated this recall petition a I the paper with full knowledge of its content on the date it	and personally obtained each o ndicated opposite his or her
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TO: The Wisconsin Election Commission		We the send of the season		
(official with whom nominal	tion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele		
petition for the recall of	Robin Vos	6	(jurisdiction or dis	strict of officeholder)
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name. I know their respective residences given. I	support this recall petition I am aware that falsifying t	by the officeholder named in this petition. I know that each person signer this certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date in	dicated opposite his or her
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email. elections@wi.gov



		RECALL FEITHON	Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	ors of the Assembly District 65 (jurisdiction or distri	ct of officeholder)
(official with whom nomination	n papers or declaration of candidacy for the office is filed)	S A C 1 VIII C. A	n 12 of the Wisconsin Constitution and §.9.10 of	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the wisconsili Constitution and §.5.10 of	
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
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I further certify I am either a qualified elector of	wisconsin, or a U.S. citizen, age to di older who, it is	were a resident of this state, would not be disqualified from voting under the officeholder named in this petition. I know that each person sign this certification is numbered under § 12.13(3)(a). Wis, Stats	ned the paper with full knowledge of its content on the date	indicated opposite his of her
name. I knowtheir respective residences given.	I support this recall petition. Lam aware that falsifyin	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 860
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EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the	ure of circulated a wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20		

	X.	RECALL PETITION We, the undersigned qualified elector	rs of the Assembly District 63 (jurisdiction or district	of officeholder)
TO: The Wisconsin Election Commission		. We, the undersigned quantities	(jurisdiction or district	Wisconsin Statutes
TO:	eclaration of candidacy for the office is filed)	Section pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of the	le Wisconsin States
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petition for the recall of(name	of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL	of reason is required to initiate the recall of s	state, congressional,
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		RECALL PETITION	District CO	
TO: The Wisconsin Election Commission		We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or distri	ct of officeholder)
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)			
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the wisconsin Blacaces.
•	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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		were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign	wis. Stat. § 6.03. I personally circulated this recall pertuoned the paper with full knowledge of its content on the date	indicated opposite his or her
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EL-170 (Rev 2019-09) The information on this form is required by Wis Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

		RECALL PETITION	Call Accombly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District of (jurisdiction or distri	ct of officeholder)
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I further certify I am either a qualified elector of	ers are electors of the jurisdiction or district represente	were a resident of this state, would not be disqualified from voting undended by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	gned the paper with run knowledge of its content on the dark	
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 863
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(date)	(signa	ture of circulator). the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266-8005 web: http://elections.wi.gov email; elections@wi.gov	
FI -170 (Rev 2019-09) The information on this form is requ	uired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	the Wisconsin Elections Commission P.O. Box 7964, Madison, W1 33707-7764 666		

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

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(unsation of distri	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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7		\$ 	(circulator's residence - include number, street, and municipality)	
Y C . U	Wisconsin, or a U.S. citizen, age 18 or older who, if I v	vere a resident of this state, would not be disqualified from voting under	Wis, Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	by the officeholder named in this petition. I know that each person sign	ned the paper with full knowledge of its content on the date	naicated opposite his or ner
name. I know their respective residences given	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 864
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(signature of circulator)

		We, the undersigned qualified elect	ors of the Assembly District 63	trict of officeholder)
The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)		n 12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statute
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		RECALL PETITION We, the undersigned qualified elector	rs of the Assembly District 63 (jurisdiction or district o	f officeholder) e Wisconsin Statutes.
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10	certif	v I reside at 468 Karra Ct.	(circulator's residence - include number, street, and municipality)	on and personally obtained each
Joseph Kosmick	-1	f I were a resident of this state, would not be disqualified from voting u	n signed the paper with full knowledge of its content on the da	Page No. 866
I further certify I am either a qualified elector	of Wisconsin, or a U.S. citizen, age 18 of older who, or	Certification of Circulator y: I reside at 468 CAYA CI f I were a resident of this state, would not be disqualified from voting use inted by the officeholder named in this petition. I know that each person frying this certification is punishable under § 12.13(3)(a), Wis. Stats.		rage to 000
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5/9/2024	()	signature of circulator) by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984	OUR-LOCIONAL POLICE INC.	
EL-170 (Rev. 2019-09) The information on this form is a	equired by Wis. Stats. §§. 8 40 and 9.10. This folia is prosent	Section Control		

The Wisconsin Election Commission

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
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		or his own constiuents by calling them "whack-jobs, morons, and idiots."		
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Cheryl alohnoin	Chery/A. Johnson	6751 Mariner Dr	arvillage Mt Aleasant	5/10/24
2 Mary Tishker	Marggret Tishken	6751 Margner Dr	Down TPleasant	5/10/24
3 Lay Rockard	PAUL SAKACHI	6731 MARINER DR	TOWN SEVILLAGE MTREASANT	3/10/24
4 /	Krist Dunham	6940 Manner DR. To2	Blyillage Mt. Pleasant	5-10-24
Thelson.	SANN NELSON	1000 Prairie De Witte	Drown D.Village TY Pleasan	5/10/20
6. Can Hogue	Carol Hogue	6737 Exploser Dr	Prillage MT. Plegsart	5/10/24
7.			☐ Town ☐ Village ☐ City	
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10.			□ Town □ Village □ City	
1. Joseph Kosn	nicki certify: I	Certification of Circulator reside at 468 Kacra Ct. Chula	Vista, Ca 91910	
the signatures on this paper, I know that the signe	is are electors of the jurisdiction of district represented	rere a resident of this state, would not be disqualified from voting under the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality)	nd personally obtained each o
marie. T know then respective residences given.	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	-	7
5/10/2024				Page No. 867
(date)	(signatur	re of circulator)		

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

TO: The Wisconsin Election Commission		We, the undersigned qualified elec-	ctors of the Assembly District 63	
	tion papers or declaration of candidacy for the office is filed)	, and the same of		strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII Section	on 12 of the Wisconsin Constitution and §.9.10 of	Cut This Comment
	(name of officeholder to be recalled and office)	Tom office pursuant to futible Affi, Seeth	on 12 of the wisconsin Constitution and §.9.10 c	of the Wisconsin Statutes.
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lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect fo	r his own constituents by calling them "whack-jobs, morons, and idiots."		
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2000	James Jenes	1233 N. Sept rd RACINE WI	Ocity Mt Merson	5-11-24
, formally	Dosoff Jevono	7902 - David Ct	S Village M. + Alessant	5-11-11
4.0	Parally P	Wish	□ Town	
Tay Regimen	Keynold Keynoso	790/ Old GreenBry Rd	O Village MT Glesners	511-24
5. Gusan / Reynoso	Susan Reynosa	4407 Old Green Bax Rd.	Village MT Pleasant	5/11/24
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I, Joseph Kosmin	ر مینون ر	Certification of Circulator		
(name of circulator)	certify. I I		Vista, Ca 91910	
I further certify I am either a qualified elector of V	Visconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under W	(circulator's residence - include number, street, and municipality)	
the signatures on this paper. I know that the signer	s are electors of the jurisdiction or district represented by	are a resident of this state, would not be disqualified from voting under Woy the officeholder named in this petition. I know that each person signed this certification is punishable under 8.12.1(2(x)). Wig. Sector.	d the paper with full knowledge of its content on the date in	nd personally obtained each of
name. I know their respective residences given. I	support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.	paper with the kilowedge of its content on the date in	dicated opposite his or ner
5/11/2024				Page No. 868
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22 1.0 (100 2013-05) The information on this form is require	ed by Wis. Stats 99 8 40 and 9 10. This form is prescribed by the	Visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-	8005 [web: http://elections.wi.gov email: elections@wi.gov	

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Christian Schroeder certify: I reside at Certification of Circulator 1295 North Lake Street (circulator's residence - include number		
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CMD SCAND Color's residence - include numb	Street Mee	enah, Wisconsin, 5
Wis Stat & 6.03 I personally cit	e - include number, street, and mr	aunicipality)
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(name of circulator) urther certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated the certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated the certification of 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 as signed to the paper with full knowledge as a signed to the paper with the paper wi	ill knowledge of its conte	and on the date indicated opposite his of
e signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officerioder handed in this petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats. me. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 869
5/8/24 Chuttan Schoolser		

		RECALL PETITION	Accombly District 63	
TO: The Wisconsin Election Commission		We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or distric	t of officeholder)
(official with whom nomination	papers or declaration of candidacy for the office is filed)	A .! 1 WITH Co-Air-	n 12 of the Wisconsin Constitution and §.9.10 of t	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the wisconsin Constitution and §.5.10 of t	110 11 100010111 - 11111111
	(name of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	No statement of reason is required to initiate the recall of	state, congressional,
(The reason for recall must be stated on petitions to legislative, judicial, or county officials.) Robin Vos should be recalled for his tacit support of	the Chinese Communist Party (CCP), acceptance of tri	ips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of commitment to election integrity, blocking to	wer prescription drug costs, and flagrant disrespect for t	his own constiuents by calling them "whack-jobs, morons, and idiots."	The state of the s	PALWAYS DE LISTED
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	Indicate Town, City, or Village	SIGNING
1 Leolding haven	des GERALDINE GRAVA	NOGE 7123 FIELDVIEW DR.	Oillage MOUNT PLEASANT, WI	05/09/24
2.	Davin Evans	1618 Polliz Green Dr.	ocity () out 1 east WI	05/09/24
3,	/	1	□ Town □ Village □ City	
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		Certification of Circulator 1295 Mort	k Lato Ctonot No a la latico	54956
. Christian Schro	eder, certify: I			
		were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person sign this certification is punishable under 8 12.13(3)(a), Wis. Stats.	ned the paper with full knowledge of its content on the date in	ndicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 870
(datc) EL-170 (Rev 2019-09) The information on this form is requi		ure of circulator) le Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20	66-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	,
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
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1 Lalm W. Windal	JOHN D. DRUSDAU	2511 DRIFTWOOD TRI.	O Village BURLINGTON	5-2-24
2 Tahthupohirer	Tabitha Johnson	352 EMAIN ST	Village Jurin Lakes	5-2-24
3. Richard w Barners	1 Richardy Boumpieter	302 NBown LakeDire	Ullage Burlington	5-2-24
4 Bonbara Madun	al Barb Madunich	152 E Chest nut St	Ullage Burlington	5-2-24
5. A Heckenter	Deb Hokotsmieler	140 E. Chartant St.	O Town O Village Bulington	5-2-24
6. Sue Vanduckelt	Sue Vanderhalot	400 S. Edwards Blud.	Oily La Ke Genera	5-2-24
Una wall	Jaine Mueller	11094 Waltry Road	Uvillage Buthrytan	5.234
Surabshipue	Jennifer Mylre,	242 Edward 84	O Village Burinston	5/2/2024
9.	Robert Deschaat	256 Edward 5+	Village Burlinton	5-2-24
10.			□ Town □ Village □ City	
		Certification of Circulator	201 289 5 E 3 4 34	
I, Jordan Hy	certify: I	reside at Zo7 Centenne	al Dr Worth Scoux City	5031049
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	vere a resident of this state, would not be disqualified from voting under \ by the officeholder named in this petition. I know that each person sign	Wis. Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
name. I know their respective residences given	. I support this recall petition. I am aware that false fying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 871
(date)		or Wisconsin Elections Commission P.O. Box 7984 Madison WI 53707-7984 608-266	6-8005 luch http://elections.wi.com/email_elections@wi.cov	

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

The Wisconsin Election Commission

(orneiai with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	ict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Secti	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes
	(name of officeholder to be recalled and office)		on the state of th	the wisconsin statutes.
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a law some		Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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1. ~		Certification of Circulator	V6 P6 D	1
1. Cordina Fly	certify: I r	reside at 707 cumpture Dr	, 5D North Sioux City (circulator's residence - include number, street, and municipality)	57 849
(name of circulator)			(circulator's residence - include number, street, and municipality)	1011
I further certify I am either a qualified elector V	visconsin, or a U.S. citizen, age 18 or older who, if I we	Te a resident of this state, would not be disqualified from voting under the	Vic Stat & 6.03. I percopolly organized this recall natition or	od managa aller aletaine di control de C
the signatures on this paper, I know that the signer	s are electors of the jurisdiction of district represented t	DVIDE Officeholder named in this petition. I know that each person sign	ed the paper with full knowledge of its content on the date in-	dicated opposite his or her
E 2 2/	support this recall petition. I am aware that faisifying	is certification is punishable under § 12.13(3)(a), Wis. Stats.		
5-3-24				Page No. 872
(date)	/ y/gnature	circulator)		
L-170 (Rev 2019-09) The information on this form is require	ed by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	visconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5-8005 web: http://elections.wi.gov email. elections@wi.gov	

		. We, the undersigned qualified elect	ors of the Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned quantied elect	ors of the Gurisdiction or district	of officeholder)
(official with whom nomination	on papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of the	ne Wisconsin Statutes.
petition for the recall of	Robin Vos			
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		Certification of Circulator 1245 Nort	h Lake Street, Neerah, Wiscon	sin, 59956
Christian Sch	nocuer, certify:	I reside at	(circulator's residence - include number, street, and municipality)	
I, (name of circulator)	1 ocyc			and personally obtained each
I further certify I am either a qualified elector of	of Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting und by the officeholder named in this petition. I know that each person sing this certification is punishable under § 12,13(3)(a), Wis. Stats.	gned the paper with full knowledge of its content on the date	marcated opposite the of her
the signatures on this paper. I know that the sig	ners are electors of the jurisdiction of district representation. I am aware that falsifying	ng this certification is punishable under § 12,13(3)(a), Wis. Stats.		Page No. 873
name. I know their respective residences given	(William)	Sproeder		
5/10/29	(sign	nture of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608	-266-8005 web: http://elections.wi.gov email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is re	quired by Wis. Stats. §§. 8,40 and 9,10. This form is prescribed by	the Wisconsin Elections Commission P. O. Box 7504, Madison, 47		

		RECALL PETITION We, the undersigned qualified electors	ors of the Assembly District 63 (jurisdiction or district	et of officenoider)
The Wisconsin Election Commission	ondidacy for the office is filed)	A dialo VIII Section	12 of the Wisconsin Constitution and §.9.10 of	the wisconsin starring
(official with whom nomination	papers or declaration of candidacy for the office is filed)	from office pursuant to Article Air, seeding		
on for the recall of	Robin Vos	THE AGON FOR RECALL	is a description of the recall of	f state, congressional,
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The Wisconsin Election Commission

TO: The Wisconsin Election Commission		We, the undersigned qualified ele	ctors of the Assembly District 63	
(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	quantita die		strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII Sect	ion 12 of the Wisconsin Constitution and §.9.10 c	,
	(name of officeholder to be recalled and office)	non office paradant to Atticle Atti, beet	ion 12 of the wisconsin Constitution and 9.9.10 (of the wisconsin Statutes.
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1 Joseph A	Chsep STEIG	1316 Box Mar Ave	O Village M+ Pleason -	5)24/24
2.	Michael Leew	3000 Sagai Sar 20	O Town O Village O City O City	5/21/24
3.	Anne He Howre	38th Sheridand	O Town O Village M + Prosud	56264
4 Jeman Chours	Jeman Howze	3806 Sherihan -RD	Town Wt Reason F	5/24/24
5 Cinchy Dejource	lin Cindy Disjardin	3806 Sheridan Rec	Town Village Mt Pleasant	5-20-20
6. Chy Sourch	Anan Saavata	1008 Lake wood Are	Town Village Mt PleuSoot	5/24/24
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" Sanly (Jacob	Stepley Olszewski	4055 Sheridan Rd	Othy H. Dreasant	3/24/211
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(name of circulator)	grantanalis certify: I	reside at 9818 No 7th Place	e Phoenix AZ 850	20
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under	(circulator's residence - include number, street, and municipality) Wis Stat & 6.03. I personally circulated this recall position.	and paraonally obtained each of
me signatures on this paper. I know that the sign	ers are electors of the full surction of district represented	by the officeholder named in this petition. I know that each person sign this certification is punishable under § 12.13(3)(a), Wis. Stats.	led the paper with full knowledge of its content on the date i	ndicated opposite his or her
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RECALL PETITION _. We, the undersigned qualified electors of the ___Assembly District 63

(jurisdiction or district of officeholder)

The Wisconsin Election Commission

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distr	
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL		
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4. Days Duly	Sarah Kunacien	1127 Tallocass Lane	Unilage Mt Plasant	519124
5. Sept COUNTY	Heidi Cantwell	1809 Old Fancher Rd.	Strown A Place Source	5/9/24
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name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), wis. Stats.		Page No. 876
(datc) EL-170 (Rev 2019-09) The information on this form is requ	(signatured by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	ire of circulator) e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-20	66-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		. We, the undersigned qualified elect	ors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)	, , o, inc chicologues q	(jurisdiction or distr	ct of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form is requi	ired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by the	e Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-26	6-8005 web: http://elections.wi.gov email: elections@wi.gov	

		RECALL PETITION We, the undersigned qualified electors	ors of the Assembly District 63	
TO: The Wisconsin Election Commission				et of officeholder)
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)	o Community Article VIII Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Afficie Affi, section		
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TO:	The Wisconsin Election Commission		THE TENTION			
	(official with whom nominal	tion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele	ctors of the_	Assembly District 63	
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		(name of officeholder to be recalled and office).	from office pursuant to Article XIII, Secti	ion 12 of the	Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8 40 and 9 10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov | email: elections@wi.gov

		RECALL PETITION We, the undersigned qualified elector	rs of the Assembly District 63 (jurisdiction or district	of officeholder)
TO: The Wisconsin Election Commission (official with whom nomination page	ers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of the	he Wisconsin Statutes.
petition for the recall of	Robin Vos (name of officeholder to be recalled and office). ST ity, village, town, and school district officials. The re	CATEMENT OF REASON FOR RECALL eason must be related to the official responsibilities of the officeholder, as from the CCP, failure to protect Wisconsin farmland from the CCP,	No statement of reason is required to initiate the recall of	state, congressional,
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Joshua Fosc	certify	I reside at I were a resident of this state, would not be disqualified from voting und ted by the officeholder named in this petition. I know that each person sing this certification is punishable under § 12.13(3)(a), Wis. Stats.	(circulator's residence - include number, street, and municipality) der Wis. Stat. § 6.03. I personally circulated this recall petitic signed the paper with full knowledge of its content on the da	on and personally obtained each the indicated opposite his or her
I further certify I am either a qualified elector of the signatures on this paper. I know that the signatures	Wisconsin, or a U.S. citizen, age 18 or older who, it is are electors of the jurisdiction or district represent	I were a resident of this state, would not be disqualified from voting und ted by the officeholder named in this petition. I know that each person sing this certification is punishable under § 12.13(3)(a), Wis. Stats.	Province See See See See See See See See See S	Page No. 880
name. I know their respective residences given. $5 - 11 - 34$	1 support unis recan permanent	nature of circulator) y the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 60	08-266-8005 web: http://elections.wi.gov email: elections@wi.gov	
(date) EL-170 (Rev. 2019-09) The information on this form is requ	ired by Wis. Stats. §§. 8:40 and 9.10 This form is prescribed by	y the Wisconsin Elections Commission .		

	TO: The Wisconsin Election Commission		RECALL PETITION		
	(official with whom nomina	ation papers or declaration of candidacy for the office is filed)	We, the undersigned qualified ele	ectors of the Assembly District 63	
	petition for the recall of	Robin Vos		#2000000 #3 - 42 - 42 - 42 - 42 - 42 - 42 - 42 - 4	rict of officeholder)
		(name of officeholder to be recalled and office).	Irom office pursuant to Article XIII, Sec	tion 12 of the Wisconsin Constitution and §.9.10 o	f the Wissensin Ct. 1
		ns for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officehold	der. No statement of reason is required to initiate the recall o	of state, congressional,
	lack of committment to election integrity, blocking	g lower prescription drug costs, and flagrant disrespect for	r his own constiuents by calling them "whack-jobs, morons, and idiots."		
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I	further certify I am either a qualified elector of W	7'	A. CONCRETEDITION	LOW NY COYCO	
t	he signatures on this paper. I know that the signers	s are electors of the jurisdiction or district represented by	e a resident of this state, would not be disqualified from voting under W. the officeholder named in this petition. I know that each person signed	Vis. Stat. § 6.03. I personally circulated this recall patition and	
n	ame. I know their respective residences given. I	support this recall petition, fram aware that falsifying th	e a resident of this state, would not be disqualified from voting under W the officeholder named in this petition. I know that each person signed is certification is punishable under § 12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date indi-	personally obtained each of
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	, and the state of	This form is prescribed by the Wi	f circulator) isconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266-8	8005 lweb: http://elections.wi.gov.log-sit-st-ci-	
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TO: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63		
(official with whom nominati	on papers or declaration of candidacy for the office is filed)		(jurisdiction or distric	ct of officeholder)	
petition for the recall of	Robin Vos (name of officeholder to be recalled and office)	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.	
		STATEMENT OF REASON FOR RECALL			
legislative, judicial, or county officials.)	for city, village, town, and school district officials. The	e reason must be related to the official responsibilities of the officeholder	No statement of reason is required to initiate the recall of	state, congressional,	
Robin Vos should be recalled for his tacit support	of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,			
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."			
THE MUNICIPALITY USED FOR MAI	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUST	T ALWAYS BE LISTED.	
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2 yhrs	Ty les Brown	2435 Pinast Builista	Utilage Dacine conty	72/24	
3. A Feligisses	Rundy Strweisser	1505 Windsor Way #3	O'llage M. Pleasent	5/2/24	
* Roberta Ddemir	Roberta Gederner	1447 Windsor Way #1	Olly Mt Pleasant	5/2/24	
5,72	J. Monter	1423 Windson Voy# 3	Utiliage MT Dleasant	5/2/24	
-67 cm flero	Naney Larsen	1423 Windsor Way # 2	O City MT Pleasant	5/2/24	
7 Lauren Kohel	Lauren Kohel	1423 Windsor Way#1	Town or Pleasant	5/2/24	
8/11/1	Kesly McGill	5780 Cambridge Cir #7	-Village Mt Plesace +	5-2-24	
, Min Dans	Oney Sais:	5700 Cambridge Cirtz	ority M+ Pleasant	5-2-24	
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AMANDA MARGUEZ	certify: I	reside at Certification of Circulator	N 89502		
I further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I we	ere a resident of this state, would not be disqualified from voting under V	(circulator's residence - include number, street, and municipality) Vis. Stat. § 6.03. I personally circulated this recall petition an	d 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 aware that falsifying this certification is punishable under § 12 13(3)(a), Wis. Stats.					
5/2/2		Of MULLERY		Page No. 882	
(date)	(signatur	e of circulator)			

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

	2	RECALL PETITION We, the undersigned qualified elector	rs of the Assembly District 63 (jurisdiction or district of the Wisconsin Constitution and §.9,10 of the	of officeholder) e Wisconsin Statutes.
TO: The Wisconsin Election Commission	papers or declaration of candidacy for the office is filed)	from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and 3.57	
(official with whom nomination	Robin Vos	Hom office began	- II of c	tate congressional,
petition for the recall of	(name of officeholder to be recalled and office).	CATEMENT OF REASON FOR RECALL eason must be related to the official responsibilities of the officeholder. the company of the c	No statement of reason is required to initiate the recall of s	are, congression,
The reason for recall must be stated on petitions for	or city, village, town, and school district officials. The	os from the CCP, failure to protect Wisconsin farmland from the CCP, ais own constiuents by calling them "whack-jobs, morons, and idiots."		
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2m il molder	Marilon Nolder	1103 101 St St. Prairie W.	O City O Town O Killage TILLIN Q KOS	5/3/21
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5. JHL	Jamos J Gengler	19512 WASHENDON ANS	City YORK VIII o	5-3-24
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amanda mar	GULY certif	y: I reside at If I were a resident of this state, would not be disqualified from voting under the officeholder named in this petition. I know that each person tying this certification is punishable under § 12.13(3)(a), Wis. Stats.	der Wis. Stat. § 6.03. I personally circulated this recall petition der Wis. Stat. § 6.03. I personally circulated this recall petition der Wis. Stat. § 6.03. I personally circulated this recall petition der Wisconstant	te indicated opposite his or her
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name. I know their respective residences give	en. I support tills recall	ignature of circulator) by the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 66	08-266-8005 web: http://elections.wi.gov email: elections@wi.gov	
EL-170 (Rev 2019-09) The information on this form is	required by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed	oy are		

		RECALL PETITION . We, the undersigned qualified elected.	ors of the Assembly District 63	6 05 1-14-1
		. We, the undersigned qualified electrons	(jurisdiction or dist	trict of officeholder)
TO: The Wisconsin Election Commission	n papers or declaration of candidacy for the office is filed)	A .: 1. VIII Continu	n 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
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		RECALL PETITION We, the undersigned qualified electors	rs of the Assembly District 63	S - Weshalder)
O: The Wisconsin Election Commission		we, the undersigned quanties of the	rs of the Assembly bished se (jurisdiction or district	or officerology
(official with whom nomination	papers or declaration of candidacy for the office is filed)	or Article XIII Section	12 of the Wisconsin Constitution and §.9.10 of the	ne Wisconsin Statutes.
	Robin Vos	from office pursuant to Atticle Atti, seeken		
etition for the recall of	(name of officeholder to be recalled and office)	TATEMENT OF REASON FOR RECALL	and the small of a	tate congressional.
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name. I know their respective residences given	I support this recall petition. I am aware that falsity!	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		1 -0 000
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(date)	(sign	Autre of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266-8005 web: http://elections.wi.gov email: elections@wi.gov	
The information on this form is rec	quired by Wis. Stats. §§, 8.40 and 9.10. This form is prescribed by	the Misconsin Elections Commission 1- 1- 1		

		We, the undersigned qualified elect	ors of the Assembly District 63	
TO: The Wisconsin Election Commission				et of officeholder)
(official with whom nomination	n papers or declaration of candidacy for the office is filed)	A 4:-1a VIII Soction	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Afficie Affi, Section	III 12 of the Wisconsin Constitution	
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TO: The Wisconsin Election Commission		We, the undersigned qualified elected	ors of the Assembly District 63 (jurisdiction or distri	ct of officeholder)
(official with whom nominati	on papers or declaration of candidacy for the office is filed)			
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EL -170 (Rev 2019-09) The information on this form is red	uired by Wis Stats §§ 8.40 and 9.16. This form is prescribed by the	Wisconsin Elections Commission P.O. Box 7984, Madison, W1 53707-7984 608-20	66-8005 web: http://elections.wi.gov email: elections@wi.gov	

TO: The Wisconsin Election Commission		We, the undersigned qualified elect	ors of the Assembly District 63	×.
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petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
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DECALL DETITION

7		RECALL PETITION	Call - Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified electo	rs of the Assembly Blamer os (jurisdiction or district	of officeholder)
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TO:	The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
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petitio	on for the recall of	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
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EL-170 (Rev 2019-09) The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: http://elections.wi.gov

		We, the undersigned qualified elected	ors of the Assembly District 63	
TO: The Wisconsin Election Commission			0-1	
(official with whom nominatio	n papers or declaration of candidacy for the office is filed)	a company Adiala VIII Soction	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Afficie Affi, Section	1 12 Of the Wisconsin Comment	
	(name of officeholder to be recalled and office)	OF REACON FOR DECALI		
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I further certify I am either a quantied elector of	pers are electors of the jurisdiction or district represent	ed by the officeholder named in this petition. I know that each person sig	flied the paper with rail knowledge at the	
name. I know their respective residences given.	I support this recall petition. I am aware that falsifyi	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 892
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(dat)	uired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	ature of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	Long-and lines limits the second consequence	
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name. I know their respective residences given. I support this recall petition. I am aware that hashing this	
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		RECALL PETITION		
TO: The Wisconsin Election Commission	tion papers or declaration of candidacy for the office is filed)	We, the undersigned qualified el		strict of officeholder)
· · · · · · · · · · · · · · · · · · ·	Robin Vos	from office numericant to Auticle VIII See	tion 12 of the Wisconsin Constitution and §.9.10	· · · · · · · · · · · · · · · · · · ·
petition for the recall of	(name of officeholder to be recalled and office)	rrom office pursuant to Article Affi, Sec	tion 12 of the wisconsin Constitution and 9.9.10	of the wisconsin statutes.
		STATEMENT OF REASON FOR RECALL		
legislative, judicial, or county officials.)		reason must be related to the official responsibilities of the officehold rips from the CCP, failure to protect Wisconsin farmland from the CCP.	der, No statement of reason is required to initiate the recal	l of state, congressional,
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5.	and the second	Kaune WI	or Town Village Racive	may 12/24
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8.	Chianyani (11050)	Rovine wi	Village Racive	5/2/24
9. Negative Record	Mikeyla Thomas	Racine W1	Town Straige Factive	512124
10.	Justin Surgeon	Rugne	Village Racius	3/2/24
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name. I know their respective residences given.		this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 894
(dato)	(signatur	re of circulator)		

Circulator did not get any addresses

TO: The Wisconsin Election Commission		We, the undersigned qualified elec	tors of the Assembly District 63	
	on papers or declaration of candidacy for the office is filed)		(jurisdiction or di	strict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.
•	(name of officeholder to be recalled and office)	THE ATTENDED OF THE ACON FOR THE ALL		
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7. Salay Curah	Larry wight	1328 grove	Utilage City	5/2/24
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10.	Larry Willy	2055 She Bolncom	Village RACINO	5-2-20
I, Ont Bo	own, certify: I	reside at	Miller Way Fredow	CA 93726
the signatures on this paper. I know that the signe	ers are electors of the jurisdiction or district represented	were a resident of this state, would not be disqualified from voting under l by the officeholder named in this petition. I know that each person sign	(circulator's residence - include number, street, and municipality) Wis, Stat. § 6.03. I personally circulated this recall petitioned the paper with full knowledge of its content on the date	n and personally obtained each of e indicated opposite his or her
5-2-74	Dens P	g this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 895
(date)	(signati	inc of circulator)	56 9006 hugh, huta //abetiens wi www.lamail: alactions@wie.com	

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		RECALL PETITION	ors of the Assembly District 63	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	Gurisdiction or district	of officeholder)
(official with whom nomination	papers or declaration of candidacy for the office is filed)	o Comment to Article VIII Section	12 of the Wisconsin Constitution and §.9.10 of t	he Wisconsin Statutes.
petition for the recall of	Robin Vos	from office pursuant to Article Affi, section	. 12 01	
	(name of officeholder to be recalled and office).	TATEMENT OF REASON FOR RECALL		etata congressional
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1, (name of circulator)	TIG sitings and 10 or older who if I	were a resident of this state, would not be disqualified from voting under the dot by the officeholder named in this petition. I know hat each person significant the state of		indicated opposite his or her
I further certify I am either a qualified elector of	Wisconsin, or a U.S. citizen, age 16 of older wild, if I	were a resident of this state, would not be disqualified from voting unde ed by the officeholder named in this petition. I know that each person sig ng this certification is punishable under § 12.13(3)(a), Wis, Stats.	gned the paper with full knowledge of its content on the date	
the signatures on this paper. I know that the sign	I support this recall petition. I am aware that falsifying	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 896
6 1 11	1100	10.00		
(datc)	(signa	ature of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-	266-8005 web: http://elections.wi.gov email: elections@wi.gov	
EL-170 (Rev.2019-09) The information on this form is req	uired by Wis Stats. §§ 8 40 and 9 10. This form is prescribed by	the Wisconsin Ercogons Commission (1997)		

10: The Wisconsin Election Commission		We, the undersigned qualified elect	tors of the Assembly District 63	
(official with whom nomina	tion papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	rict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10 of	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	•	•	
		STATEMENT OF REASON FOR RECALL		1990 - 1990
(The reason for recall must be stated on petitions legislative, judicial, or county officials.)	s for city, village, town, and school district officials. The	reason must be related to the official responsibilities of the officeholder	. No statement of reason is required to initiate the recall o	of state, congressional,
	t of the Chinese Communist Party (CCP), acceptance of t	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constluents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MA	ILING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	AME OF THE MUNICIPALITY OF RESIDENCE MUS	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
,		Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Sin store	Kris Hach	3509 Buckinghan Rd	O Town Stutlvant	5/10/29
2. M. M. M.	Tett Centell	8917 Corliss AM	Village Sturtulaint	5/10/24
3. DeMis	John Robinson	3316 S. Kernedy dr	U Village U City Sturtenst	5/10/24
4. IK. Engelo	Kir Engel	3425 S. Kemedy DR	Drown Sturte Jant	8/10/124
5. Wordings da	My Haronica (nod	132105 Kennedy Dr	Uvillage Stut Avan	5/10/24
" Myses Booms	Moses Gupin	32105 Kennory Dr.	o Village Stwttwart	5/10/29
7. Dustin Blacken	20542 enkig	3241 5 Kened D2	Orown Village Du Levan	5/10/26
8 Prisale dow	Priscilla Godina	3210 S. Kenedy Bik	U Village Stutluat	5-10-24
" Tahaniel Jod	m Nathaniel Goding	23210 5 Kenned VPC	O Village Sturte Vant	5-10-24
10. Dayne Sepson	Wayne Tepson	8708 Westminster Dr.	Ullage Startevant	5-10-24
I, CN/20	certify: I	reside atCertification of Circulator	376 47th Am Viro Beach	4 FL 3966
the signatures on this paper. I know that the sign	ers are electors of the jurisdiction or district represented	ere a resident of this state, would not be disqualified from voting under V the officeholder named in this petition. I know that each person signs	(circulator's residence - include number, street, and municipality) Wis. Stat. § 6.03. I personally circulated this recall petition a ed the paper with full knowledge of its content on the date i	and personally obtained each o ndicated opposite his or her
name. I know their respective residences given.	I support this recall petition. I am aware that falsifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		n 22=
7-10-74				Page No. 897
(date)	/ / -	© of circulator) Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-266	5 8005 hugh, http://alastians.go.i.agasil.alastians@ud.a	
The morninghon on this form is requ	ned by wis state gg. 6.40 and 9.10. This total is prescribed by the	WISCONSIN ELECTIONS COMMISSION F.D. DOX 7704, IMMUSON, WI 33707-7984 008-200	5-0000 [web. mith activitions wi gov entail, elections@wi gov	
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		RECALL PETITION We, the undersigned qualified electric description in the control of the contro	stors of the Assembly District 63	
Total Commission			(jurisdiction or di	strict of officeholder)
The Wisconsin Election Commission	on papers or declaration of candidacy for the office is filed)	on Auticle VIII Secti	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes
	Robin Vos	from office pursuant to Article Am, Section	011 12 07 1110	
ition for the recall of	(name of officeholder to be recalled and office)	STATEMENT OF REASON FOR RECALL	the second secon	II of state, conpressional,
	The second of th	A PLANTED TO THE PARTY OF THE P	et. No statement of reason is required to initiate the recui	i of state, congression,
e reason for recall must be stated on petitions	for city, village, town, and school district officials. The	STATEMENT OF REASON FOR RECALL e reason must be related to the official responsibilities of the officeholder CORNEL TO THE CORN CAPITY OF THE CORNEL TO PROJECT WISCONSIN FARMAND FROM THE CORN.		
stative, juaiciai, or county officials.)	On a compared Party (CCP) acceptance of	trips from the CCP, failure to protect tribes in		
bin Vos snould be recalled for his tacit support	of the days costs and flagrant disrespect to	r his own constituents by calling them "whack-jobs, morons, and idiots."		and tompp
k of committment to election integrity, blocking	lower prescription drug costs, and magram are esp	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N STREET & NUMBER OR RURAL ROUTE	NAME OF THE MUNICIPALITY OF RESIDENCE M	UST ALWAYS BE LISTEL
THE MUNICIPALITY USED FOR MA	LING PURPOSES, WHEN DIFFERENT THAN N	MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	SIGNING
THE MUNICIPALITY CEES	PRINTED NAME OF ELECTORS	Rural address must also include box or fire no.		
SIGNATURES OF ELECTORS			Ovillage Burlington	5-9-24
1. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Raynuldo Martinez	116 Clover Dr	U City	
" Well X	1	/	□ Town □ Village	/
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	/		□ Town	
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10./		G difference Circulator		22010
	10 10 10 NOS	Certification of Circulator	(circulator's residence - include number, street, and municipality)	1890
Daniel R	ov-sund certify	y I reside at 877 Private Charl	(circulator's residence - include number, street, and municipality)	ition and personally obtained
(name of circulator)	of Wisconsin or a U.S. citizen, age 18 or older who, if	I reside at	signed the paper with full knowledge of its content on the	date indicated opposite his or
further certify I am either a qualified elector	eners are electors of the jurisdiction or district represer	If I were a resident of this state, would not be disqualified from voting un nted by the officeholder named in this petition. I know that each person lying this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. QQQ
name. I know their respective residences give				1 age 100 090
5-9-2024	2 ~	ar .	and any	
(date)	(s)	gnature of circulator) py the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 6	08-266-8005 [web: http://elections.wi.gov email: elections@wi.gov	
-170 (Rev. 2019-09) The information on this form is r	equired by Wis. Stats. §§. 8.40 and 9.10. This form is prescribed to	A series and approved the proposition of the property of the p		

The Wisconsin Election Commission

We, the undersigned qualified electors of the Assembly District 63

(official with whom nomination	on papers or declaration of candidacy for the office is filed)		(jurisdiction or dist	trict of officeholder)
petition for the recall of	Robin Vos	from office pursuant to Article XIII, Section	ion 12 of the Wisconsin Constitution and §.9.10 o	f the Wisconsin Statutes.
	(name of officeholder to be recalled and office)	OF A PENENT OF DE A CON FOD DECALL		
(The reason for recall must be stated on netitions:		STATEMENT OF REASON FOR RECALL erason must be related to the official responsibilities of the officeholder.	er. No statement of reason is required to initiate the recall	of state, congressional,
legislative, judicial, or county officials.)			110 Blatement of reason to require to billion to the	oy orang, cong. concerns,
Robin Vos should be recalled for his tacit support of	of the Chinese Communist Party (CCP), acceptance of the	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
lack of committment to election integrity, blocking I	ower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."		
THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN M	IUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE N	AME OF THE MUNICIPALITY OF RESIDENCE MU	ST ALWAYS BE LISTED.
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
	A	Rural address must also include box of fire no.	□ Town	Sidilito
1 Sturly	JUAN CORANT	1920 90th St	Ocity Sturtevant	5-10-24
2 X			□ Town □ Village	
1) wan Corona			□ City	
3. Warry	Walerd Naberl	2070 90th St	Otiv Sturtevant	5-10-24
4 Wendy LyBan	Wendy L Barr	2121 90th st	ortevant	5-10-24
5 Jenly Stews	Jennifer Adams	2816 90th St	Sturteugn+	5-10-24
6. Wyn Claban	Arlun Adams	2816 904 St.	Town Stynte vant	5-10-24
7 Dalla Rushe	Sally PIESKE	2836 901# St.	Town Sturte vent	3-10-24
Maylen	M.S. Andrewson	2936 goth St.	or Town or Village or City Stewlesser	5-10-24
9 Thaddeus Ban	Thaddeus Barr	2121 90th st	O'VIllage Sturte Vant	5-10-24
10.	Joseph Willeman	2905 9444 St	Town Stateurst	5-10-24
		Certification of Circulator		
I, Dan'd Roum	Jan certify: I	reside at 877 Private Road	(circulator's residence - include number, street, and municipality)	40
I further certify I am either a qualified elector of V	Wisconsin, or a U.S. citizen, age 18 or older who, if I w	vere a resident of this state, would not be disqualified from voting under	r Wis, Stat. § 6.03. I personally circulated this recall petition	and personally obtained each of
		by the officeholder named in this petition. I know that each person sig	ned the paper with full knowledge of its content on the date	indicated opposite his or her
S-10 - 14	support this recall petition. I am aware that faisifying	this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 899
(date)		re of circulator)		2 000

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

DECALI DETITION

		RECALL PETITION	1	
TO: The Wisconsin Election Commission		. We, the undersigned qualified elected	ors of the Assembly District 65 (jurisdiction or distric	et of officeholder)
TO: The Wisconsin Election Commission (official with whom nomination	on papers or declaration of candidacy for the office is filed)			
	Robin Vos	from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10 of	the Wisconsin Survey
petition for the recall of	(name of officeholder to be recalled and office)	OF PERSON FOR DECALL		
	S	TATEMENT OF REASON FOR RECALL	No statement of reason is required to initiate the recall of	state, congressional,
(The reason for recall must be stated on petitions	for city, village, town, and school district officials. The	TATEMENT OF REASON FOR RECALL reason must be related to the official responsibilities of the officeholder.	•	
legislative, judicial, or county officials.)	of the Chinese Communist Party (CCP), acceptance of ti	rips from the CCP, failure to protect Wisconsin farmland from the CCP,		
Robin vos snould be recalled for his tack support	of the office of the sent disregnent for	his own constituents by calling them "whack-jobs, morons, and idiots."		
lack of committment to election integrity, blocking	lower prescription drug costs, and flagrant disrespect for	his own constiuents by calling them "whack-jobs, morons, and idiots."	OF THE MUNICIPALITY OF DESIDENCE MUS	T ALWAYS BE LISTED.
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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AAM	LEURON HILL	0000 2000	□Town A \ \ \ \ \ \ \ \ \ \ \ \ \	111/2/12
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3. 5 1/ 9 0 001	CVII	5931 Ross (At 111)	City Mount Measure	3/9/01
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12	13 11	ENVET HIS Dr	City Mount 1/26 3ant	,
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		Certification of Circulator	R'61 +1 1.	70177
Cal	Eller, certify:	Treside at /250 (CILCUIT)	(circulator's residence - wellude number, street, and municipality)	A V Y
I, (name of circulator)			- a con r ll letod this recall petition	and personally obtained each of
I further certify I am either a qualified elector of	f Wisconsin, or a U.S. citizen, age 18 or older who, if I	were a resident of this state, would not be disqualified from voting under by the officeholder named in this petition. I know that each person signs this certification is punishable under § 12.13(3)(a), Wis. Stats.	ned the paper with full knowledge of its content on the date	indicated opposite his or her
the signatures on this paper. I know that the sign	ners are electors of the jurisdiction or district represented	ng this certification is punishable under § 12.13(3)(a), Wis. Stats.		Page No. 900
name. I know their respective residences given	a support una recuir potition i am anal	6/1	all and a second	300
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FL-170 (Rev 2019-09) The information on this form is red	juired by Wis Stats §§ 8.40 and 9.10. This form is prescribed by	nture of circulator) the Wisconsin Elections Commission P.O. Box 7984, Madison, WI 53707-7984 608-2	00-800 web: null references wi tan email: electroning gov	
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