



# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kimberion Walker	2435 21st St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	05-02-24
<del></del>	<del>Kimberion Walker</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
	Kiwana Johnson	1608 Charles St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	08-02-24
	Allen Piro	1434 Thuyston Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24
	Jonathan Rucke	1700 96th st unit 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5/02/24
	Abdiyah Golden	2827 E fieldstone way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-2-24
	Jeremiah Baer	1624 Keatney AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24
	TAMEKA Sanchez	2920 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-2-24
	ROBERT WARD	1109 1/2 COLLAGE AV	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24
	Kimberion Walker	2815 16th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24

I, Brittney Baker, certify: I reside at 125 T3A Drive Gastonia, NC 28056  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-2-24  
(date)   
(signature of circulator)

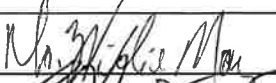

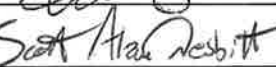
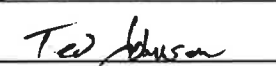
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Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug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

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	Mr. Willie May	5507 Beard Ave,	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-02-24
	Ella Jacob	13900 9th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-2-24
	Scott Alan Nesbitt	617 Wisconsin St. #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-2-24
	Ted Johnson <small>Ted Johnson</small>	3546 Newmark <small>3546 Newmark Rd.</small>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-2-24
<div style="font-size: 4em; opacity: 0.5; transform: rotate(45deg); position: absolute; top: 50%; left: 50%; width: 100%; height: 100%; pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; transform: rotate(45deg); position: absolute; top: 50%; left: 50%; width: 100%; height: 100%; pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; transform: rotate(45deg); position: absolute; top: 50%; left: 50%; width: 100%; height: 100%; pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; transform: rotate(45deg); position: absolute; top: 50%; left: 50%; width: 100%; height: 100%; pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; transform: rotate(45deg); position: absolute; top: 50%; left: 50%; width: 100%; height: 100%; pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; transform: rotate(45deg); position: absolute; top: 50%; left: 50%; width: 100%; height: 100%; pointer-events: none;">X</div>				

I, Brittany Baker certify: I reside at 125 TBA Drive Gastonia, NC 28056  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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(date)   
(signature of circulator)

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	Pamela Miceli	242 18th Ave Union Grove, WI 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	5-6-24
	Veronica Kontaxis	1362 N. Vlna St Union Grove WI 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	Karinna Schmitt	1406 Vine St Union Grove WI 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	Tammy Whitney	1351 High St Union Grove WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	Tom Merida	1362 Center St. Union Grove WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	Hailey Carpenter	1203 Center St. Union Grove WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	Barbara Kemmerer	1325 Main St Union Grove WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	LEON R. Zoeko	1604 New St. Union Grove WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	Theresa Peterson	1724 New St U.G. WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	KENNETH Peterson	1724 NEW ST WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	5-6-24

I, Russell Otten, certify: I reside at 2522 S. 7th St Sheboygan, WI 53081  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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<i>Katherine Duvall</i>	Katherine Duvall	1810 New St. #9	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>	5/6/24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
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<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

I, Russell Otter, certify: I reside at 2522 S. 7th St Shelburne WI 53081  
(name of circulator) (circulator's residence - include number, street, and municipality)

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1.	Linda M <sup>e</sup> Gee	215 S. Stuart Rd.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-6-24
2.	Maera Jimenez	358 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7/24
3.	Nick Middleton	916 Echo Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-24
4.	Marilyn Pütz	189 Monica ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-24
5. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
6. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
7. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
8. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
9. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
10. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>

I, Jonathan Korte, certify: I reside at 118 S. Washington St. Green Bay WI 54301  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

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	DEBORAH L. RICK	<del>25434</del> Portmacell Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wind Lake, WI	4-30-24
	GARY L. RICK	<del>25434</del> Portmouth Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WIND LAKE WI	4-30-24
	Stacey TenBrink	<del>356</del> 20 Deep Road, IL	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	4-30-24
	Julie Peterson	224 S. Kane St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4-30-24
	Kurt J. Miller	3025 Shore Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4-30-24
	Gally Blum	<del>613</del> City Rd DT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/30/24
	MARY GREELEY	<del>W5563</del> Vicki Terr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ELKHORN	4/30/24
	Diane Erickson	<del>W 6622</del> East Maple Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ELKHORN	4/30/24
	Niffie DeGard	332 N Pine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4-30-24
	JACK WARK	617 Edge Wood	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	4/30/24

I, Brittany Baker, certify: I reside at 125 TRA Drive, Gastonia, NC 28056  
(name of circulator) (circulator's residence - include number, street, and municipality)

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1	<u>Stephanie Steeples</u>	<u>625 Meadow Lane # 4</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>
2			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
3			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
4			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
5			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
6			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City

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Brittany Baker  
(signature of circulator)

4/30/24  
(date)


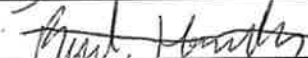
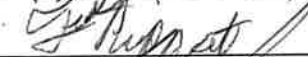


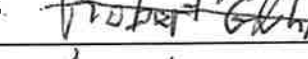
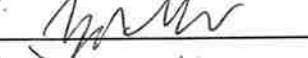
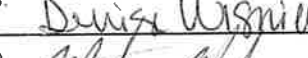


# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

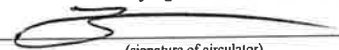
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	DANIEL BURTON	<del>5743 S. SWIFT AVE</del>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>CODAHL</u>	<u>5/1/24</u>
	Ruel Hernater	<del>10020 cemetery rd</del>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>5/1/24</u>
	FRED RUPPERT	8326 FISH-HATCHERY LN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BURINGTON</u>	<u>5/1/24</u>
	Jacob Green	613 meadow Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>5/1/24</u>
	Elias King	340 S. Kane St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>5/1/24</u>
	Robert Gahr	<del>16231 Beach Dr.</del>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>5/1/24</u>
	Ryan Green	224 Capital Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>5/1/24</u>
	Denise Wisniewski	124 N. Wisconsin St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>5/1/24</u>
	Mike Mikula	525 E. Catherine St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>5/1/24</u>
	Cole Ford	309 Wehwright Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>5/1/24</u>

### Certification of Circulator

I, Brittany Baker, certify: I reside at 125 TBA Drive, Coastline NC 28520  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/1/24  
(date)

  
(signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission  
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Assembly District 63  
(jurisdiction or district of officeholder)

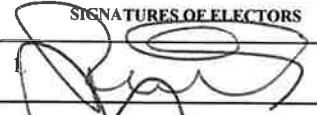
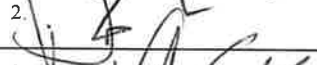

petition for the recall of Robin Vos  
(name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Robert LaCross	417 Stonewall Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	DAN ROBERS	417 Stonewall Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Vicente Selberson	364 Hydebridge Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				

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

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

05-13-2024  
(date)

  
(signature of circulator)

716 9708211

# RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Hayley Boulter	2726 Kenwood Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/23/2024
	Shawn Kell	5225 County Rd K.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	5/23/24
<del>3.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>4.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>5.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>6.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>7.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>8.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>9.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>10.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>

I, Zachary Steffler, certify: I reside at 8640 E Cloverdale, Rd, Nashville MI 49073  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/23/24 (date) (signature of circulator)

# RECALL PETITION


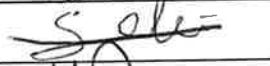
TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant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

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

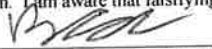
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jessica Scholzen	666 Foxfree Circle 1B Burlington WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/30/24
	Lukas Kuehas	648 Foxfree Cir #6 Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4.30.24
X				
X				
X				
X				
X				
X				
X				
X				

I, Bryntin Perdomo, certify: I reside at 1065 Armor Life Dr, 92069, San Marcos CA  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

04/30/24   
(date) (signature of circulator)



# RECALL PETITION

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Julie Stolle</i>	Julie Stolle	2005 7th Street Apt 121 Waterford	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	5/3/24
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Bryntin Cordova, certify: I reside at 1065 Armadillo Dr 92069 San Marcos CA  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

05-30-24 *Bryntin Cordova*  
(date) (signature of circulator)

# RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Hevyn Albert	1328 11th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-6-24
	LINDA WOODLAND	1539 N. GREEN BAY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	5-6-24
	Charles Gehrand	15625 Durand RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-7-24
	Dennis Rodriguez	15805 Durand AV	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-7-24
	Joseph Tupper	15838 County Line Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-7-24
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>

I, Barbara Struckmeyer, certify: I reside at 324 South Main St, Cottage Grove (village) WI 53527  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

May 7, 2024 Barbara Struckmeyer  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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	Paul G. Urlacher	34425 WASHINGTON AVE BURLINGTON WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <del>Rochester</del> Burlington	5-9-24
	Paige Keigher	445 Emmertsen Rd. 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-9-24
	Justin Gordon	6345 Emmertsen Rd 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant <del>Rochester</del>	5/9/24
	Ashley Young	6433 Antforest Lane 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/9/24
	Karren Vander Brugg	6553 Cedarhedge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/9/24
	[Redacted]	[Redacted]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	[Redacted]	[Redacted]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	[Redacted]	[Redacted]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	[Redacted]	[Redacted]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Alex Schwedder, certify: I reside at 695 N. Lake St. Neenah WI 54956  
(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 § 17.13(3)(a), Wis. Stats.  
5/9/24   
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Shirley Culp	6516 Spring St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	May 10/2024
	Ronald G Culp	6510 Spring St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	May 10/2024
	Jackie C. Brochhausen	6552 Spring Hill Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	May 10 <sup>th</sup> /2024
	Jennifer Ehmecke	6529 Cedarhedge Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	May 10 <sup>th</sup> /2024
	Ida Hines	5803 16 <sup>th</sup> ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	May 10/2024
	KATHALEEN LAWRENZ	5943 KINZIE UNIT 14	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>Reference</del> Mt Pleasant	May 10/2024
	Aniser Bergman	3518 Duchess dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>Reference</del> Mt Pleasant	May 10 <sup>th</sup> /2024
<del>_____</del>				
<del>_____</del>				
<del>_____</del>				

I, SPI Schroeder certify: I reside at 6295 N. Lake & Neenah WI 54956  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/10/24   
(date) (signature of circulator)



# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>Jenni Myszkewicz</del>	<del>Terra Myszkewicz</del>	<del>224 Amanda St</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<del>5/6/24</del>
Jenni Myszkewicz	Terra Myszkewicz	224 Amanda St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
Maria Cativa	Maria Cativa	573 Oak St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
Jacob Silverman	Jacob Silverman	303 W Chestnut St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
Nicole Oberlin	Nicole Oberlin	408 W Chestnut St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
<del>        </del>	<del>        </del>	<del>        </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>        </del>
<del>        </del>	<del>        </del>	<del>        </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>        </del>
<del>        </del>	<del>        </del>	<del>        </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>        </del>
<del>        </del>	<del>        </del>	<del>        </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>        </del>
<del>        </del>	<del>        </del>	<del>        </del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>        </del>

I, Carol A. Williams, certify: I reside at 1538 Kuhle Dr., Sun Prairie WI 53590  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-6-2024 Carol A. Williams  
(date) (signature of circulator)

Burlington, WI

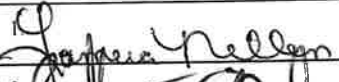

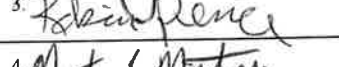
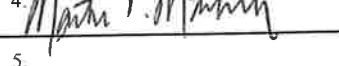
# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	TAMERA Kellen	607 Meadow Ln #6	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-24
	Brittany Opel	600 Meadow Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-24
	Robin Pence	700 Meadow Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-24
	Martin E Montney	700 Meadow Ln Apt. 12	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05/07/2024
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Carol A. Williams, certify: I reside at 1538 Kühle Dr. Sun Prairie, WI 53596  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-7-2024 Carol A. Williams  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Cory New</i>	Cory New	1200 13 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-8-24
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jay Schroeder, certify: I reside at 1295 N. Lake St Neenah WI 54956  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5/8/24 *Jay Schroeder*  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Mike Heck	388 Highridge Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
	Jason Samarin	544 Johnson Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-6-24
	Cristina Reyes	833 Browns Lake Dr Apt 104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-6-24
	Juan Reyes	619 Meadow Ln Apt 05	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-6-24
	Janet Flannery	249 Lewis St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
<del></del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington</del>	<del>5/6/24</del>
	Daniel Dougard	249 Lewis St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
	Samantha Warwick	249 W Chestnut St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
	Bonnie Flitcroft	349 Lewis St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/6/24
	Greer Monteith	219 <del>mail</del> Milwaukee	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-6-24

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

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

5-6-24 (date) (signature of circulator)

# RECALL PETITION

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

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

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<del>Don Christian</del>	<del>DON CHRISTIAN</del>	<del>4114 20<sup>th</sup> ST</del>	<del>Greenfield</del>	<del>4-30-24</del>
<del>Shelly Christian</del>	<del>SHELLY CHRISTIAN</del>	<del>4114 20<sup>th</sup> STREET</del>	<del>RACINE WI.</del>	<del>4/30/24</del>
<del>Luis Delgado</del>	<del>Luis Delgado</del>	<del>3205 W. Kimberly Ave</del>	<del>Greenfield</del>	<del>4-30-24</del>
<del>K. Oberholtzer</del>	<del>Keeri Oberholtzer</del>	<del>8627-17<sup>th</sup> Ave</del>	<del>Kenosha</del>	<del>4-30-24</del>
<del>S. Oberholtzer</del>	<del>Steven Oberholtzer</del>	<del>8627-17<sup>th</sup> Ave</del>	<del>Kenosha</del>	<del>4-30-24</del>
<del>Brandon Crites</del>	<del>Brandon CRITES</del>	<del>8176 949<sup>th</sup> Emerson St</del>	<del>Burlington Racine WI</del>	<del>4/30/24</del>
<del>Shannon Crites</del>	<del>Shannon Crites</del>	<del>817 757 9524/433 Emerson St</del>	<del>Burlington Racine WI</del>	<del>4/30/24</del>
<del>Elkitt Knoke</del>	<del>Elkitt Knoke</del>	<del>464 Emerson St</del>	<del>Burlington WI.</del>	<del>4/30/24</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>

I, Ryan Graham, certify: I reside at 364 C Manono St. 96734 Kailua, HI  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/30/24 Ryan Graham  
(date) (signature of circulator)

Page No. **821**

# RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Eula Pospichal	277 Chapotte road #30 Burlington WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24
	CARLOS Centeno	5209 Cambridge Cir #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5-7-24
	Mercedes Centeno	5709 Cambridge Cir #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5-7-24
	Ana Garcia	307 Conley St 53108	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24
	M. J. Asencio	280 Church St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24
	Nancy S. Asencio	270" Church St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24
	Susan Skowronski	4116 Stonewall Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24
	Carl Guziowski	409 Stonewall Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24
	JAMES Howe	264 SHENANDOAH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24
	Serena Matteson	817 Teutonia Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24

I, Josias Anaya certify: I reside at 276 47th Ave Viro Beach FL 32966  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

05-07-24  
(date)  
  
(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Cassie Robinson	1512 Lewis Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	05/08/2024
<del></del>	<del>Debra Scott</del>	<del>609 Oak Dr.</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waterford</del>	<del>05/08/2024</del>
<del></del>	<del>Tom Wilson</del>	<del>3223 N. ST</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAST TRO</del>	<del>5/8/24</del>
<del></del>	<del>Rebecca Montefin</del>	<del>219 Milwaukee Ave</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington</del>	<del>5/8/24</del>
<del></del>	<del>Joshua Moyer</del>	<del>219 Milwaukee Ave</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Barli Mn</del>	<del>5/8/24</del>
	Erica Lemke	301 Milwaukee Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/8/24
<del></del>	<del>Lisbet Sanchez</del>	<del>544 W Chesnut St</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington</del>	<del>6/8/24</del>
<del></del>	<del>NEIL WRIGHT</del>	<del>225 PETERS PKWY</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON</del>	<del>5/8/24</del>
<del></del>	<del>Bonnie Wright</del>	<del>225 PETERS PKWY</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington</del>	<del>5/8/2024</del>
	Bonnie Wright	225 Peters Pkwy	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/8/2024

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

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

5/8/24 (date) (signature of circulator)

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(jurisdiction or district of officeholder)

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1.	Erika Lopez-Arellano	559 Edgewood DR APT#3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-6-24
2.	Steve Draneim	584 Edgewood	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-6-24
3.	Robbie Morris	673 Meadow Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-7-24
4.	DONALD L. LARSON	1401 MEADOW WOOD RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5-7-24
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, MARVIN MURPHY  
(name of circulator) certify: I reside at 309 BENZ COURT SUN PRATERE WI 53590  
(circulator's residence - include number, street, and municipality)

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

5/7/24  
(date)

(signature of circulator)



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(name of officeholder to be recalled and office)

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	CAROL J. MORRICA	2099 BROWNS LAKE DR APT 110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI.	5-1-24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	5-1-24
3.	DAN BERK	N6112 County Rd DD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5-1-24
4.	Julie Shay	33825 Lynn Ln Lyon Ln Bnfl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5-1-24
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6.	Kathleen M. Bouwman	4811 State St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-1-24
7.	NATALIE S. ROSENGRAN	30225 CEDAR DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5-1-24
8.	Jeryllyn ROSS	30241 Highland Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-1-24
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Richard Carnagey, certify: I reside at 2700 W Powell Blvd Apt 199 Gresham OR 97030  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

05/11/24   
(date) (signature of circulator)

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	Damarie Hoare	76 to 4 / 4 road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-2-24
	Amy Jaskolski	1504 S. Memorial Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-2-24
	Joe King	1504 S. Memorial dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-2-24
	Joe Athanas	939217 Halda Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/2/24
	GARY Coleman	1627 ERIE ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/2/24
	Mike Miller	5533 38th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/2/24
	Ed Potter	Co. Wisconsin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-2-24
	Bob Carroll		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-2-2024
	Dustin Blinn	8616 Buck: 15th Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	05-02-24
	Amireona Taylor	2029 Franklin St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-2-2024

I, Dax Brown, certify: I reside at 2963 E Miller Way Fresno CA 93726  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-2-24 Dax Brown  
(date) (signature of circulator)

Page No. 826

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<del>A. Zamora</del>	<del>Amanda Zamora</del>	<del>market St</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI</del>	<del>05/01/24</del>
<del>Anthony Velez</del>	<del>Anthony Velez</del>	<del>4 1/2 mile Rd</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raichne, WI</del>	<del>05/01/24</del>
<del>Mat McQueen</del>	<del>Mat McQueen</del>	<del>2806 Washington Ave</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford, WI</del>	<del>05/01/24</del>
<del>Keith Cook</del>	<del>Keith Cook</del>	<del>2317 Marshall Sq</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kearnsville</del>	<del>05/01/24</del>
<del>Karen Winkler</del>	<del>Karen Winkler</del>	<del>8100 McHenry St</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI</del>	<del>5/1/24</del>
<del>Jeff Winkler</del>	<del>Jeff Winkler</del>	<del>800 McHenry St</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI</del>	<del>5/1/24</del>
<del>Jeremy Dingman</del>	<del>Jeremy Dingman</del>	<del>5057 24th Ave Salyer, WI</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salyer</del>	<del>5/1/24</del>
<del>Michael O'Connell</del>	<del>MICHAEL O'CONNEL</del>	<del>654 REVERPOOL CIR WATERLOO, WI</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterloo, WI</del>	<del>5/1/24</del>
<del>Anna Hanson</del>	<del>Anna Hanson</del>	<del>30225 Hickory Ln</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI</del>	<del>5/1/24</del>
<del>Kimberly Webster</del>	<del>Kimberly Webster</del>	<del>207 Centennial Dr, SD</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City North Sioux City, SD</del>	<del>5/1/24</del>

I, Kimberly Webster - Thunder, certify: I reside at 207 Centennial Dr, 57049, SD, North Sioux City 57049  
(name of circulator) (circulator's residence - include number, street, and municipality)

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



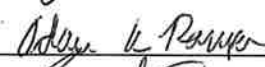


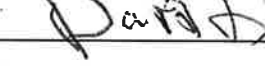
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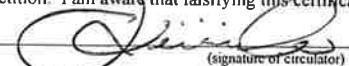
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	SCOTT OLSON	464 D...s Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/1/24
	RONALD BRAGOWSKI	124 CONKEY ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5/1/24
	Adam K Rompa	644 Dutton St. Apt 5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/1/24
	Sam Baer	116 Conkey St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/1/24
	Raul Rangel	316 W State St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-1-24
	Dan Bois	412 Walnut St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5-1-24
7. <del> </del>				
8. <del> </del>				
9. <del> </del>				
10. <del> </del>				

### Certification of Circulator

I, Kimberly Webster-Thunder certify: I reside at 2700 207 Centennial Dr, 8 North Sioux City, SD, 57049  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

05/01/24  
(date)

  
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	Jannine Nei	31505 Bear Cedar Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/1/24
	Karen Jannene	8142 Wheatland Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/1/24
	Ralph Jannene	8142 Wheatland Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/1/24
<del></del>	<del>Annette Dahm</del>	<del>3631 Weber Rd</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Watford</del>	<del>5/1/24</del>
	Sue Uebele	5309 Madison Rd,	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/1/24
<del></del>	<del>Chris Cortmeter</del>	<del>611 368th</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wheatland</del>	<del>5/1/24</del>
	Jeff Stenehjem	23212 Washington Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/1/24
	Judy Airome	15616 58th Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City YORKVILLE	5/1/24
<del></del>	<del>Rhianna S.</del>	<del>833 Browns Lane Dave</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington</del>	<del>5/1/24</del>
	Jordan Flynn	207 Centennial Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/1/24

I, Jordan Flynn, certify: I reside at 207 Centennial Dr, 57049, SD, North Sioux City  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-1-24  
(date)

(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Benjamin Nelson	960 Milwaukee Ave.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Whitewater, WI	5-1-24
	Zach Smith	913 Milwaukee Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Barleytown	5-1-24
	Thomas Dakin	232 Bridge St Apt 331	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Barlaxton WI	5-1-24
	Ross Rusoine	31531 BEAK ARBOR DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	5-1-24
	Nicholas Kohn	518 Maple St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Delia	5-1-24
	Kris Kirkpatrick	PREVIOUSLY RELL LAKE WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomfield	5/1/24
	Ryan Markham	473 David's Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-1-24
	ROBERT CARL	501 BLOODY ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5-1-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Jordan Flynn, certify: I reside at 201 Centennial Dr, 57049, SD North Sioux City  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/1/24  
(date)

(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Eva Fox</u>	<u>EVA FOX</u>	<u>12845 - Louis Sorenson Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>mt Pleasant</u>	<u>4-30-24</u>
2. <u>Michael Griffen</u>	<u>MICHAEL GRIFFEN</u>	<u>1640 96<sup>TH</sup> ST, #85</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>STUTEVANT</u>	<u>04-30-24</u>
3. <del>_____</del>	<del>_____</del>	<del>1330 Quincy Ave</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>WASTON</del>	<del>_____</del>
4. <u>Sara Braam</u>	<u>Sara Braam</u>	<u>1157 Hidden Creek Ln</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-30-24</u>
5. <u>JB</u>	<u>John Braam</u>	<u>1157 Hidden Creek Ln</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-30-24</u>
6. <del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
7. <del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
8. <del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
9. <del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
10. <del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>

I, Michael Kim, certify: I reside at 1441 E Germann Road Apt 2135 Chandler, AZ 85286  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

04/30/2024 Michael Kim  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>Alanna Steele</del>	<del>Alanna Steele</del>	<del>403 Madison St</del>	<del>Burlington</del>	<del>5/1/2024</del>
Alanna Steele	Alanna Steele	316 Origen	Burlington	5/1/2024
Julia Casper	Julia Casper	7945 Greenleaf Ave	Burlington	05/01/24
Nichole Monroe	Nichole Monroe	1805 Bridge St	Burlington	<del>5/1/2024</del>
Jacob Newer	Jacob Newer	489 S. Pine St.	Burlington	5-1-24
Karen McKusker	Karen McKusker	409 Edward St	Burlington	05/1/24
Tessi Curtis	Tessi Curtis	713 E. MKT 54 #18	Burlington	5-1-24
Katie Zion	Katie Zion	208 N Kendrick Ave	Burlington	5-1-24
Joe Stymanski	Joe Stymanski	6300 Beaver Rd	Burlington	5-1-24
Athanas	Athanas	9217 Hulda Dr	Starkweather	5-1-24

Certification of Circulator  
 I, Michael Kim, certify: I reside at 1441 E Germann Road Chandler AZ 85286  
(circulator's residence - include number, street, and municipality)

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

05/01/2024 (date) Michael Kim (signature of circulator)



# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Nancy Christensen	1249 N. Sunny slope Dr Unit 104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	05/02/24
<del></del>	<del>Madison Jones</del>	<del>1505 S. Clark St</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Keshena</del>	<del>05/02/24</del>
	Susan Heidingsfelder	8800 Shannon lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stordavent	5-2-24
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del> </del>

I, Michael Kim  
(name of circulator), certify: I reside at 1441 E Germann Rd, Chandler AZ, 85286  
(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 am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

05/02/2024  
(date)

(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	PAT BEDNAR	5820 Lincoln Ulg. #1	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/18/24
	HENRY F. GARBERS JR.	3027 Kearney Ave #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/18/24
	Lynn Vorlob	1638 Richard Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	5/18/24
	Cameron Kruse	2719 1st Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	5/18/24
	Alexis Wood	952 Market St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/18/24
	Jessica Bushman	1439 Fox Tail Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-18-24
	Emanuel Santiago Vaz	5939 MARGARY DR PPT 105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-18-24
	Maria Vargas	5932 Margery Dr. Apt #105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-18-24
	VIRGINIA JACKSON	5946 GOANWE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-18-24
	Edgar Orozco	5945 Jeanne Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-18-24

I, JAN SCHNEIDER, certify: I reside at 1295 N. LAKE ST NEENAH WI 54956  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
 Date: 5/18/24 Signature:

# RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
1. <i>Greia E.M.N.</i>	Greia Mejia	5945 Joanne Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/18/24
2. <i>Peter Ma</i>	Peter Ma	5824 Joanne Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/18/24
3. <i>Loni Haydel</i>	Loni Haydel	5910 Margery Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/18/24
4. <i>Antonio Duran</i>	Antonio Duran	5932 Margery Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-18-24
5. <i>Linda Stator</i>	Linda Stator	5830 Margery Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-18-24
6. <i>Cesar Martinez</i>	Cesar Martinez	5830 Margery Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/18/24
7. <i>Maria Robles</i>	Maria Robles	5830 Margery Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/18/24
8. <i>Antreanna Lockridge</i>	Antreanna Lockridge	5821 Margery Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/18/24
9. <i>Ricardo Garcia</i>	Brenda Rous	5874 Margery Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/18/24
10. <i>Virginia Chobier</i>	Virginia Chobier	2236 Riverview Ln. WI Mt. Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/18/24

I, Jay Schneider (name of circulator) certify I reside at 1295 N. Lake St. Appleton WI 54910 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5/18/24 (date)  
Jay Schneider (signature of circulator)  
 The information on this form is required by Wis. Stats. §§ 8.40 and 9.10. This form is prescribed by the Wisconsin Elections Commission | P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: <http://elections.wi.gov> | email: [elections@wi.gov](mailto:elections@wi.gov)

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kelsey Rasmussen	1323 River Knoll St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/2024
	Kathaleen A. Kerner	30135 Wooddown Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/2024
	Jennifer H. Schneider	130135 Wooddown Pr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/2024
	Melanie Baumeister	103 Musquetwood St. Rochester, WI 53167	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Burlington) Rochester	5/8/2024
<del>5.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>6.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>7.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>8.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>9.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>10.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>

I, Bri Honey Baker, certify: I reside at 125 18A Drive Coastonia, NC 28056  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/8/24   
(date) (signature of circulator)



# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Julie Wickert	334003 White Oak Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-10-24
	Mar Jackson	3900 Honey Crk. 100	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5-10-24
	Susan Koznik	[REDACTED]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-10-24
	Val Jones	2109 S 102nd ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-10-24
	Jaylin Herron	6014 Margery, Apt 203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-10-24
	Janice Oliver	1403 30th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	5-10-24
	Rylee Hoch	3509 Buckingham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-10-24
	Ashley Gustin	3325 Buckingham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-10-24
	Jahkeel Dosier	1717 Spring pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-10-24
	Zoraya Blair	2901 Pinehurst AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-10-24

I, Brittney Baker (name of circulator) certify: I reside at 125 TPA Drive Gastonia, NC 28056 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5-10-24 (date) (signature of circulator)

# RECALL PETITION

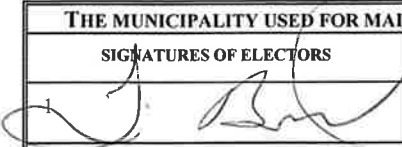
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63  
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant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

## STATEMENT OF REASON FOR RECALL

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

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

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

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	JIM BETL	1401 11TH 63A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION GROVE	5/11/24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

I, Brittany Baker certify: I reside at 125 TRA Drive Bastonia, NC 27056  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/11/24   
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Janet Blum	18917 Martin Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-14-24
	Lynn Osborne	2809 Martin Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-14-24
	DERRYL SMITH	4425 S. BEAUMONT AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	5-14-2024
	Kelly Smith	4425 S Beaumont Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dove	5/14/24
	Randy Sorensen	1702 67 <sup>th</sup> DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove Yorkville	5/14/24
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>

### Certification of Circulator

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

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

5-14-2024

(date)

(signature of circulator)

Page No. **840**





# RECALL PETITION

TO: The Wisconsin Election Commission  
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Assembly District 63  
(jurisdiction or district of officeholder)

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

## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Paul Pillatsch	1701 240th Ave Apt. 1	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Francisville, WI	5-3-24
2.	Kai Pehr	N6420 Paradise Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-3-24
3.	ASH	630 W. State St #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-3-24
4.	[redacted]	286 N Lake Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha	5-3-24
5.	Shawn	31531 Beer garden rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-3-24
6.	Luan Ibarra	809 crestwood dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-3-24
7.	Ikaia Santos	1140 cooper hawk dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-3-24
8.	Izakiah Santos	1140 cooper hawk dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-3-24
9.	Seanaric Richards	10202 W. Fountain Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-3-24
10.	Nicole Blight	733 Milwaukee Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-3-24

I, Dave Brown  
(name of circulator), certify: I reside at 2983 E Miller Way Ca 93726  
(circulator's residence - include number, street, and municipality)

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

05/03/24  
(date)

(signature of circulator)

# RECALL PETITION

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

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

SIGNATURES OF ELECTORS		PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.		JEFF HUGHES	193 S. KENDRICK AVE # 3	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/3/24
2.		A. ANN GAREA	180 Bridge St # 311	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/3/24
3.		Pamela Collins	27910 plank rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/3/24
4.		Dan Rosemond	1628 3rd Ct. Keweenaw, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-3-24
5.		NICOLE VOGEL	264 Edward ST Durt	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/3/24
6.		Susan Polora	617 Lavenwood Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	5/3/24
7.		Darrell Jensen	536 N Cogswell Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City 5.7441 Lake WP	5/3/24
8.		Roy Adewale	504 River Ridge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	5/3/24
9.		Joshua Kinn	1433 Ische	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/3/24
10.		Melissa Douglas	917 Dickinson Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waukesha	5/3/24

### Certification of Circulator

I, Don Brown (name of circulator) certify: I reside at 2983 E Miller Way CA 93726 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5/3/24 (date) Don Brown (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Tommy King	32821 S. Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5.3.24
	Danielle Kawan	8616 Country View Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5.3.24
	Autumn Weis	28503 Durand Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5.3.24
	Karley Bodo	6901 Groves 5315	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Delavan	5.3.24
	Kyle Grootzinger	293 S 7th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Watertown	5.3.24
	John Dillman	262-374-6556	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5.3.24
	Jordan Gardner	262-492-4116	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-3-24
	Louis Mueller	2862 811 St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5.3.24
	ROBERT WARWICK	3507 LITCHFIELD DR 262-206-3611 BURKINGTON	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	5-3-24
	Brenda Carl	22559470 Big Bend Dr. Big Bend	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Walkerton	5.3.24

### Certification of Circulator

I, Dora Brown, certify: I reside at 2983 E Miller Way Co 95726  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/3/24  
(date)

(signature of circulator)

Page No. **844**



# RECALL PETITION

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	Joseph Novak <small>(NOVAK)</small>	585 Edgewood Dr <small>(EDGEWOOD)</small>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-11-24
2. <i>[Signature]</i>	Linda Callawaert <small>Linda De Callawaert</small>	15941 Ridgeway #22B <small>(Caledonia)</small>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-12-24
3. <i>[Signature]</i>	Miguel Bueno	8616 Buckingham Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stoughton	5-12-24
4. <i>[Signature]</i>	Seth Peters <small>(Seth Peters)</small>	1313 Vine St <small>(1313 VINE ST)</small>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-12-24
5. <i>[Signature]</i>	Daniel Nehercut	21618 Plank Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DOVER	5-12-24
6. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>
7. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>
8. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>
9. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>
10. <i>[X]</i>	<i>[X]</i>	<i>[X]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[X]</i>

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

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

5/12/24  
(date)

*[Signature]*  
(signature of circulator)

Page No. **846**

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction)  
(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 §.9.1  
(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 legislative, judicial, or county officials.*)  
 Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Sonia Colon	4119 S BEAUMONT AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5-13-24
	MICHAEL LOVELL	51345 BEAUMONT AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	5-13-24
	Ed McAuley	24700 COUNTY LINE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover Dover	5-13-24
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>

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

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

5/13/24  
(date)

(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Karen J Frank	29902 Meadow Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
	Rick Frank	29902 Meadow Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
	JUDITH PETERSON	132 Vassallo Ln <sup>(132 Vassallo Ln)</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-14-24
	Alden Eggleston	144 Vassallo Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union GROVE	5-14-24
	Ben Van Engen	4525 Sheard Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5-14-24
	Kaila Van Engen	4525 Sheard Rd (Sheard Rd)	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOVER	5-14-24
	Brigitte Rainbird	27623 Edward Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5-14-24
	Margaret McCauley	24700 County Line Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5-14-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

5/14/24 (date) (signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission  
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Assembly District 63  
(jurisdiction or district of officeholder)

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>Paula J. Kowalski</del>	<del>BOBBIE W. KIERICH</del>	<del>[REDACTED]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>5-15-24</del>
2.	Joe Freislaben	2832 Cottage Dr-1 Cottage Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
3.	Garrett Wojcik	2920 Cottage Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
4.	Karen Musil	2842 Cottage Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	5-15-24
5.	Kristin Callaway	312 Cozy Acres Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
6.	Lloyd Seidel	6744 Larchmont	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
7.	Jennife Binneboese	16741 Larchmont.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

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

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

5/15/24  
(date)

(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Alex's Smith	32610 <del>Harcher</del> Harcher Rd, Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/24
	Joe Hunter	33820 Rose St Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/24
	Debbie Van Beek	32910 Bohner Dr Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/24
	Bernadette C. Thomas-Longo	32910 Maple Grove Dr. Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/24
	Dennis Longo	32910 Maple Grove Blvd Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/24
	Chris Ryan	8313 Chara Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/8/24
	Ryan Goss	8313 Chara Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-8-24
	Renee Morgan	8431 Chara Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-8-24
	Brenda Fraley	32836 S. Lakeshore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-8-24

I, Joshua Foss (name of circulator), certify: I reside at 25 Rosewood Rd Batesville, AR 72501 (circulator's residence - include number, street, and municipality)

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

5-8-24 (date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS		PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>London Severson</del>		<del>GORDON SEVERSON</del>	<del>2610 BATE ST</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>RACINE</del>	<del>4-30-24</del>
<del>Tameka Hiler</del>		<del>Tameka Hiler</del>	<del>920 Villa Street</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>RACINE</del>	<del>4-30-24</del>
<del>Virginia Jones</del>		<del>Virginia Jones</del>	<del>5333 Langdale Dr</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>Calenderie</del>	<del>4/30/24</del>
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<del>[Signature]</del>		<del>[Name]</del>	<del>[Address]</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Richard Carnagey (name of circulator), certify: I reside at 2700 W Powell Blvd Apt 199 Gresham, OR 97030 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
4/30/24 (date) [Signature] (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Maryellen L. Schemel	4123 Washington Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	<u>04.30.24</u>
	John M. Carls	1815 Jerome Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	<u>04/30/24</u>
X				
X				
X				
X				
X				
X				
X				
X				

I, Richard Carnagey, certify: I reside at 2700 W Powell Ave Blvd Apt 199 Gresham, OR 97030  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/30/24 (date) (signature of circulator)

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<del>Debbie Loka</del>	<del>Debbie Loka</del>	<del>316 PARK AVE Burlington WIS 53105</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City City</del>	<del>4/30/24</del>
Debbie Loka	Debbie Loka	316 PARK AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/30/24
Bethany Delk	Bethany Delk	340 Park Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4/30/24
—	—	—	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	—
<del>5.</del>				
<del>6.</del>				
<del>7.</del>				
<del>8.</del>				
<del>9.</del>				
<del>10.</del>				

I, Richard Carnagey, certify: I reside at 2700 W. Powell Blvd Apt 199 Gresham, OR 97030  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

4/30/24  
(date)

Richard Carnagey  
(signature of circulator)



TO: The Wisconsin Election Commission  
(official with whom nomination papers or declaration of candidacy for the office is filed)

# RECALL PETITION

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

We, the undersigned qualified electors of the Assembly District 63  
(jurisdiction or district of officeholder)

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	JAMES GREEN	5950 POTOMAC PI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOUNT PLEASANT	05/09/24
	Joseph Sobocinski	6020 Greenway Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOUNT PLEASANT	05/09/24
	Irma Villalobos	5910 WYNBROOK CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/9/24
	Anselmo Verguez	5910 WYNBROOK CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/9/24
	DAVID BOSANKO	1716 COLONY DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT. PLEASANT	5-9-24
	SALLY BOSANKO	1716 COLONY DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT. PLEASANT	5-9-24
	Elizabeth Bosanko	1716 Colony Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant	5-9-24
	STEVE BOSANKO	1255 N. SUNNY STORP DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOUNT PLEASANT	05/09/24
	JOSHUA FOSS	5734 Cambridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT. PLEASANT	5/09/24

I, Joshua Foss, certify: I reside at 25 Rosewood Rd Batesville AR 72501  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

6/9/24  
(date)

(signature of circulator)

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

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kristin Turville	W943 Myrtle Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Genoa City	5/3/24
	Austin Callicott	W943 Myrtle Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Genoa City	5/3/24
	Margaret O'Brien	N. 202 County RD #152	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Evan <del>Bartelson</del> EB	1632 Lyndale Ct.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lyons	5/3/24
	Judy Lauer		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Richard Carnagey		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Richard Carnagey		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Richard Carnagey		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Richard Carnagey		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Richard Carnagey		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Richard Carnagey, certify: I reside at 2700 W. Powell Blvd Apt 199 Gresham, OR 97030  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/3/24 (date) (signature of circulator)



# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Rita Perchacek</i>	RITA Perchacek	5055 Ryedebusch Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON WI	5-3-24
<del>2.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>3.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>4.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>5.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>6.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>7.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>8.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>9.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>
<del>10.</del>	<del></del>	<del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del></del>

I, Richard Carnagey, certify: I reside at 2700 W Powell Blvd Apt #179 Gresham, OR 97030  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/3/24 (date) *Richard Carnagey* (signature of circulator)

## RECALL PETITION

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

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9,10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)



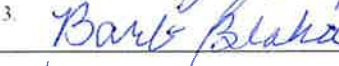

### STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jacquelyn L Pro	1101 Prairie Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	05-21-24
	Mauricio Spain	22 Prairie Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	05-21-24
	BARBARA BLAHA	920 PRAIRIE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	5-21-24
	KAVINACRUZ	332 PAUL ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	5-21-24
5			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Edwin Santiago Jr., certify: I reside at 1705 Derby Ave MT Pleasant WI 53404  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-21-24   
(date) (signature of circulator)

Page No. 858

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Noah Kusik		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Noah Kusik	265 S Parkings Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/2/24
	<del>Karen</del>	<del>1728 S My...</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>5/25/24</del>
	Granger	1728 Spring Prairie RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	<del>Kayla</del>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Kayla Moran	341 Milwaukee Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
	Donald G. Lightfield	W 1709 Potter Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
	JAMES B. WILCOX	P.O. BOX 124 LYONS, WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LYONS, WI.	5/2/24
	STEVEN R. MATTOX	8068 48TH AVE.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KENOSHA	5/2/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Richard Carnagey  
(name of circulator), certify: I reside at 2700 W Powell Blvd Apt 199 Gresham, OR 97030  
(circulator's residence - include number, street, and municipality)

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

5/2/24  
(date)  
  
(signature of circulator)

*(Handwritten initials)*

### RECALL PETITION

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

#### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>[Signature]</i>	THOMAS BOYLE	180W Chestnut St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/2/24
2. <i>[Signature]</i>	Eileen DANIELS	232 BRIDGE ST #237	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/2/2024
3. <i>[Signature]</i>	CARIN SKIPPER	313 E Market St #16	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/2/2024
4. <i>[Signature]</i>	Lota Bearder	<del>618 Lakeside</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Geneva	<del>5/2/24</del>
5. <i>[Signature]</i>	Brian Grimes	312 Lakeside w	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/2/24
6. <i>[Signature]</i>	Veronica Madell	559 Adams St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/2/24
7. <i>[Signature]</i>	Dustin Runders	3747 Rabelka Ct. <sup>on</sup> Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/2/24
8. <del><i>[Signature]</i></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
9. <del><i>[Signature]</i></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
10. <del><i>[Signature]</i></del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>

I, Richard Carnagey, certify: I reside at 2700 W Powell Blvd Apt 199 Gresham, OR 97030  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5/2/24 *[Signature]*  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)  
 We, the undersigned qualified electors of the Assembly District 83 (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
	Susan Stefanovich	2419 State Rd 120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Geneva
	MELISSA IMPENS	7050 S English Settlement	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington
	JASON KENDRA	356 S. Kane St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington
	Ally Biret	173 W Highland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington
	Michelle Danmaria	180 W Highland Ave <del>P.O. Box 566</del> 457 Randolph St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington
	ADAM OLSEN	457 MAWDOUPH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington
	Kerry Kolasa	133 Edward St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington
	Dennis Kolasa	133 EDWARD ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON
	Travis LuLake	141 Edward St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington

Certification of Circulator  
Kimimila Webster - Thunder, North Sioux City, SD, 57049

I, Kimimila Webster - Thunder (name of circulator), certify: I reside at 207 Centennial Dr, North Sioux City, SD, 57049 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

05/02/24  
 (date)

(signature of circulator)

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
2.	<u>Colleen Kelly</u>	<u>149 E State St Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington WI</u>	<u>5/3/24</u>
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kimberla Webster - Thunder, certify: I reside at 207 Centennial Dr. North Sioux City, SD, 57049  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

05/03/24   
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	MARK LARSEN	1780 NEW ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	5/17/2024
2. <i>[Signature]</i>	JULIA MATOUSEK	1725 NEW ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	5/17/2024
3. <i>[Signature]</i>	Robert Verhalen	431 NOTTINGHAM DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	5/17/2024
4. <i>[Signature]</i>	Skylar Vyse	4500 YATES DR. # 104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	5/17/2024
5. <del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
6. <del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
7. <del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
8. <del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
9. <del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
10. <del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

I, JAMES A CLARK, certify: I reside at 5891 US HIGHWAY 152 BUSINESS HEWATSON NC 27537  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

May 17 2024  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

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(name of officeholder to be recalled and office).

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	Robert Triplett	3407 SHORE DR.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-2024
	Harmony Triplett	3407 Shore Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-2024
	Faith Triplett	3407 shore Drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-2024
	Diane Ketterhagen	30146 Front Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-7-24
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>

I, Joseph Kosmicki, certify: I reside at 468 Karra Ct Chulavista, Ca 91910  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5/7/2024 JK  
(date) (signature of circulator)



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1.	GRANT PETERSON	2601 DRIFTWOOD TR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/8/24
2.	Barbara Pulgin-Helksten	2318 Red Oak Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	05/09/2024
3.	Nelson R. Sohn	2505 Red oak Dr. Burl.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-8-24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Joseph Kosmicki (name of circulator), certify: I reside at 468 Karra Ct. Chula Vista, Ca (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
JK (signature of circulator)  
5/8/2024 (date)

# RECALL PETITION

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	Indicate Town, City, or Village <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	HELEN L. MCCROSSEN	7604 COUNTY LINE RD.	<input checked="" type="checkbox"/> Village VILLAGE	5-9-24
	Todd McCrossen	7604 County Line RD	<input checked="" type="checkbox"/> Village VILLAGE	5-9-24
	JANICE PUTRA	835 Lannon Ter	<input checked="" type="checkbox"/> Village VILLAGE	5-9-24
	RAY KNIGHT	4430 Yates Dr Apt 204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-9-24
	Sam Schubert	4460 Yates Dr Apt 201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/9/24
<del>6.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>7.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>8.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>9.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>10.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>

1. Joseph Koswiczki (name of circulator), certify: I reside at 468 Karra Ct. Chula Vista, Ca 91910 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

JK (signature of circulator)  
5/9/2024 (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](mailto:elections@wi.gov)

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	Cheryl A. Johnson	6751 Mariner Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/10/24
	Margaret Tishken	6751 Mariner Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/10/24
	PAUL SAKACHI	6731 MARINER DR	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5/10/24
	Kristi Dunham	6940 Mariner Dr. #102	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-10-24
	DAWN NELSON	1000 Prairie Dr. #102	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/10/24
	Carol Hogue	6737 Explorer Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/10/24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
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<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

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5/10/2024   
(date) (signature of circulator)

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	Michael Jani Krupar	6600 Marinor Dr #104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-11-24
	Patrick Genter	1233 N. Stuart rd Racine WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-11-24
	Joseph Perone	7902 - Daniel Ct.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-11-24
	Reynoldo Reynoso	4407 Old Green Bay Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-11-24
	Susan Reynoso	4407 Old Green Bay Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/11/24
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
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<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

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5/11/2024   
(date) (signature of circulator)

# RECALL PETITION


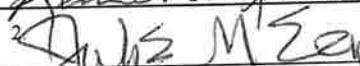








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	Kenneth R. Klumb	324 DANTE DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BERLINGTON	5-8-24
	Julie Erickson	400 S. TURT RD -	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BERLINGTON	5-8-24
	Chris Enck	400 S TURT RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BERLINGTON	5-8-24
	Christian Schroeder		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Christian Schroeder		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Christian Schroeder		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Christian Schroeder		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Christian Schroeder		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Christian Schroeder		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	Christian Schroeder		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Christian Schroeder, certify: I reside at 1295 North Lake Street, Meenah, Wisconsin, 54956  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/8/24 (date) Christian Schroeder (signature of circulator)

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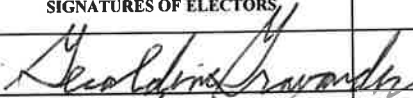

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lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents by calling them "whack-jobs, morons, and idiots."

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	GERALDINE GRAVANDER	7123 FIELDVIEW DR.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT, WI	05/09/24
	Darin Evans	1618 Rolling Green Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant, WI	05/09/24
X				
X				
X				
X				
X				
X				
X				
X				
X				

I, Christian Schroeder, certify: I reside at 1295 North Lake Street, Maunach, Wisconsin, 54956  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/9/24 Christian Schroeder  
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	JOHN D. DRUSDALE	2511 DRIFTWOOD TRL.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5-2-24
	Tabitha Johnson	352 E MAIN ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	5-2-24
	Richard W. Baumgartner	302 N Brown Lake Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
	Barb Madunich	152 E Chestnut St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
	Rob Hechtman	140 E. Chautauq St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
	Sue Vanderhulst	400 S. Edwards Blvd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Geneva	5-2-24
	Jaime Mueller	11694 Walburg Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
	Jennifer Myhre	242 Edward St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/2/2024
	Robert DeSchaaf	256 Edward St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-2-24
10.				

I, Jordan Flynn, certify: I reside at 207 Centennial Dr, North Sioux City, SD, 57049  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5/2/24  
(date) (signature of circulator)

# RECALL PETITION











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

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

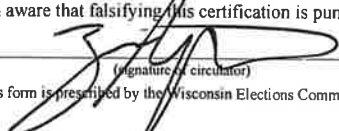
Robin Vos should be recalled for his tacit support of the Chinese Communist Party (CCP), acceptance of trips from the CCP, failure to protect Wisconsin farmland from the CCP, lack of commitment to election integrity, blocking lower prescription drug costs, and flagrant disrespect for his own constituents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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Lois Ray Jones	157 S Pine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/3/24
2. 	Elva F	143 S Pine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/3/24
3. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. 			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jordan Flynn (name of circulator) certify: I reside at 207 constituent Dr, SD, North Sioux City 57049 (circulator's residence - include number, street, and municipality)

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

5-3-24 (date)  (signature of circulator)



# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)  
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		MUNICIPALITY OF RESIDENCE		DATE OF SIGNING
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	Indicate Town, City, or Village	
1. <i>Craig Shreck</i>	Craig Shreck	1941 Spring Meadow Ct	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-10-24
2. <i>Nathan Shreck</i>	Nathan Shreck	1941 Spring Meadow Ct	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/10/24
3. <i>Jane Kunstman</i>	Jane Kunstman	1424 Fox Tail Dr unit 203	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	5-10-24
4. <i>Robert Kunstman</i>	Robert Kunstman	1424 Fox Tail Dr unit 203	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	5-10-24
5. <i>Francine M. Ricchio</i>	FRANCINE M. RICCHIO	1414 Fox Tail Dr - 103	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	5-10-2024
6. <i>Sheila Jourige</i>	Sheila JOURIGE	1533 S. Greabay Rd.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <del>REC'D</del> MT PLEASANT	5-10-24
7. <i>VigA Brooks</i>	VIG A BROOKS	15713 16th St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-10-2024
8. <i>Patricia Berryman</i>	Patricia Berryman	5510 Lincoln Vlg Dr 209	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mount Pleasant WI	5/10/24
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Christian Schroeder, certify: I reside at 1295 North Lake Street, Neenah, Wisconsin, 54956  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/10/24 Christian Schroeder  
(date) (signature of circulator)

# RECALL PETITION

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

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1.	John Golden	2827 E Fields Lane Way 2012 Sturtevant WI 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-20-24
2.	Patti Drumm	2861 E Fields Lane #2313 Sturtevant, WI 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/20/24
3.	John Fall	127 Edward St. Burlington WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-20-24
4.	Lisa Loss Guthrie	8519 Fox Haven Chase Sturtevant WI 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/20/24
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**Certification of Circulator** 1205 North Lake Street, Neenah, WI 54956  
(circulator's residence - include number, street, and municipality)

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




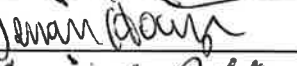
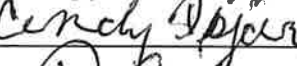


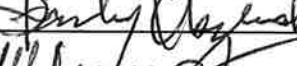
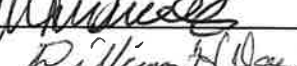
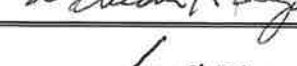
Christian Schroeder (signature of circulator)  
5/20/24 (date)

# RECALL PETITION

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

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	JOSEPH STEIFF	1316 Bryan Mawi Ave Sheridan	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/24/24
	Michael Lee	3800 Sheridan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/24/24
	Annette Howe	3886 Sheridan rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/24/24
	Jeman Howze	3806 Sheridan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/24/24
	Cindy Disjardin	3806 Sheridan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-24-24
	Ryan Saavola	12008 Lakewood Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/24/24
	Ryan Saavola	10229 Sherman Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/24/24
	Stanley Olszewski	4055 Sheridan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/24/24
	Maria Jimenez	1605 Atheelen Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/24/24
	William H. Dargin	1622 Derby Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	5/24/24

I, Larry Grataniakos (name of circulator) certify: I reside at 9818 N. 7th Place, Phoenix AZ 85020 (circulator's residence - include number, street, and municipality)

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

# RECALL PETITION

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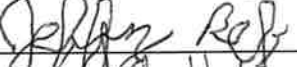
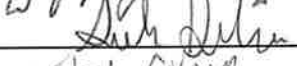
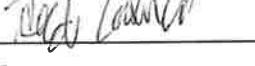

petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.  
(name of officeholder to be recalled and office)

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	MICHAEL BERBOW	6150 Regency Hills	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/9/24
	ERIK KOPIDOWSKI	4231 #104 DURAND AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5/9/24
	JEFFREY REFF	4231 #104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5/9/24
	Sarah Kunagen	1127 Tallgrass Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/9/24
	Heidi Cantwell	1809 Old Fancher Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/9/24
	Frank White <sup>Norton</sup>	236 Stewart Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-9/24
<del>7. _____</del>				
<del>8. _____</del>				
<del>9. _____</del>				
<del>10. _____</del>				

I, Catherine Justice, certify: I reside at 16920 Raines Rd, Little Rock, AR 72710  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

May 9 2024   
(date) (signature of circulator)

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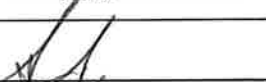
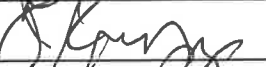


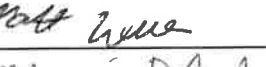
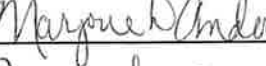
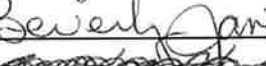

### STATEMENT OF REASON FOR RECALL

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

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

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

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

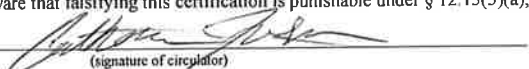
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	SANFORD MATTER	3038 92 <sup>nd</sup> ST	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5/10/24
	Janice Kropp	9416 Carol Ann Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Bug Zickus	9433 Carol Ann Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-10-24
	Karl Weber	9121 Chicory Creek Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City sturtevant	5-10-24
	Matt Weber	3405 Kensington S. Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Marjorie M. Anderson	3224 96 <sup>th</sup> St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Beverly Janota	9525 Hulda Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City sturtevant	5-10-24
	South Stapleton	9043 Chicory Creek Pr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
10.				

#### Certification of Circulator

I, Catherine Justice, certify: I reside at 16920 Raines Rd, LR, AR 77210  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

May 10th 2024  
(date)

  
(signature of circulator)

Page No. **877**

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
	Jesse Bowersos	3670 75th St Sturtevant, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>
	Zach Henderson	1025 B+L ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>
	Tristan Eggert	1117 Main Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>
	Christian Schlieper	1601 Main Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>
	Saerb Nelson	1718 State St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u>
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>			
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>			
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>			
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>			
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<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>			

I, Catherine Justice, certify: I reside at 16920 Raines Rd, LB, WI 53120  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

May 11 2024 (date) (signature of circulator)




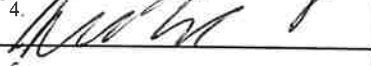
# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)  
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**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Carol Baumer	7031 McHenry St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-10-24
	Lou Haske	1069 Spring Uly Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5-10-24
	Rebecca H. Melby	2718 Crossway Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-10-24
	Ava Thomas	3504 S egerlish settlement ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-10-24
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>				
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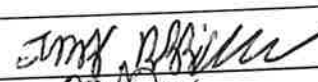





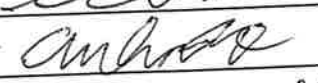
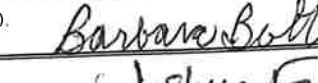
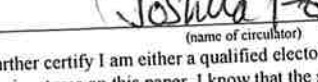
I, Joshua Foss (name of circulator), certify: I reside at 25 Rosewood Rd Batesville AR 72501 (circulator's residence - include number, street, and municipality)  
**Certification of Circulator**  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5-10-24 (date) Joshua Foss (signature of circulator)

# RECALL PETITION

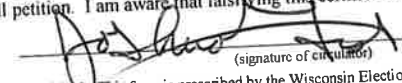
TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)  
 We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos (name of officeholder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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	 Tony Ruzzicore	735 15th ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
2.	 Chelsea Moran	304 18th AVE, APT 03	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	05/11/2024
3.	 Taron Brown	324 18th Ave Apt 09	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/2024
4.	 Victoria Ramirez	304 18th Ave, Apt 08	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	5/11/2024
5.	 Lisa Sanders	3208 18th Ave Unit 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-2024
6.	 Lisa Burkhardt	341 18th Ave Apt 12	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
7.	 Tim Burkhardt	341 18th Ave APT 12	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
8.	 Anthony Malone	339 16th Ave APT 11	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
9.	 Barbara Bolton	345 18 Ave Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-2024

### Certification of Circulator

I, Joshua Foss (name of circulator), certify: I reside at 85 Rosewood Rd Batesville AR 72501 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5-11-24 (date)  (signature of circulator)



# RECALL PETITION

TO: The Wisconsin Election Commission

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

We, the undersigned qualified electors of the Assembly District 63

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.

(jurisdiction or district of officeholder)

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)  
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**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>[Signature]</i>	David Schoedel	341 W State St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
2. <i>[Signature]</i>	SANDRA J KRUSE	505 E MAIN ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD WIS 53185	5/2/24
3. <i>[Signature]</i>	TIMOTHY C. KRUSE	505 E MAIN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD 53185	5-2-24
4. <i>[Signature]</i>	Tim Wenzel	479 WOODFIELD AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD 53185	5-2-24
5. <i>[Signature]</i>	Jessica Gordon	3426 S 84th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE 53224	5-2-24
6. <i>[Signature]</i>	Bill Schuler	2305 Congress	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
7. <i>[Signature]</i>	Bill Kohl	9437 Shady Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-2-24
8. <i>[Signature]</i>	Jay T. Conway	100 Grove St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/2/24
9. <i>[Signature]</i>	JEFF WILLIAMSON	1516 BARBARA ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/2/24
10. <i>[Signature]</i>	Rox Rosado	3-262 308 5799	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	

I, AMANDA MARQUEZ, certify: I reside at 291 N. Cavernest. Fellen, WI 53440  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/2/24  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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	AISAN ZADLER	32200 45th St Lot 334 Bnd. Wd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha County	5/2/24
	Tyler Brown	2435 Pine St Bu. 1 sta	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine county	5/2/24
	Randy Schweitzer	1505 Windsor Way #3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/2/24
	Roberta Gedemer	1447 Windsor Way #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/2/24
	J. Monte	1423 Windsor Way #3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/2/24
	Nancy Larsen	1423 Windsor way #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/2/24
	Lauren Kohel	1423 Windsor way #1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	5/2/24
	Kelly McGill	5700 Cambridge Cir #7	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-2-24
	Cheryl Sais	5700 Cambridge Cir #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-2-24
	Jennifer Branski	5700 Cambridge Cir #4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-2-24

**Certification of Circulator**

I, AMANDA MARGUEZ, certify: I reside at 291 N. LAWRENCE ST FALLON, NV 89502  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/2/24  
(date)

# RECALL PETITION

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

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Tim Nolder</u>	<u>TIM NOLDER</u>	<u>1103 101<sup>st</sup> St Pleasant Prairie WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>5-3-24</u>
2. <u>Marilyn Nolder</u>	<u>MARILYN NOLDER</u>	<u>1103 101<sup>st</sup> St. Prairie WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>5-3-24</u>
3. <u>Walter Perry</u>	<u>WALTER PERRY</u>	<u>340 SUNBURST AVE TWIN LAKES W. 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>5-3-24</u>
4. <u>Sharon Perry</u>	<u>Sharon Perry</u>	<u>340 Sunburst Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>5/3/24</u>
5. <u>James J Gengler</u>	<u>JAMES J GENGLER</u>	<u>19512 WASHINGTON AVE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Yorkville</u>	<u>5-3-24</u>
6. <u>Susan Gengler</u>	<u>Susan Gengler</u>	<u>19512 Washington Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Yorkville</u>	<u>5-3-24</u>
7. <u>Jim Villwack</u>	<u>JIM VILLWACK</u>	<u>32200 45<sup>th</sup> St. Lot 315</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington Wl</u>	<u>5/3/24</u>
8. <u>Michael Donald</u>	<u>Michael Donald</u>	<u>116539 Paradise Dr</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Berlington</u>	<u>5/3/24</u>
9. <u>Abraham Feliciano</u>	<u>Abraham Feliciano</u>	<u>1508 Webster Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rudine</u>	<u>5/3/24</u>
10. <u>Floyd Clark</u>	<u>FLOYD CLARK</u>	<u>6509 SPRING ST.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	<u>5/3/24</u>

I, Amanda Maroney (name of circulator) certify: I reside at 251 N. Laverne St Fallon NV 89406 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5/3/24 (date) Amanda Maroney (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS		PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.		Evan Schovahn	2920 Arrowhead Street <sup>Recirculated</sup>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Calumet	5/3/24
2.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. Amanda Marquez  
(name of circulator)

certify: I reside at

### Certification of Circulator

Amanda Marquez  
(circulator's residence - include number, street, and municipality)  
 251 N. Laverne St  
 Fallon NV 89406

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

5/3/24  
(date)

Amanda Marquez  
(signature of circulator)

# RECALL PETITION

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

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SIGNATURES OF ELECTORS		PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.		Andrew Malesky	490 18 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
2.		Jess Anderson	1833 New St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
3.		Cory Carroll	1882 Mildrum St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
4.		Mark Shilhan	3744 Mildrum St Apt 7	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
5.		Shawn Sandberg	1774 Mildrum St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
6.		Nicole Taylor	1736 Mildrum St Apt 1	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
7.		Edith Castillo	1748 Mildrum St Apt 3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
8.		Anna Tojza	1736 Mildrum St Apt 1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
9.		Samuel Moul	1736 Mildrum St Apt 4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
10.		Rosemarie B. Brooks	1612 Mildrum St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24


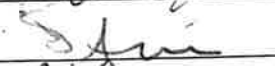
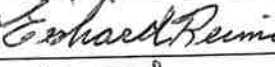


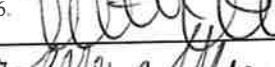
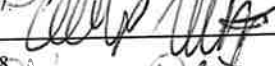

I, Joshua Foss (name of circulator), certify: I reside at 25 Rosewood Rd Batesville AR 72501 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5-11-24 (date) (signature of circulator)

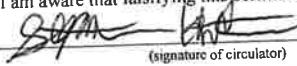
# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	GLEW EDWARD	1142 STRATFORD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	5-9-24
2. 	Sarah Adria	60711 Maplecrest W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5-9-24
3. 	ERHARD REIMANN	229 GLOBE HTS DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5-9-24
4. 	Steven PLISZKA	9104 Dahlia Ln. MT Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5-9-24
5. 	NICOLE PLISZKA	9104 DAHLIA LN MT PLEASANT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5-9-24
6. 	Autumn Unrein	2705 N Fancher Rd Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/9/24
7. 	Alex Unrein	2705 N Fancher Rd Mt Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-9-24
8. 	Margit Szabo	436 S Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MTPleasant	5-9-24
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Stephen Hurst (name of circulator), certify: I reside at 1 Forest View Dr. Hawthorn Woods, IL 60047 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5-9-2024 (date)  (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Heather Cramer	2606 County Rd. V	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/10/24
	Tom Loomis	144 S. STUART RD	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT Pleasant	5/10/24
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				
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<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				
<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); opacity: 0.5;"></div>				

I, Stephen Hurst, certify: I reside at 1 Forest View Dr Hawthorn Woods IL 60047  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-10-2024   
(date) (signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)  
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**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	DAVID R. MALISON	23123 McNAMARA RD 13	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	05/22/24
	Jane STEBEN	1810 Onaida DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/22/24
	MATT O'BRIEN	1336 Virginia St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	05/22/24
	Suleyha Rivera	2700 Blair ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	5/22/2024
	Terri Wallaw	2107 Stanson Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	5/22/24
	Daniel Brunson		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	<del>5/22/24</del>
	Janiys Nieves	5834 Margery Dr #105	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <del>Racine</del> Mt Pleasant	5/22/24
	Nicole Zeno	5945 Jeanne Dr. 102	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <del>Racine</del> Mt Pleasant	5/22/24
	Erika Ramirez	5830 Margery Dr #101	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/22/24

I, JAY Schroeder, certify: I reside at 1295 N. Lake St Neenah WI 54956  
(name of circulator) (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.17(3)(a), Wis. Stats.

5/22/24   
(date) (signature of circulator)



## RECALL PETITION

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

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

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1. <i>[Signature]</i>	Michael Brown	4311 Durand Ave Apt 201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	05/09/24
2. <i>[Signature]</i>	<del>Shane White</del>	4221 Durand Ave Apt 202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/9/24
3. <i>[Signature]</i>	Jessica Bosner	1633 Ramona Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	5/9/24
4. <i>[Signature]</i>	Kearra Hicks	1222 N. Stuart Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	5/9/24
5. <i>[Signature]</i>	Kassandra Anas	1236 N. Swan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	5/9/24
6. <i>[Signature]</i>	Ceri Haagenesen	1717 Old Fancher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	5-9-24
7. <i>[Signature]</i>	William C. Schroeder	9258 Millstone Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	5-9/24
8. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
9. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
10. <del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>

I, Justias Andujar, certify I reside at 876 47th Ave Vero Beach FL 32986  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-9-24  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Chris Sidebottom	9217 Carol Ann Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Tiffeni RUSH	3100 86th Apt 7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Erik Davis	3108 86th Apt 2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Jennifer M. Belief	2011 Taylor Ave #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greene	5-10-24
	Brett Larson	3317 90th ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-10-24
	Andrew Vance	3316 Buckingham Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City sturtevant	5-10-24
	Scott Browner	3416 Buckingham	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Ben Brauner	3416 Buckingham RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Carol Brauner	3416 Buckingham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Carol Brauner	3416 Buckingham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24

I, Josias Andyjar, certify: I reside at 376 47th Ave Van Bred Pl 32906  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-10-24  
(date)  
  
(signature of circulator)

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jamecia Robinson	8316 Sandra Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/2/2024
	Andduniqua L. Robinson	2029 Franklin St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/2/2024
KEYS HAWN	KEYS HAWN MAWHEATER	1516 Franklin St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/2/2024
	Cristian Martinez	3545 Douglas Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/2/24
	ANTON RODRIGUEZ		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
	MIKE ONLYA	P.O. Box 7899	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-2-24
	SORIN WARGGAARD	6425 KINGSDALE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE	5-2-24
	KURT SEIDEL	2406 GREENVALE 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-2-24
	JASON WILCHECK	N3326 Hickory Rd Waukegan WI 53147	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waukegan	5-2-24
	DALE HOWSER SR	4511 Harvest Lane RACINE WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raledonia	5-2-24

### Certification of Circulator

I, Dax Brown, certify: I reside at 2985 E Millen Way Fresno, CA - 93726  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/2/24  
(date)

Dax Brown  
(signature of circulator)

Page No. 891

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kim C Howser	4511 Harvest Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	5/2/24
	Jaren Smith	<del>624</del> 624 Echo Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/2/24
	MOHAMED AYOOB KHAN	2310 S. GREENBAY Rd Racine - WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE	5/2/24
	Dakota Fry	3209 Wheelock Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/2/24
	Tim Athan	1691 mead	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	8/2/24
	Diana Munoz	6629 Ranger Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/2/24
	BOB PALU	6414 DURAND AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/2/24
	Laura Foreman	229 Wilke Hg Sp. DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/2/24
	GORDON BELL	1642 96th St. UNIT 93	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5/2/24

I, Dax Brown, certify: I reside at 2983 E Millen Way Foshov, WI 53126  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/2/24 Dax Brown  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)  
 We, the undersigned qualified electors of the Assembly District 83 (jurisdiction or district of officeholder)  
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
 (name of officeholder to be recalled and office).

## STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS		PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	<i>[Signature]</i>	Dashonta Candy	1428 Villa St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine WI	5-2-24
2.	<i>[Signature]</i>	Nector Garcia	1942 Case Av.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24
3.	<i>[Signature]</i>	AL MILLER	1200 GOULD ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	5-2-24
4.	<i>[Signature]</i>	YOLANDA GUZMAN	2152 Chicago	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24
5.	<i>[Signature]</i>	JACOB DAVIS	234 N Memorial Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24
6.	<i>[Signature]</i>	Yasunika	1440 Racine's	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	5-2-24
7.	<i>[Signature]</i>	Detrice Daniels	1644 Cheryl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24
8.	<i>[Signature]</i>	williams	1619 Quincy	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24
10.	<i>[Signature]</i>	Patricia Pearson	3801 N Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-2-24

### Certification of Circulator

I, Don Brown certify: I reside at 2983 E Millen Way Fresno CA 93726 (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.  
5/2/24 (date) Don Brown (signature of circulator)

# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
		Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	May 22 2024
		Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	May 22 2024
		Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	May 2, 2024
		Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	May 12/24
		Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	May 12/24
		Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/2/24
		Keweenaw, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Keweenaw	May 2/24
		Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/2/24
		Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/2/24
		Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/2/24

I, Dax Brown, certify: I reside at 2983 E Miller Way Folsom, CA 95726  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/2/24 Dax Brown  
(date) (signature of circulator)

Circulator did not get any addresses

# RECALL PETITION

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

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	John P. ...	2319 Ludwig Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	05/14/24
	Gilbert Pearson	2040 Wisconsin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stoughton</u>	5/2/24
	...	3717 10 <sup>th</sup> Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5/2/24
	...	6768 Blue River Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Calderon</u>	5/2/24
	Sevana McNeish	1313 Oregon St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	20240502
	Ricky Brown	3843 Oregon Ct #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5/2/24
	Larry Wright	1328 Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5/2/24
	Jenna Rose	931 <u>with</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5/2/24
	Petra Harrington	923 DeKoven Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/2/24
	Larry Wilson	2055 <u>She</u> <u>Bolnco</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	5-2-24

I, Dan Brown, certify: I reside at 2983 E Miller Way Fresno CA 93726  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-2-24 Dan Brown  
(date) (signature of circulator)

# RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
(official with whom nomination papers or declaration of candidacy for the office is filed)  
 petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>
1.	Marco Mathews	520 Shelbourne <sup>APRILE</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI
2.	Jairo Soto	4008 Victory Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI
3.	Bobby Williams	1526 Gasull Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI
4.	Alisha Jackson	1026 Gasull Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI
5.	Lacey Merrill	909 Vine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI
6.	Lawrence Graves	758 Boulder trail with box	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <del>Racine WI</del>
7.	Robert Silva	431 Birch Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine WI
8.	[Redacted]	[Redacted]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City [Redacted]
9.	Byron	2906 Mitches St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine
10.	Jui Kim	1804 Mead	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine

Certification of Circulator 2083 E Miller Way Fresno CA 93728  
(circulator's residence - include number, street, and municipality)

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



# RECALL PETITION

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

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

## STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Kris Hach	3509 Buckingham Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Jeff Centell	8817 Corliss Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	John Robinson	3316 S. Kennedy dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Kris Engel	3425 S. Kennedy Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Veronica Godina	3210 S Kennedy Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Moses Gurim	3210 S Kennedy Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Justin Berken	3241 S Kennedy Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Priscilla Godina	3210 S. Kennedy Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Nathaniel Godina	3210 S. Kennedy Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Wayne Jepson	8708 Westminster Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24

I, Justin Berken, certify: I reside at 776 47th Ave Vero Beach FL 32966  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-10-24   
(date) (signature of circulator)

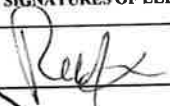
# RECALL PETITION

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

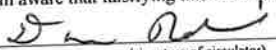
## STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Reynaldo Martinez	116 Clover Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-9-24
<del>2.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>3.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>4.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>5.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>6.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>7.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>8.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>9.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
<del>10.</del>	<del></del>	<del></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>

I, Daniel Rounbark, certify: I reside at 877 Private Road 2220 Hartman A02 72840  
(name of circulator) (circulator's residence - include number, street, and municipality)  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

5-9-2024 (date)       (signature of circulator)

# RECALL PETITION

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

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

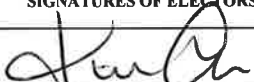
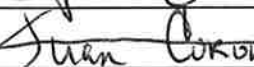
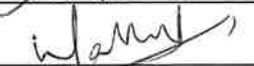
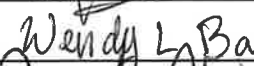



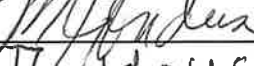
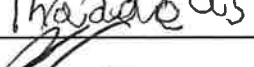

## STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Juan Corona	1920 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
2. 	<del>Juan Corona</del>	<del>_____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>_____</del>
3. 	Waleed Nabeed	2030 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
4. 	Wendy L Barr	2121 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
5. 	Jennifer Adams	2816 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
6. 	Arlyn Adams	2816 90th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
7. 	Sally Pieske	2836 90th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
8. 	M.S. Anderson	2936 90th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
9. 	Thaddeus Barr	2121 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
10. 	Joseph Thilleman	2905 94th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24

### Certification of Circulator

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

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

5-10-24

(date)



(signature of circulator)

Page No. 899

# RECALL PETITION

TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)  
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SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Melissa Fritz	3533 Elwood Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-9-24
	Anthony Beringer	5645 Regency Hills Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-9-24/1/24
	Darin Collica	5931 Regency Hills Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/9/24
	Ben Foster	6045 Regency Hills Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	
	Jennifer Alwin	3831 Royal Oaks Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/9/24
	Francisco Martinez	4311 Durant ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/9/24
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Cody Eller, certify: I reside at 1259 Cal RD Bible Grove IL 62807  
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/9/24  
(date)

(signature of circulator)