

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>
1.	Macaria Malfavon	8322 Dora Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant 5-10-24
2.	Angella Sullivan	4035 Gina Pr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant 5-10-24
3.	Michelle Miller	2006 Settlement Trail	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant 5-10-24
4.	Karen Sheeder	9516 Old Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant 5-10-24
5.	Jason Swanson	9516 Old Spring St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant 5-10-24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City

I, Cody Eller (name of circulator), certify: I reside at 1252 Caleb RD Bible Grove IL 62858 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(signature of circulator)

5/10/24
 (date)

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
	Jody Barrera	3425 Kennisington sq. Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant, WI	5/11/24
	Wayne F. Hemer	15941 Durand Ave Lot 506	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	5/11/24
	Mary Aschever	15941 Durand Ave Lot 516	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	5/11/24
	Sharon Owens	15941 Durand Ave #14R	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	5-11-24
	Sharon Owens	15941 Durand Ave #14R	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	5-11-24
	Hope Anderson	15594 Durand Ave 140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	5/11/24
	Daryl Poisl	1511 Braun Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	5/11/24
	DARYL POISL	1511 Braun Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant Wis	3/11/24
			<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, Cody Eller, certify: I reside at 1252 Cedar RD Bible Grove IL 62758
(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.

3/11/24 (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)


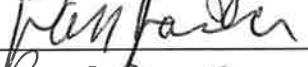

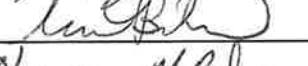
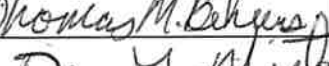
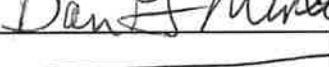
petition for the recall of Robin Vos from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
(name of officeholder to be recalled and office)

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
	Kelly Hansen	17303 Washington Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5/12/24
	DAN JANDA	17542 SPRING ST.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-12-24
	Paul JANDA	17542 SPRING ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-12-24
	Terri Behrens	2700 N. Colony Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-12-24
	Thomas M. Behrens	2700 n. Colony Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-12-24
	Dan G Minton	18826 Wash. Ave Washington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-12-24
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 1252 Caleb RD Bible Grove IL 62857
(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 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)

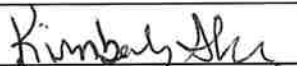
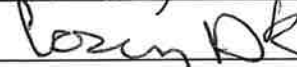
STATEMENT OF REASON FOR RECALL

(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
	Kim Aker	2807 oakhurst lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Yorkville <input type="checkbox"/> City	5/13/24
	Corey Aker	2807 oakhurst ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Yorkville <input type="checkbox"/> City	5-13-24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Cody Eller, certify: I reside at 1252 Caleb RD Bible Grove IL 62858
(name of circulator) (circulator's residence - include the number, street, and municipality)

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

Page No. 904

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
	Kim Gindoff	9328 Mt Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Stacie Bruening	9325 Mt Pleasant Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Aaron Lockard	3219 94th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	Cathy Smith	3227 94th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Corey Godwin	3037 94th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Jacob Pikkonen	9316 Kalle Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	Bonnie Gruber	3224-93rd St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-10-24
	MICHAEL GLASSEN	8901 MT. PLEASANT AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-10-24
	Dawn Jones	3144 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/10/24
	ARNOLD R SCHATTNER	3120 90th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5/10/24

I, Moira Rounds, certify: I reside at 15872 N 18th St Phoenix AZ 85037
(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
	BARBARA SCHATNER	3120 90 TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STURTEVANT	5-10-24
	BARRY ROSELLE	3108 90 TH ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STURTEVANT	5-10-24
3.	Charles Laufert II	3113 90 TH ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-10-24
4.	PATTY FOTT	3131 90 TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-10-24
5.	SCOTT KIEKHFER	3201 90 TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-10-24
6.	Cheryenne Vernehl	3241 90 TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5/10/24
	Holly Larson	3317 90 TH ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5/10/24
8.	Alex Niesen	3524 90 TH ST APT 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5/10/24
9.	Capri Rogers	3524 90 TH ST apt 7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5/10/24
10.	Arevelon Tunstall	9324 Mulda Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5/10/24

I, Moira Rounds, certify: I reside at 15872 N 18th St Phoenix AZ 85032
(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.*)

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
	SHARON E. DAVILA	9100 Mt Pleasant Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant, WI 53177</u>	5/10/2024
	Paul Schutz-Stachnik	3035 91 Sturtevant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant 53177</u>	5-10-24
	Kato Swiderski	3920 Mulda Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/10/24
	James Jones	3144 90th sturtevant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5/10/24
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, Moira Rounds, certify: I reside at 15872 N 18th St Phoenix AZ 85024
(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 § 12.12(3)(a), Wis. Stats.

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

Page No. 907

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>Edwin Aguila</i>	Edwin Aguila	9024 Carol Ann Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24
2. <i>Veronica Aguila</i>	Veronica Aguila	9024 Carol Ann Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24
3. <i>Dustin Johnson</i>	Dustin Johnson	3524 Port	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5.11.24
4. <i>Summer Lindsay</i>	Summer Lindsay	3414 93rd St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24
5. <i>James Edwards</i>	JAMES EDWARDS	3236 93rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5/11/24
6. <i>Mike Christman</i>	MIKE CHRISTMAN	3212 93rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5/11/24
7. <i>Morris Swatka</i>	Morris Swatka	3126 93rd St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24
8. <i>Jennifer Osredkar</i>	JENNIFER OSREDKAR	3100 93rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24
9. <i>Amber Phillips</i>	Amber Phillips	3116 86th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24
10. <i>Samantha Humburg</i>	Samantha Humburg	3048 93rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24

I, Moira Rounds, certify: I reside at 15872 N 18th St Phoenix AZ 85028
(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.

5.11.2024 *Moira Rounds*
(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
	Zach Scholey	325 Paul St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/21/2024
	Samantha Barrios	456 Hawthorn St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/21/2024
	Jesse Baruss	456 Hawthorn St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-21-2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Fabian Maldonado, certify: I reside at 2105 Taylor Ave. Racine, WI 53403
(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.

05/21/2024 
(date) (signature of circulator)

Page No. 909

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Waider Baros	4228 Fairway Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford, WI</u>	5/25/24
	Micheala Poole	2009 Quincy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	5/25/24
	Donald Davis	3247 Commerce Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/2/24
	Willie Turner	1305 Blaine Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/25/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Joseph Steffler, certify: I reside at 8610 E Clover Dale 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.

5-25-24
(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.	Kimberly Sherwood	165 Chelsea Lane ^{Union Grove} WI 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove, WI	5-11-24
2.	Cory P. Pucin	410 Wellington Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove, WI	5-11-24
3.	Brittany Franzen	390 Milwaukee	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
4.	Robert Henderson	809 main Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5.11.24
5.	Karyn Peterson	809 main Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
6.	Rick Hoge	2828 95th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-24
7.	Eva Schmidtke	2835 97th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-24
8.	Karli Villalpando	2719 Wisconsin St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24
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 _____	_____

Certification of Circulator

I, Daniel Reardon, certify: I reside at 877 Private Road 2220 Hartman Aa 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.

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Ryan Vesnetzky	^{Apt 421} 4235 Erie St. Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/12/24
	Charra Schmidt	^{Apt. 421 53402} 4235 Erie St. Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	5/12/24
	Jamie Calkins	9200 Broadway Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Daleville</u>	5/12/24
	Debra Hetcher	2324 Grand St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5-12-24
	John Gallagher	7114 12th St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	5-12-24
	Leah Love	2832 91st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5-12-24
	Ashley Baker	9338 Florence Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5-12-24
	Julie Stimping	9332 Florence Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5-12-24
	Danielle Mudge	4008 Sorensen Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5-12-24
	Anthony Wilson	9003 Florence Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5-12-24

Certification of Circulator

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

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

5-12-2024
(date)

(signature of circulator)

Page No. 912

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>Shawn Fontes</i>	Shawn Fontes	9019 Florence Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sturtevant WI 53177</i>	5/12/24
<i>Brady Sorinson</i>	Brady Sorinson	9019 Florence DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sturtevant WI 53177</i>	5/12/24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

I, Daniel Rowland, certify: I reside at 877 Private Road 2220 Hartman A9 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.

5-12-2024 *Dan Rowland*
(date) (signature of circulator)

RECALL PETITION

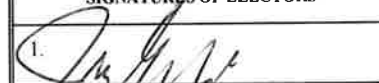

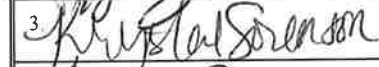
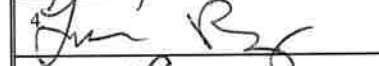
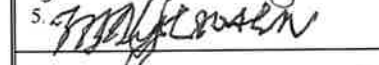
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to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

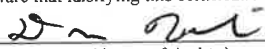
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Jonathan Geesik	6430 Bald Eagle Rd, Mount Pleasant WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/16/2024
	RYAN SORENSON	6330 LINDSAY LANE	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5/16/24
	Krystal Sorenson	6330 Lindsay Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/16/24
	Wann Purdy	9008 Carol Ann Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stortevant	5-16-24
	Michelle Jensen	6410 Lindsay Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-16-24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

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

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

5-16-2024
(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
[Signature]	GARY PLOTCHAK	5413 29th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-17-24
[Signature]	Lucas Gilmore	1721 Stoddard Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-17-24
[Signature]	Kevin McCall	1411 Warwick Way #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-17-24
[Signature]	Robert TUSA	1405 Warwick Way #	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant	5-17-24
[Signature]	Jennifer Sconzer	1405 Warwick Way #	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-17-24
[Signature]	Cherrie Johnston	1505 PRAIRIE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	5-17-24
[Signature]	Crystal Harrington	1421 Dakes Rd #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-17-24
[Signature]	Miranda Harrington	1421 Dakes Rd #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-17-24
[Signature]	Kassidi Cataldo	2332 Gillen St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5-17-24
[Signature]	Margaret Thediwa	1435 Dakes Rd #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-17-24

Certification of Circulator

I, Daniel Roembaric, certify: I reside at 877 Private Road 2220 Hartman AR 72890
(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.

5-17-2024
(date)

[Signature]
(signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
		301 E Higuerend Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/22/24
		5705 Center	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pers	5/23/24
	Jessica Spohnhoff	502 Ryan Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rochester	5/23/2024
	Deserose Thompkins	2424 Taylor Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/23/2024
	Joseph Evans	5420 Oak forest Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine Caledonia	5-23-24
	Dillon Marel	5000 Greenland Blvd. Apt. 205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/23/24
	Terry L. Jansen	6740 Explorer Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/23/24
	William Bedard	6800 MAR. WAY DR #202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	5/23/24
	Quenz: 1999 General Quenz	1324 Center St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/23/24
	Ashley Lucas	1324 Center St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/23/24

Certification of Circulator

I, Dante Anla, certify: I reside at 230 Riverwood St Richland WA 99352
(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.

5/23/2024
(date)

(signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Terrance	1503 92nd st	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	5-11-24
	THOMAS KUHAR	1509 90th st	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	5-11-24
	Andrew Suroz	1515 92nd st unit 98	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	5/11/24
	ROBERT PROCH/HANSEN	1523 92 St. Sturdevant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant WI	5/11/24
	MARY CHURCH	1640 96th #86	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant WI	5-11-24
	PATRICIA EMERICK	1701 Wisconsin St #3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant WI	5-11-24
	MARK S FRANK	1681 Wisconsin St #5	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant WI	5-11-24
	Beth Spear	1661 Wise St. #7	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant WI	5-11-24
	KRIS HEEROB	3201 Buckingham Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant, WI	5-11-24
	JIM KAMINSKI	3308 Buckingham	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturdevant WI	5-11-24

I, Josias Ardujar, certify: I reside at 876 97th Ave Van Buren IL 62966
(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
	Jeffrey Dimas	9091 86th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/10/2024
	Jeffrey Dimas	9091 86th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant prairie	5/10/2024
	Alicia Cardenas	3116 S. Kennedy DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-2024
	Nicholas Vandenberg	8616 Buckingham dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-2024 5-11-2024
	Jonathan Lopez	1850 Buckingham Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-2024 5-11-2024
	Trish Uttech	8816 Buckingham Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-2024 5-11-2024
	Steve Simonsen	5432 5th Street Sg Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stoughton	5-11-24
	Heba Ali	4718 Wood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-11-24
	Eman Ali	4718 Wood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-11-24
	RAMSEY ALI	4718 Wood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	5-11-24

I, Justas Andujar certify: I reside at 876 47th Ave New 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.

5-11-24
(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
	Sally LARSON	1076 Hidden Creek LANE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-2024
	Brandi Pehlbel	124 Bayridge Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-2024
	Kristina Schnuck	105 W Jefferson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5-13-2024
	Melissa DiGiovanni	649 Edgewood	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
	Kim Hughes	219 Smain St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
	James Macey	619 meadow ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Josie Andujar, certify: I reside at 876 47th Ave Waukegan IL 32946
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5-13-2024
(date)

(signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	JAMES W. SCHROEDER	1507-92nd St. #19	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-14-24
	Greg Riba	33922 Hillcrest Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
	Billy William	213 east market st.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
	Ivan Ibarra	9201 Florence dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Timothy Campbell	2021 90th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	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	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Justin Andujar, certify: I reside at 376 47th Ave Van Nuys 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.

5-14-24
(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)


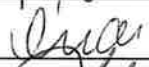

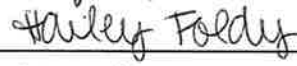
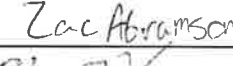
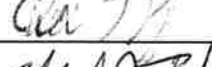

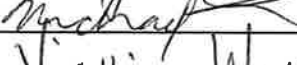

STATEMENT OF REASON FOR RECALL

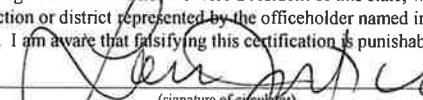
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county 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
	N. Arno	508 E. Jefferson Burlington WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	5/12/24
	Emily Allyn	1222 Main St UG	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UG (union grove)	5/12/24
	Jeff Pease	1222 Main St UG	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UG (union grove)	5/12/24
	Nailley Fordy	1033 main st upper rear	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City union grove	5-12-24
	Zac Abramson	1033 main st, upper rear	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City union grove	05-12-24
	Alex Zavaleta	522 Geneva Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	5-12-24
	Mark Farrell	2110 90th Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-24
	Michael Lewis	1836 Geneva st	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	5-12-24
	Vicki Wall	3047 86th St 204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-12-24
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, LORRA JUSTICE, certify: I reside at 10920 DANFORD DR ALTON WI
(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 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
	T.D. Peterson	2041 Centennial Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/13/2024
	Paul McMahon	6126 Carriage Hills Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/13/24
	Esther Malacorn	2117 Gala Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/13/24
	Angela Giles	2117 Gala Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/13/24
	Paul Mullock	2650 Rolling Fields Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/13/24
	Aaron McKinney	1660 West Main Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City De Pere	5/13/24
	DAVID Busch	6649 Heritage Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/13/24
	David DiChristopher	6529 Heritage Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/13/2024
	David DiChristopher	6529 Heritage Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/13/2024
	Summer Jackson	2132 Springmeadow Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/13/2024

I, LORRI JUSTICE, certify: I reside at 10980 Lakeland Ln, Appleton WI 54911
(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.

5-13-24
(date) (signature of circulator)

RECALL PETITION

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

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


STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Angel Arroyo	4800 Indian Hills Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5/13/21
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, Loane Justice, certify: I reside at 10970 Danvers Rd, WA 7220
(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.

5/13/21 Loane Justice
(date) (signature of circulator)

Page No. **923**

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
	Ethan Brekenhauer	1031 Main Street, Union Grove, WI 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/12/24
	Jeremiah Bailey	2919 Circle Dr. Burlington WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/12/24
	Samantha Bertrang	31531 Bear Arbor Dr. Apt 101 Burlington WI 53106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/12/24
	Justin Gordon	6345 Emmertsen Rd 53466 MT Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/12/24
	MIRIAM A. CORDA	1920 90th St. Sturtevant WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/12/24
	Andrew Campbell	1905 S 5th St. Sturtevant WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/12/24
	Ken Jegerstedt	1411 Woodchuck Way Warwick	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/12/24
	Casandra Suarez	903 State St USWIS 53183	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/12/24
	Ken Prostko	1201 Still St USWIS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/20
	Ryan Becker	1019 Everitt Dr. Mt. Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/12/24

Certification of Circulator

I, Catherine Justice, certify: I reside at 116970 Raines Rd LR, AR 72210 (circulator's residence - include number, street, and municipality)
(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.

May 12 2024
(date)

(signature of circulator)

RECALL PETITION

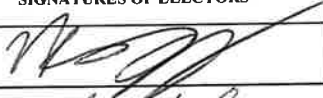









TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to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

STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Mason Copeland	2106 Lamada Rd, Raymond, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Vacine</u>	5/12/24
	Ethan Rush	8128 Dorothy Court	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u>	5/12/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

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

May 12 2024
(date)

(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Alex Perez	1111 24th Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
	Analjiah Guardiola	1111 8th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
	Hannah Boyd	1430 Park Pl	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	05/11/24
	Daniel Bouwma	3609 10th ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Recircled	5-11-24
	Paul SanSouci	722 Vine St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-11-24
	Denelle Aschauer	722 Vine St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
	Mike Vandeville	1854 Chesure Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/11/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, 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.

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)

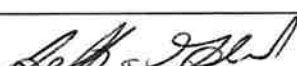
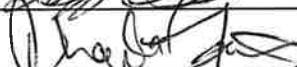

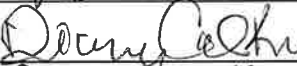
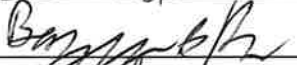
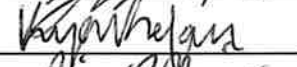




STATEMENT OF REASON FOR RECALL

(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."

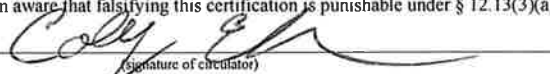
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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
	Jeff Glad	32854 Bohner Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	5/13/2024
	Charles Lawson	8335 Chara DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5/13/2024 5/13/2024
	Jeffrey Stelter	8411 Chara Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington, WI	5/13/2024
	DIANA CALKINS	8408 Heather Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bohners Valley	5/13/24
	Benjamin S Roberts	32884 Juniper St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bohners 1 unit	5/13/24
	Lya Kuban	8550 Steele St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5/13/24
	Reid Pellizzari	32904 Bayview Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5/13/24
	Kingstal Richer	8551 Horizon Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5/13/24
	Pete Richer	8551 Horizon Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5/13/24
	Travis Kirkland	33009 Maple Grove Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	05/13/2024

I, Cody Eller, certify: I reside at 1252 Caleb RD Bible Grove IL 62854
(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.

5/13/24
(date)


(signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ellen R Geyer</i>	Ellen R Geyer	7041 Mariner Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rosier Mt. Pleasant</u>	5/12/2024
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Joseph Kosmicki, certify: I reside at 468 Karra Ct. Chula Vista, 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.
5/12/2024 *JK*
(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

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.	Kim Wilson	7810 Greendale Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-2024
2.	Carol Fromstein	7320 Fish Hatchery Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
3.	JOHN HOWARD	7992 WAKEFIELD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
4.	Hobbie Larson	84300 Harvey Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
5.	DARLENE F. LEMMON	34305 FULTON	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
6.	SARA MARSALEK	33719 Lynn Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
7.	Hea		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.	Heather Mirkovich	34213 Oakwood Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
9.	Ami Kastor	33515 Fairview Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
10.	ANDREW ISENBERG	7735 Evergreen Terrace	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/2024

I, Joseph Kosmicki, certify: I reside at 468 Karra Ct. Chula Vista, 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.

5/13/2024
(date)

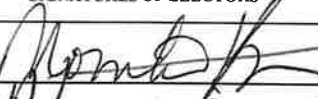

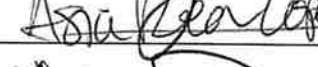


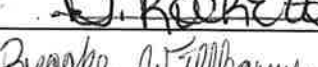
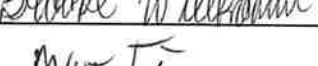
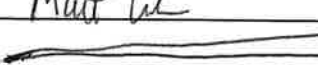
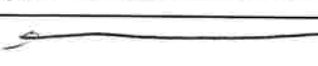
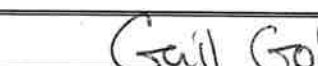
(signature of circulator)

RECALL PETITION

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

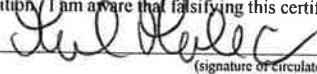
STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Monike Brim	1863 Roosevelt Ave #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/11/24
	Venus Jamison	3300 Paislyan Apt #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/17/24
	Ana Dear Lopez	8010 Taylor Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/11/24
	Yajana Wolk	1326 Erie St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/11/24
	Jim Cloway	18 Meade Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/11/24
	D. Rockett	2001 Washington Ave #101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/11/2024
	Brooke Willkomm	133 13th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/11/2024
	Matt Teizer	1307 Highview Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-11-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	

I, Gail Golec, certify: I reside at 15025 N. 100th St #7203 Scottsdale AZ 85260
(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.

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

RECALL PETITION

① ②

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
	Brandon Stossel	1459 Groves Ln.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/12/24
	Jake Estgen	440 13th Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/12/24
	Sarah Hoffmann	1311 Yorkville Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-12-24
	John Moorehead	361 Mill Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-12-24
	Linda Drik	3623 Arbor Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waterford	5.12.24
	CHRISTOPHER DRIK	3623 ARBOR RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	5.12.24
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, Gail Golec, certify: I reside at 5075 N. Moor St #203 Sco Lake AZ 85260
(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 12, 2024
(date) (signature of circulator)

RECALL PETITION

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

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

petition for the recall of 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
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
<i>[Signature]</i>	<i>[Signature]</i>	29088 N. Lake Dr, Waterford <i>Waterford</i>	<input checked="" type="checkbox"/> Town <i>Delagen</i>	12 MAY 2024
BOB KRIEN	<i>[Signature]</i>	3204 Crossway Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Burlington</i>	12 May 2024
<i>[Signature]</i>	<i>[Signature]</i>	118 mill Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>UNION GROVE</i>	May 12 2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Gail Golec, certify: I reside at 15005 Wisconsin St #2203 Scottsdale AZ 85260 (circulator's residence - include number, street, and municipality)

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

Page No. **932**

May 12 2024 (date) *[Signature]* (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	PEDRO BECERRA	600 12 th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/13/2024
2.	IRENE BECERRA	600 12 th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/13/2024
3.	LaVonne CINKO	1012 State St. #106E	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/13/24
4.	PAUL CINKO	1012 State St. #106E	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/13/24
5.	Jean Lois	1204 Jean St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/13/24
6.	Jeff Saunders	125 Elizabeth St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/13/24
7.	Marilyn Broeske	131 Walnut Rd. Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/13/24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Cecil Golec, certify: I reside at 5775 Wisconsin #2203 Scottsdale AZ 85260
(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.

5/13/2024
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 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
	Shak. I Haiden	3709 92nd Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Jessica Krauser	9018 Florence Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	James Pounds	9316 Florence Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Destiny O'Brien	9016 Florence Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24
	Benton Peters	8425 Old Springs St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mantua	5-14-24
	Gay W. Clark	6934 Waine Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Recine	5-14-24
	Rob Tarwid	2680 4 1/2 mile Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Recine	5-14-24
	Mario Sanjaya	1501 Buchanan	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Recine	5-14-24
	SUSAN CLOT	3703 92ND PL	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-14-24
	Ginny White	3609 92nd Place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-14-24

I, Gail Golec, certify: I reside at 5225 N. 100th St Unit 203 Scottsdale AZ 85260
(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.

5-14-24 Gail Golec
(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. 	Kevin Galambos	8900 Lon Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5/14/2024
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Kevin Galambos, certify I reside at 15025 N. 100th St Unit 2203 Scottsdale AZ 85260
(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 Kevin Galambos
(date) (signature of circulator)

RECALL PETITION

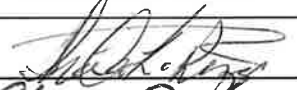
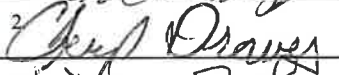







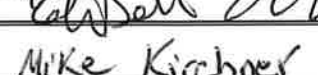
TO: The Wisconsin Election Commission, We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)

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. 	Sheila K. Riggs	53400 5810 Lincoln Village Dr. 102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT WISCONSIN	5-14-2024
2. 	Cheryl Drake	5810 Lincoln Village Dr. 102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-14-24
3. 	Willard A. Sung	1440 Fox Tail Dr 102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant, Wisc	5-14-24
4. 	Mary Lake	6437 Wembly Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	5-14-24
5. 	BEN LAKE	6437 WEMBLY LN.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	5-14-24
6. 	Virginia Squires	1246 N Sunnyslope Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-14-24
7. 	Virginia Squires	1420 N Sunnyslope Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-14-24
8. 	Dawn Gorman	10408 Wembly LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-14-24
9. 	MAM KOCHIA	6416 Wembly LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant, WI	5-14-24
10. 	Elisabeth Kochia	6416 Wembly LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant, WI	5-14-24

I, Mike Kirchner, certify: I reside at 1017 Riva Ridge Racine WI 53402
(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.

5-14-24 Mike Kirchner
(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>
1. <i>[Signature]</i>	BRAD JANTOSE	110 Sunnyslope #9	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant
2. <i>[Signature]</i>	Phil Frady	6513 Ardmore Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
3. <i>[Signature]</i>	Jennifer L. Nemeth	1116 N. Sunnyslope Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
4. <i>[Signature]</i>	Kid Brown	1225 N Sunnyslope Dr #103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
5. <i>[Signature]</i>	Kathryn Novak	1219 N Sunnyslope #103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
6. <i>[Signature]</i>	LORI PETERSON	1149 N. SUNNYSLOPE #101	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT
7. <i>[Signature]</i>	Kristi Dunham	6940 mariner dr #102	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
8. <i>[Signature]</i>	Janice Witrofski	7040 Mariner Dr #100	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT
9. <i>[Signature]</i>	Stephanie Hanson	5830 Cambridge Ln #9	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
10. <i>[Signature]</i>	Sharon J Davis	5810 Cambridge Ln #7	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant

Certification of Circulator

I, Mike Kirchner, certify: I reside at 1017 Riva Ridge Racine WI 53402
(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.

5-17-24
(date)

[Signature]
(signature of circulator)

W

RECALL PETITION

TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder)

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

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
Collette Krauter	Collette Krauter	5640 Cambridge Ln #7	City	
Collette Krauter	Collette Krauter	5640 Cambridge Ln #7	City Mt. Pleasant	5/17/24
Bruce Krauter	Bruce Krauter	5640 Cambridge Ln #7	City	
Bruce Krauter	BRUCE KRAUTER	5640 CAMBRIDGE LN #7	City MT PLEASANT	5-17-24
Linda Nielsen	Linda Nielsen	5600 Cambridge Ln #4	City Mt Pleasant	5-17-24
David Van	David Van	5505 Cambrig U 1	City Mt Pleasant	5-17-24
Justin Bryant	Justin Bryant	5581 Cambridge Cir #2	City MT PLEASANT	5-17-24
Bernard Sakrinen	BERNARD SAKRINEN	55827 CAMBRIDGE S	City MT. Pleasant	5/17/24
Clayton Emmons	CLAYTON EMMONS	5543 CAMBRIDGE CIR #5	City MT. Pleasant	5-17-24
Patsy Beres	Patsy Beres	5943 Cambridge Cir #6	City MT PLEASANT	5-17-24
Jeni Esch	Jeni Esch	7107 Granite Way	City Mount Pleasant	5-17-24

Certification of Circulator

I, Mike Kirchner, certify: I reside at 1017 Riva Ridge Racine, WI 53402 (circulator's residence - include number, street, and municipality)

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

5-17-24 (date) Mike Kirchner (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)

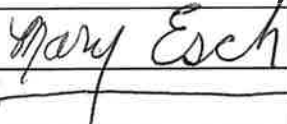










STATEMENT OF REASON FOR RECALL

(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. 	Mary Esch	2407 Granite ^{#1405} Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant WI 53406	5/17/24
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, Mike Kirchner, certify: I reside at 1017 Riva Ridge Racine WI 53402
(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.

5-17-24 Mike Kirchner
(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
	Laura M. Horin	855 Lannon Ter	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	May 18, 24
	Austin Willis	7407 Grande Way #1403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	May 18, 24
	Jim Panka	858 Boulder Trail #301	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	May 18, 24
	Samantha Jukic	30130 Woodlawn Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	May 18, 24
	Amy Lee	7449 Old Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/18/24
	Terri Bealhen	1120 Timmer Ln.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/18/24
	Koryn Kisker	1101 Timmer Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/18/24
	Jan Weisbach	1111 Timmer Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/18/24
	Kary Williams	1111 Timmer Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5/18/24

I, Mike Kirchner, certify: I reside at 1017 River Ridge Racine WI 53402
(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.

3-18-24
(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
	Autumn A McGuff	8202 Old Spring St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/2024
	Nora K. Kusters	1443 Ramona Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/2024
	Kathy Wiant	1319 N. Summerslet Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/19/2024
	Dustin Heath	1119 S. Summerset Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5/19/2024
	Scott Gorman	1100 Summerset	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Independence	5-11-2024
	Freddy Turva	25 Summerset DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-19-24
	Dakota Fleeger	31 summerset dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/19/24
	Jodi Landowski	40 Summerset Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	Ben Goetz	1345 Summerset Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	AJ Pettis	1333.5 Summerset DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/19/24

I, Mike Kirchner, certify: I reside at 1017 Riva Ridge Racine WI 53402
(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.

5-19-24 Mike Kirchner
(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>Janet Mace</i>	JANET MACE	215 S Somerset Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-19-24
2. <i>[Redacted]</i>	<i>Safedis</i>	1253 Tallgrass Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-19-24 53406
3. <i>[Redacted]</i>	<i>Safedis</i>	1253 Tallgrass Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-19-24 53406
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, Mike Kirchner, certify: I reside at 1017 Riva Ridge Racine WI 53402
(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.

5-19-24 Mike Kirchner
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	MARY BERNAL-GEISS	5737 Cambridge Cir #5	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-21-24
	JESSICA CELESTE	2867 E Pebble Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shurtlevant	5-21-24
	Gregory Moon	2875 E Pebble Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shurtlevant	5-21-24
	Reginald Schultz	8600 Citadel Ter	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shurtlevant	5.21.24
	Sandy Hennrich	8600 Corporate Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-21-24
	Doris Heiman	8600 Corporate Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-21-24
	Meghan Schoen	7411 Old Spring St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-21-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Mike Kirchner certify: I reside at 1017 Riva Ridge Racine WI 53402
(name of circulator) Certification of Circulator (circulator's residence - include number, street, and municipality)

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

5-21-24 Mike Kirchner
(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>
1.	Sean Dwyer	2735 Newman Road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
2.	Tom Nielsen	2542 Wyanfield Dre.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
3.	Morgan Underhill	1521 Windsor Way #18	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant
4.	Michelle Hansen	5719 #3 Cambridge Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant
5.	Carrie Smokal	14310 Marina Dr Shw	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant
6.	Michael Schermer	5617 Cambridge Ln #P	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant
7.	Mark Platzer	4942 Indian Hills Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant
8.	Jack Johnston (signed)	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____
9.	Cindi Marino	2621 90th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant
10.	Edith Luksa (signed)	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____

I, Johanna, certify: I reside at 115 5th St NE, Washington DC 20002
(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 22, 2024 (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
	Peter R. Little	626 Westlawn Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	5-22-24
	Keith Dorey	9333 Coniter Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	5-22-24
	Lee Schatzman	2828 Parkshire Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	5-22-24
	Buddy Divali	6436 North Eastern Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CEDAR RAPIDS	5-22-24
	Mandy Wells	10419 Cuddy Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CEDAR RAPIDS	5-22-24
	Linda Jungo	1501 WRIGHT AVE #207 340	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	5/22/24
	Alicia Prozzio	2530 Rolling Fields	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/22/24
	Anthony Nysko	2351 Rolling Fields	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pl.	5/22/24
	Kenneth Friesen	4522 COPPERSTONE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CEDAR RAPIDS	5/22/24
	Michael Guzman	4019 LaSalle St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/22/24

I, John Logu
(name of circulator), certify: I reside at 115 5th St NE, Washington DC, 20002
(circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 22, 2024
(date)

(signature of circulator)

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

~~John Logu~~
~~Robin Vos~~

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>Ann Langer</i>	Ann Langer	3047 93rd St Sturtevant, WI 53199	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/11/24
2. <i>Travis Zinda</i>	Travis Zinda	3048 93rd	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-24
3. <i>Zach Brouwers</i>	Zach Brouwers	3033 93rd St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-24
4. <i>M. Brouwers</i>	Madison Brouwers	3033 93rd St	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-24
5. <i>Jessicka Zahn-Craig</i>	Jessicka Zahn-Craig	9224 Durand Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-24
6. <i>Sandra Fleischfresser</i>	Sandra Fleischfresser	2929 93rd St.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-24
7. <i>Stephen Westfall</i>	Stephen Westfall	2917 93rd St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-11-24
8. <i>Renee Moran</i>	Renee Moran	15941 Durand Ave Lot 21c	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-11-24
9. <i>Kelly Moran</i>	Kelly MORAN	15941 Durand Ave Lot 21c	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-11-24
10. <i>Jennifer Schesvold</i>	Jennifer Schesvold	15941 Durand Ave Lot 16bc	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-11-24

I, Maira Bounds, certify: I reside at 15872 N 18th St. Phoenix AZ 85027
(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.

5.11.2024 *Maira Bounds*
(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
	DENNIS DURKEE	15941 DUKAND AVE. LOT 57C, UNION GROVE, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE, WIS.	5-11-24
	Jeremy Hultine	W7255 CREEK RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Delaware, WI	5-11-24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

5.11.2024
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Lynne Carlson	3043 93rd St Sturtevant WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/12/24
2.	Justin Shook	3043 93rd St Sturtevant WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/12/24
3.	JUSTIN BIBION	3587 93rd ST STURTEVANT WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>STURTEVANT</u>	5/12/24
4.	Zach Paulson	3140 93rd St. Sturtevant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/12/24
5.	Telesa Dillard	9209 Carol Ann Dr, Sturtevant	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/12/24
6.	Connor Dakkon	3051 87th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/12/24
7.	Gary W. Hendrickson	3020 95th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/12/24
8.	YVONNE DEMBER	3029 95th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/12/24
9.	Josh Neven	347 S. Fancher Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt Pleasant</u>	5/12/24
10.	Kathryn Boxler	9032 Boys Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	5/12/24

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

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

5.12.24
(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. <i>MARITTA SPEAR</i>	Marittha Spear	9016 BOYS DRIVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	5-12-2024
2. <i>Lee</i>	Lee Spear	9016 BOYS Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-2024
3. <i>Jodi Brodtko</i>	Jodi Brodtko	9208 Broadway Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-2024
4. <i>Judith Jakob</i>	Judith Jakob	9208 Broadway Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-2024
5. <i>Jamaide Harris</i>	Jamaide Harris	9116 Broadway DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-24
6. <i>Heidi Muehlenberg</i>	Heidi Muehlenberg	3025 94 th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-24
7. <i>Angela Rodriguez</i>	Angela Rodriguez	3024 90th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/12/2024
8. <i>Zentho CoHyler</i>	Zentho CoHyler	9346 Shekneach	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/12/2024
9. <i>David Lex</i>	David Lex	9354 Florence Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/12/24
10. <i>David Lex</i>	David Lex	9354 Florence Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/12/24

I, Moira Rourke (name of circulator), certify: I reside at 15872 N 18th St Pheonix AZ 85027 (circulator's residence - include number, street, and municipality)

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

5-12-2024
(date)

Moira Rourke
(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
	Dawn Ludwig	9354 Florence Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-24
	Florence Jones	9340 Florence Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-24
	Veronica Slasko	442 W Benis Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	5-12-24
	Marenia Baker	9313 Florence Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5/12/24
	Christochrum	9210 Florence Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-24
	Conrad Cochrum	9210 Florence Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-12-24
	Mandi Cochrum	9210 Florence Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant, WI	5/12/24
	Gia Cook	9208 Florence Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant, WI	5/12/24
	Tamira Rutue	9002 Florence DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	5/12/24
	Moira Round S	9002 Florence DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant WI	5/12/24

I, Moira Round S, certify: I reside at 15872 N 18th St, Phoenix AZ 85028
(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.

5-12-2024
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	James Barnes	7745 Big Pine Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-2024
	Dave Frantz	7932 Lake Shore Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-2024
	Tracy M. Ferguson	8106 Monroe	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5-13-2024 5-14-2024
	Michelle Ferguson	8106 Monroe	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5-13-2024 5-14-2024
	Steven B Meyer	32919 MAPLE GROVE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON WI	5/13/24
	James Wooden	34 10th Ave Apt	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	5/13/24
	Lori Metate	308 18th Ave Apt 7 224 515 655	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5/13/24
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Joseph Koswichi, certify: I reside at 468 Karra Ct. Chula Vista, 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.

5/13/24
(date)

JK
(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. <u>Josh Dewaes</u>	<u>Josh Dewaes</u>	<u>1416 Groves Ln</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	<u>5-18-24</u>
2. <u>Juan Castro</u>	<u>Juan Castro</u>	<u>126 13th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	<u>5-18-24</u>
3. <u>Andrea Torres</u>	<u>Andrea Torres</u>	<u>126 13th AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	<u>5-18-24</u>
4. <u>John Moorhead</u>	<u>John Moorhead</u>	<u>361 Mill Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	<u>5-18-24</u>
5. <u>Vivian Tranberg</u>	<u>Vivian Tranberg</u>	<u>363 Mill Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Union Grove</u>	<u>5-18-24</u>
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, DOUG BRICKER, certify: I reside at 1877 FRUITWOOD AVE / BATAVIA, IA 52533
(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 18, 2024 [Signature]
(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
	CHELVADURAI BASKARAN	6130 Potomac place . 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE (Mt Pleasant)	5/13/24
	Joan M West	6100 Potomac Place 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/13/24
	Michael Gheshk	5955 Incaunoy Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/13/24
	Nancy Schiro	2531 Rolling Field Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/13/24
	Lisa Ruud	2601 Rolling Fields	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/13/24
	Nate Dinar	2621 Rolling Fields Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-13-24
	Jordyn Strummen	4715 Indian hills dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/13/24
	Eric Villalobos	4709 Indian hills dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT pleasant	5/13/24
	Timothy E. Smith	4830 Indian Hills Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant	5/13/24
	Dakota J. Burroughs	4800 Indian Hills Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/13/24

Certification of Circulator

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

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

May 13 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
1. <i>Keanora Thomas</i>	<i>Kat Thera</i>	1046 Jackson pl	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5/14/22</i>
2. <i>[Signature]</i>	<i>Dorothy Lee</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>[Date]</i> <i>5/14/22</i>
3. <i>[Signature]</i>	<i>" "</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>[Date]</i>
4. <i>[Signature]</i>	<i>" "</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>[Date]</i>
5. <i>Cynthia Allen</i>	<i>J. Allen</i>	1108 Jackson Place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5/14/22</i>
6. <i>Dorothy Lee</i>	<i>Dorothy Lee</i>	1022 Jackson Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5-14-22</i>
7. <i>[Signature]</i>	<i>[Name]</i>	<i>[Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>[Date]</i>
8. <i>Phyllis Datt</i>	<i>PHYLLIS GOTT</i>	3810 Lincoln Village	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Racine</i>	<i>5-14-22</i>
9. <i>Stanley A. Dowd</i>	<i>Stanley A. Dowd</i>	5824 Margery Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5-14-22</i>
10. <i>Julie Chm</i>	<i>Julie Chm</i>	5327 Margery Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5-14-22</i>

I, Catherine Justice, certify: I reside at 11692 Raines Rd, LR, AR 72210
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
 Date: 5-14-24 Signature: *[Signature]*
(date) (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ana M. Arroyo</i>	<i>Ana M. Arroyo</i>	<i>2106 Frankie Place</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5/14/24</i>
2. <i>Timiya Castro</i>	<i>Timiya Castro</i>	<i>2106 Frankie Place</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5/14/24</i>
3. <i>Maria Vazquez</i>	<i>Maria Vazquez</i>	<i>5932 Margery Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5/14/24</i>
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. <i>M. Guerin</i>	<i>Carney M. Wilson</i>	<i>5936 Margery Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mount Pleasant</i>	<i>5-14-2024</i>
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, Catherine Justice, certify: I reside at 16920 Paines Rd, LB, WI 72210
(name of circulator) (circulator's residence - include number, street, and municipality)

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

May 14 2024
(date)

Catherine Justice
(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
	CYNTHIA SLAASZO	8716 Buckingham Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STURTEVANT WI	5/12/2024
	MARIA Johnson	8801 Buckingham ^{Ad. 3}	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant WI	5/12/2024
	Christopher Juarez	8826 Buckingham Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant WI	5/12/2024
	Dava Kawakami	6414 Hot Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha WI	5/12/24
	Brian Schmidt	264 W Chestnut St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Tiffany McGee	225 East Market St #1 Burlington WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Cavalec Suchomel	2101 31st Ave Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Tylee Suchomel	329 Travellers Run	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Mat Meredith	1331 11th Ave #95	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	05-12-2024
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Josias Anduja (name of circulator), certify: I reside at 276 47th Ave Ken 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.

5-12-24 (date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Wendy J Otis	229 E Market St. Apt 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Michelle L. Eternod	229 E Market St Apt 8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Eden McArthur	313 E. Market	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Jennifer Johnson	357 E. Market St #111	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Ryan McLeod	120 E. Chestnut St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-12-24
	Kinselda Rebellar	1027 B Meadow Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Pat Michels	71233 Northcreek St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5-12-24
	Anna Pretasky	2101 312th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Chloe Suchomei	2101 312th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-12-24
	Veronica Bawn	710 E main	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waterford	5/12/24

I, Josias Andujar, certify: I reside at 876 4th 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.
5-12-24
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Haley Knottnerus	24918 Hawatha Dr. Kansasville WI 53139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/22/24
	Zayin Knottnerus	6012 240 th Ave, Salem WI 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	5/22/24
	Lindsey Kimpler	6012 240 th AVE Salem, WI, 53168	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	5/22/24
	Jesse Knottnerus	24918 Hawatha DR Kansasville, WI 53139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/22/24
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

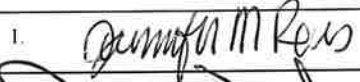
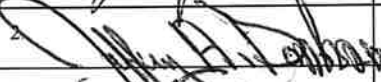


I, Jay Schroeder, certify: I reside at 1295 N. LAKE ST. NEENAH, WI 54956
(name of circulator) (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, 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 § 2.13(3)(a), Wis. Stats.
 Date: 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)

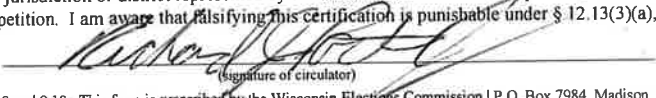
STATEMENT OF REASON FOR RECALL

(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
	JENNIFER M ROSS	101-13 th AVE UNION GROVE	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-12-24
	JEFF DANHAUER	1300 YORKVILLE AVE	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	5-12-24
	Craig R Kierzek	1625 Rookery Glen	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Westford Burlington	5-12-24
	Sara A Kierzek	1625 Rookery Glen	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/12/24
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Richard J Porter Jr, certify: I reside at 3687 AR 58 Cave City AR 72521
(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.

5-12-2024 
(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
	Tammy Beardsley	940 Echo Dr. Burlington, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	Karot Willich	165 Monica Ave Burlington, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	PAUL WILLICH	165 MONICA AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	Danielle Addi	140 Paul St Burlington WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	ROB STENZEL	132 PAUL ST Burlington WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	Jessica Stenzel	132 Paul St. Burlington WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	Sherrie Brown	308 Joan St Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	Roland Brown	308 Joan St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	Dora Suenoz	341 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	F. Aaron Suenoz	341 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24

I, Richard J Porter Jr, certify: I reside at 3687 Ark St Cave City AR 72521
(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.

5-13-24 (date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Tereza Spaulding</i>	Tereza Spaulding	344 Joan St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
2. <i>MARCO SIMENEE</i>	Marco Jimenez	356 JOAN ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/12/24
3. <i>Maria Jimenez</i>	Maria Jimenez	358 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
4. <i>Lorena Rodriguez</i>	Lorena Rodriguez	341 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
5. <i>Evelia Salas</i>	Maria de los Salas	448 W State St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
6. <i>Mariano Salas</i>	Mariano Salas	530 Mackerel Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5.13.24
7. <i>Nicol M Gomez</i>	Nicol Gomez	336 Paul St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5/13/24
8. <i>Fernando F. Males</i>	Fernando F. Males	327 Joan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/2024
9. <i>Reno Buckstaber</i>	Reno Buckstaber	943 Crestwood Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/2024
10. <i>Scott Wasilovich</i>	Scott Wasilovich	33400 S. Honey Ln. Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/2024

I, Richard J Porter Jr, certify: I reside at 3687 AR 58 Cave City AR 72521
(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.

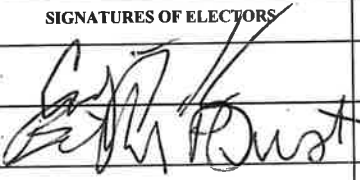

5-13-24 *Richard J Porter Jr*
(date) (signature of circulator)

RECALL PETITION

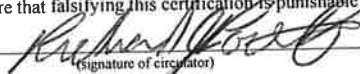
TO: The Wisconsin Election Commission We, the undersigned qualified electors of the Assembly District 63
(official with whom nomination papers or declaration of candidacy for the office is filed) (jurisdiction or district of officeholder)
 petition for the recall of Robin Vos from office pursuant to 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. 	Cody Thring	201 W Wisconsin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington 53105	5-13-24
2. 	BILL RUST	550 E Jefferson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5-13-24
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, Richard J Porter Jr, certify: I reside at 3687 AR 58 Cave City AR 72521
(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.
5/13/24 
(date) (signature of circulator)

RECALL PETITION

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

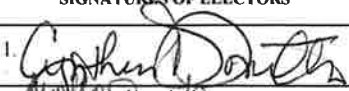


STATEMENT OF REASON FOR RECALL

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

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

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

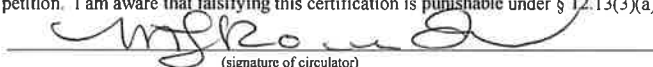
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Cynthia D. Smith	9209 Florence St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	5-12-2024
2. 	Kasha Smith	9216 Florence St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturdevant	5-12-2024
3. 	MATTHEW JACOBSON	9349 FLORENCE DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STURDEVANT	5-12-24
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

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

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

5-12-24
(date)


(signature of circulator)

Page No. 963

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
	Betty T. Fox	17767 58 th Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5.13.24
	DAWN M COOPER	17808 58 th Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5.13.24
	John D. Winter	2405 S. Browns Lk Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
	Jon D. Snow	18025 58 th R	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5/13/24
	Robert W. Schwatz	242 Edward St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Selqui Chernikov	316. Edward St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Karen McKusker	409 Edwards st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Candy Brower	429 Edwards St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	DAVID AGNER	467 RANDOLPH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/13/24
	Pat Kehrer	5011 Sheard Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hart Dover	5/13/24

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

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

5.13.2024
(date) (signature of circulator)




RECALL PETITION

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

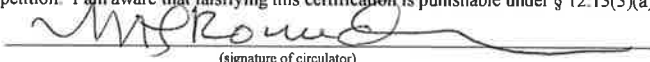
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	TIM KEH REP	504 Sheard Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	5/13/24
2. 	Claudia Acevedo	678 Fortree cir APT 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Browns Lake	5/13/24
3. 	KENIA TORRES	678 FORTREE CIR APT 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BROWNS LAKE	5/13/24
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, Moira Rounds, certify: I reside at 15872 N 18th Phoenix Az 85022
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5.13.2024
(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
<i>Robert J. Blum</i>	ROBERT J BLUM	1356 VINE ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union Grove WI	5-14-24
<i>James S. Christman</i>	JAMES S CHRISTMAN	18930 MARTIN DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	5-14-24
<i>Tamara McGrath</i>	TAMARA MCGRATH	4625 S. BEAUMONT AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE WI 53130	5-19-24
<i>Michael J. Asencio</i>	MICHAEL J. ASCENCIO	280 CHURCH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5.14.24
<i>Rebecca Skowronski</i>	REBECCA SKOWRONSKI	419 W STATE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
<i>Phillip A. Hovan</i>	PHILLIP A HOVAN	314 HENRY ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	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	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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

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

M Rounde
(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
	Nathan Williams	3920 Royal Oaks Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5.15.24
	Phillip	5728 Regency Hills Cote A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5.15.24
	Heather Sura	5143 Biscayne Ave #213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant Racine	5-15-24
	Julia Reynolds	5143 Biscayne Ave #5204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
	Kimberly Koyhourtjian	3730 Greenbrook Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-2024
	Stacy Eggerson	5720 Regency Hills	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
	Torey Eggerson	5720 Regency Hills Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24
	WILLIE HODGES	3950 WOOD DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	5-15-24
	Mike Miller	4020 Royal Oak Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5-15-24

Certification of Circulator

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

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

5.15.2024
(date)

(signature of circulator)

RECALL PETITION

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

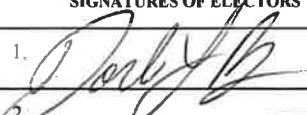
STATEMENT OF REASON FOR RECALL

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

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

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

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


SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Doris Brown	3528 Sherwood St RACINE, WI 53406	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/15/24
2. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

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

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

5/15/2024
(date)


(signature of circulator)

Page No. 968

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
	Laura LaMartina	4205 Wood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant, WI	5-16-24
2.	Kelly Johnson	8205 White Tail Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant WI	5-16-24
3.	Luis Murphy	9430 Luane Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-16-24
4.	Josefine Mc	812 Belmont Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt pleasant	5-16-24
5.	Kenneth Johnson	8940 Marie Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	5-16-24
6.	Annika MacDonell	8002 Creek View Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/16/24
7.	NEIL TAN	2406 Settlement Trail	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/16/24
8.	Autumn Williams	3249-Grand St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Startevant	5/16/24
9.	BRUCE PETT	2119 MARSHALL SQ.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KANSASVILLE	5/16/24
10.	Laura Kay Pett	2119 Marshall Square	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville, WI	5/16/24

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

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

5/16/24
(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. 	Chris Nealham	2505 Lincoln Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/16/24
2. 	Amanda Busch	2509 Lincoln Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kansasville	5/16/24
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, Maura Rounds, certify I reside at 15872 N 18th St Phoenix AZ 85022
(name of circulator) (circulator's residence - include number, street, and municipality)

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

5/16/24 Maura Rounds
(date) (signature of circulator)

Page No. 970

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
	Shirley Hopkins	1100 Oakes Rd. #207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/14/2024
	Robert Moore	1120 Oakes Rd #206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/14/2024
	Clarence Kings	7220 Kinross Ave Apt 107	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/14/2024
	Ayo Ibidaipo	1658 Jackson Place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/14/2024
	Conrad Mankowski	5914 Margery Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	5/14/24
	Wayne Kerkowski	5834 Margery Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/14/2024
	Aracelis Perez	2106 Frankie Place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant	5-14-2024
	Zeriyah Williams	6016 Margery Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-14-24
	Jay Martinez	2106 Frankie Place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-14-24
	Holly Mankowski		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kornel Justice (name of circulator) certify: I reside at 10920 Kutner Rd Wauwatosa WI 53226 (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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
1. Felipe Hdez			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2. Felipe Hernandez	Teo Hernandez	6001 So Ave DR 106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	5-14-24
3. Robin Craig Gillette	Robin Craig Gillette	6016 Morgan Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/14/24
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Worm Justice, certify: I reside at 1020 Raines Rd W Al Tazto
(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.
5-14-24 Worm Justice
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	James Crowley	116 N. Wisconsin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Brad Scheuning	29131 Bushnell Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Mark Scheuning	6920 Wagonwheel	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	5/13/24
	Koltun Krueger	6543 Foxtail Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	5/13/24
	MARGIE KERR	7931 Wheatland Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	5-13-24
	Melissa Edwards	107 Waters Edge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington, WI	5-13-24
	Kimberly J. Moerke	110 Waters Edge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	5-13-24
	DANIEL CASKEY	118 WATERS Edge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	5-13-24
	TINA CASKEY	118 WATERS Edge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	5-13-24
	Terry Outlaw	126 Waters Edge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	5-13-24

I, Kimball Blankenship, certify: I reside at PO Box 545122 Carol Prairie IA 75054/IA
(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.
13/MAY/2024
(date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

(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>	Kinda Langdon	169 Waters Edge Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
<i>[Signature]</i>	Frances LaFranzo	207 Waters Edge Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
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, Randall Blankenship, certify: I reside at 40 Box 54722 Grand Prairie TX 75052
(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.
5-13-24 *[Signature]*
(date) (signature of circulator)

RECALL PETITION

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

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

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>
Anna Steady	Anna Steady	3234 Southriver	City
Lorenzo	Lorenzo	2820 Fleetwood Drive	City
Trey	Trey	1720 Spring Valley Dr	City
Jackson Miller	Jackson Miller	1446 Spring Valley dr	City
Nick Jackson	Nick Jackson	3530 Wood Rd 53406	City
Susan Crowe	Susan Crowe	5706 Smith Rd 53550	City
Brian	Brian	2006 Settlement Trail	City
Laura Springer	Laura Springer	3037 95th Sturtevant, WI	City
Nick Holub	Nick Holub	3333 6th Ave Racine WI	City

I, Wanda Zimmerman, certify: I reside at 1519 Monroe St Racine IL 60022
(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.

5/14/24 (date) [Signature] (signature of circulator)

RECALL PETITION

We, the undersigned qualified electors of the Assembly District 63 (jurisdiction or district of officeholder) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

TO: The Wisconsin Election Commission (official with whom nomination papers or declaration of candidacy for the office is filed)
 petition for the recall of Robin Vos (name of officeholder to be recalled and office).

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.		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.	Gary Thompson	1412 Browns Lake Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/16/24
2.	Jessica Moore	718 S. Cox Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	5/16/24
3.	Erin Adams	718 S. Cox St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	5/16/24
4.	Brenda Stratton	4305 Cox Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	5/16/24
5.	Lori Warner	23418 Plank Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	5/16/24
6.	John Warner	23418 Plank Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kansasville	5/16/24
7.	Michele Ziegler	822 S Cox Road	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/16/24
8.	Michael Phillips	3412 Sheard Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/16/24
9.	Char Phillips	3412 Sheard Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/16/24
10.	Noah Zimmerman			

Certification of Circulator

I, Diamond St B Scanson 60202 IL (circulator's residence - include number, street, and municipality) certify: I reside at _____, Wisconsin 53102 IL.
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each signature on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(signature of circulator)

5/16/2024
 (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.

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>Sandra Lewis</i>	SANDRA LEWIS	383 Dunford Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
<i>Rene MacMou</i>	RENE MACMOU	513 Dunford	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine/Burlington	5/13/24
<i>Ashley Brewington</i>	Ashley Brewington	748 S. Pine St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Roche/Burlington	5-13-24
<i>Maxine Handrick</i>	MAXINE HANDRICK	1108 Hidden Creek Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
<i>Ray Handrick</i>	Ray Handrick	1108 Hidden Creek Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5, 13-24
<i>Loni Dotsin</i>	Loni Dotsin	465 Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
<i>Rebecca Dault</i>	Rebecca Dault	928 S. Pine St Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
<i>Chris Handrick</i>	Chris Handrick	926 S Pine Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
<i>Bradley Hughes</i>	Bradley Hughes	219 S Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
<i>Tamera Nellen</i>	TAMERA NELLEN	607 MEADOW DR #6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24

Certification of Circulator

I, Josias Anduja, (name of circulator) certify: I reside at 976 47th Ave New Beach FL 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.

5-13-24
(date)

(signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	Nyisha Figueroa	619 Meadow Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
2.	CHARLES SVERDSON	619 MEADOW LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/13/24
3. Lucia Reyes	Lucia Reyes	619 MEADOW LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
4.	Bryan L. Lewis	724 MEADOW LN.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
5.	Bob Maslow	724 MEADOW LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Josias Anduya, certify: I reside at 876 45th 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.

5-13-24
(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."

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
		Todd Arigno	3215 107th St. Wauwatosa	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	5/13/24
		Todd Cleonard	340 S. Kane St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
		Todd Cleonard	461 Randolph St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/2024
		Amanda Gertn	461 Randolph St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
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	

1. Madison Jane DeWalt certify: I reside at 12454 41st ave, Pleasant Prairie, WI, 53158 (circulator's residence - include number, street, and municipality)
(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.
05/13/2024 (date) (signature of circulator)

RECALL PETITION

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

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

petition for the recall of 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.		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. Debra Hanko	Debra Hanko	3046 90th St Sturtevant	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/14/24
2. Tyrella Ferrill	Tyrella Ferrill	3215 91st Sturtevant	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/14/24
3. Heather Johnson	Heather Johnson	3224 91st St Sturtevant	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/14/24
4. Randy Strickland	Randy Strickland	3219 95th Rd Sturtevant	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/14/24
5. Miriam Gutierrez	Miriam Gutierrez	9016 Carol Ann Drive Sturtevant	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/14/24
6. Stephanie Seefeld	Stephan Seefeld	3901 95th Street	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/14/24
7. Katherine Koch	Katherine Koch	3324 Buckingham Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/14/24
8. Dorothy Lingard	DOROTHY LINGARD	3332 Kenningsington Sq Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/14/24
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, Madison Jane DeWolff certify: I reside at 12454 41st Ave Pleasant Prairie WI, 53158
(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.

05/14/2024
(date)

Madison Jane DeWolff
(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
	David Broer	232 Bridge apt	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	DAVID BROER	Burlington WI	Burlington	5/13/24
Marilee Goe	Marilee Goe	33631 Janeville Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago, WI 53149	5/13/24
	miranda Bijing	31505 Bear Arbor Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Gwen Cruz	232 Bridge St Apt 24b	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Tristan Lemke	W 1058 Spring Prairie Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	TED Schefe	CONKZY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Rick L Nelson	8039 - Fud Hotalan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Greg Petrozelli	117 Kendall St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	PATRICIA Petrozelli	117 KENDALL ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24

I, ANDREW HOY, certify: I reside at 469 HILLCREST ROAD GRAFTON WI 53024
(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.

5/13/24
(date)

(signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Charmain Hoffmann	149 Kendall St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Douglas A. Helucor	188 Kendall street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	JACK Rantant	348 Smith St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Jack Kenney	200 Lewis St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Barb Apuzzo	201 Lewis St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Hope Beix-Steininger	245 Lewis St #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Theresa Little	348 Lewis St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/13/24
	Troy Moldenhaver	373 Conkey St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Zak Schmidt	309 Conkey St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Angel Zoellner	86 McHenry st.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24

I, ANDREW HOY, certify: I reside at 469 HILLCREST ROAD GRAFTON WI 53024
(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.

5/13/24
(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
	Ian Gussarson	649 Fox tree circle	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	05/13/24
	Tim Appel	654 Fox tree circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	05/13/24
	MIKE FESENMAIER	665 Fox Tree Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	R. ROY	666 Fox Tree Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Hailey Carter	31505 Bear Arrow Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Ricky Crofton	198 clover dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Paul Rutecki	173 clover dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Roger Goetsch	180 clover DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Calla Spuda	789 Chicory Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24
	Spencer Spuda	789 Chicory Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/13/24

Certification of Circulator

I, Quantin Coatsell (name of circulator), certify: I reside at 5185 Carlsbad Blvd Carlsbad, CA 92008 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.
5-13-2024 (date) (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Ashley Jones	433 Woodlawn Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rechester	5-13-24
	Michael Privette	29924 woodlawn DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
	Rebecca Mueller	824 Weiler Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-13-24
	Daam's Joseph	165 Bay Ridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
	Julie Schumacher	1417 Isabel Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-13-24
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Quentin Cottrell, certify: I reside at 5185 Carls bad Blvd Carls bad, CA 92008
(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.

5-13-2021
(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
	Hollie Moege	1333 oaks rd Apt 16	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	5/16/24
	Travon Williams	1311 oaks rd Apt 13	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/16/24
	Christian Conner	4300 Yates dr Apt 120	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/16/24
	Caitlin Conner	4300 Yates dr Apt 120	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/16/24
	Linda Schmet	4410 Yates Apt 207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/16/24
	Don Davison	4705 67th Pl.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	5-16-24
	Priscilla Villavreal	4420 YATES DR Apt 209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-16-24
	Arvil James	#4430 yates dr. #20	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/14/24
	Vijay Patel	6204 LARCHMOUNT DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	05/16/24
	Craig Puer	#149 oaks rd Mount Pl.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	05/16/24

I, Dante Arvila (name of circulator) certify: I reside at 230 Riverwood St Richland WA 99352 (circulator's residence - include number, street, and municipality)

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

5/16/2024
(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
	Daniel Peck	819 Teutonia	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-14-24
	Tarika Peck	819 Teutonia	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/14/24
	Sarah McNeil	831 Teutonia Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/14/24
	Joanne Solofra	800 Teutonia Ave Apt B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/14/24
	PETER FOX	200 BRIDGE STREET	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	5/14/24
	Aemur Ruching	180 Bank str	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/14/24
	SHARON DOOLIN	403 108 Bridge St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/14/24
	TROY DOOLIN	108 Bridge St Apt 403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/14/24
	DOLORIS S. NELSON	180 Bridge St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/14/24
	Tim FESENMAIER	3902 lake st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5/14/24

I, Richard J Porter Jr (name of circulator) certify: I reside at 3687 AR 58 Cave City AR 72521 (circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 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.	Robin Waddell	3902 Lake St. Burlington, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
2.	Melvin Liggins	313 E market St Burlington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
3. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
4. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	_____

I, Richard J Porter Jr, certify: I reside at 3687 AR 58 Cave City AR 72521
(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.
5/14/24
(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
	Jacqueline Killips	4221 Taylor Harbor E7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-15-24
	Kevin Reube	4500 Yates Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-15-24
	Haley Williams	4460 Yates Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt pleasant	5/15/24
	Michael Phillip S	4410 Yates Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5/15/24
	Remy BALTHAZAR	4410 YATES DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	5/15/24
	SOPHIE HEISENMAN	4500 Yates Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/15/24
	KATHY ARCHIBALD	7500 Yates Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5/15/24
	Brian Martinez	4500 Yates Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	5-15-24
	Jackie Sato	4500 Yates Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	5-15-24
	Lissette Reynolds	8536 county line rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant	5-15-24

I, Richard J Porter Jr (name of circulator), certify: I reside at 3687 AR 58 Cave City AR 72521 (circulator's residence - include number, street, and municipality).
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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)

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

RECALL PETITION

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
	Shannon Johnson	678 Foxtree Circle Apts	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5/15/24
	BETH BROCKMAN	503 MINK RANCH RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/15-24
	Andrea Kennelly	203B Musquequack St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
	Josh Curtis	29523 River View Parkway	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-24
	JERRY Weinkopf	548 Abbey Lane Burlington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester Wis	5-15-24
	John Yates	508 Mink Ranch Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5/15/24
	Debra Beales	251 Oak Hill Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rochester, WI	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	

I, Loren Justice, certify: I reside at 10920 Kainer Rd Wauwatosa WI 53226
(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 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>Katie Yates</i>	Katie Yates	508 Milk Ranch Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-15-24
2. <i>Grant Sage</i>	Grant Sage	2729 Fox Grove Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waterford	5-15-24
3. <i>Ricky Kunkie III</i>	Ricky Kunkie III	409 A English gettlo ment St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-15-24
4. <i>Rhianna RKS</i>	Rhianna RKS	833 Browns Lake Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-15-24
5. <i>Rogen May</i>	Rogen May	833 Browns Lake DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-15-24
<i>Maggie McKelvey</i>	Maggie McKelvey	29403 Eagle Ridge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	5-15-24
7. <i>Jessica Riba</i>	Jessica Riba	33922 Hillcrest Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	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, Catherine Justice, certify: I reside at 116920 Raines Rd, Little Rock, AR 72210
(name of circulator) (circulator's residence - include number, street, and municipality)

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

May 15 2024
(date)

Catherine Justice
(signature of circulator)

Page No. 990


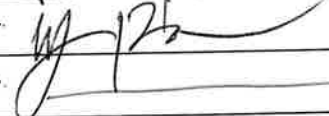
RECALL PETITION

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

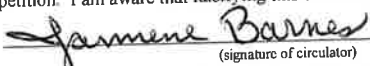
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county 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. 	Tiffany Holbus	W399 Kearney Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	5/16/24
2. 	Vy Phothanongdam	34425 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington WI	5/16/24
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, JANNENE BARNES, certify: I reside at 3214 N. PINNACLE, MESA, AZ 85215
(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.

5/16/24 
(date) (signature of circulator)

RECALL PETITION

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Stacy Shales</i>	Stacy Shales	3652 95th place	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant WI	5/15/24
2. <i>Anna Vallejo</i>	Anna Vallejo	9112 Chucory Creek Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant, WI	5/15/24
3. <i>Linda Watts</i>	LINDA WATTS	3652 95th st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant, WI	5/15/24
4. <i>Diane Matter</i>	Diane Matter	3038 97th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-15-24
5. <i>Charlene Karpinski</i>	CHARLENE KARPINSKI	3129 98th st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STURTEVANT W.	5-15-24
6. <i>Rose Ann Zickus</i>	Rose ANN Zickus	9433 Carol Ann Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant WI	5-15-24
7. <i>Shane Connor</i>	SHANE CONNOR	9433 CAROL ANN DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT WI	5-15-24
8. <i>Eric Ludwigson</i>	Eric Ludwigson	9517 Holdadr Kulda Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant WI	5-15-24
9. <i>Grace Grayce</i>	GRACE GRAYCE	9616 - Old A/C Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	5-15-24
10. <i>William Leppert</i>	William Leppert	3644 94th st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	5-15-24

I, Gail Golec (name of circulator), certify: I reside at 15225 N. 100th St #2203 Sco Isdale AZ 85260 (circulator's residence - include number, street, and municipality)

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

Gail Golec (signature of circulator)

5-15-2024 (date)

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
	Roberto Barrios	9033 Linden Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5/15/24
2.	Mark Mercier	9022 Linden CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	5/15/24
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, Geul Golec, certify: I reside at 15225 WOODMISTLE DR SCOTTSDALE AZ 85260
(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.

5/15/2024
(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
<i>[Signature]</i>	Yolanda Bullis	1917 S. Browns Lake Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
<i>[Signature]</i>	Lester Bullis	1917 S. Browns lake Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
<i>[Signature]</i>	Rachel June	31505 Bears Arbor Drive Apt 103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
<i>[Signature]</i>	John Burr	31531 Bears Arbor Drive Apt 104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
<i>[Signature]</i>	BARB BERTRANG	31531 Bears Arbor Dr 101	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
<i>[Signature]</i>	Shawn ...	641 Foxtree Circle #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5-14-24
<i>[Signature]</i>	Sarah ...	641 Foxtree Circle #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5-14-24
<i>[Signature]</i>	Sinclair Euclide	273 Chapel Terrace #19	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	5-14-24
<i>[Signature]</i>	Jessica Smith	658 Foxtree Cir Apt. 1C	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
<i>[Signature]</i>	Paul Noldin	3611 Lake Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24

Certification of Circulator

I, Randy Blankenship (name of circulator), certify: I reside at 2988 Hidesaway Dr Grand Prairie, TX 75052 (circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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]* (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
	ANGELA NOLDIN	3611 LAKE ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/14/24
	John Kevo	28024 Bushnell RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/14/24
	TOM MCMARTHUR	2331 Cedar Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-14-24
	W. Marie Meacham	2331 Cedar Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington WI	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	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
_____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, Randy Blankenship, certify: I reside at 2988 Hidesway Dr Grand Prairie TX 75052
(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.

5/14/24 [Signature]
(date) (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	Bryant Romero	3605 Lake Street Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5/15/2024
2. <i>[Signature]</i>	DIANE HACH	202 WATERS EDGE CIRCLE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	5/15/2024
3. <i>[Signature]</i>	Daniel Purdy	179 water edge cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-2024
4. <i>[Signature]</i>	Beverly Jakic	3030 Woodlawn Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	5-15-2024
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, Randy Blankenship (name of circulator), certify: I reside at 2988 Wideaway Dr, Grand Marais, MI 49852
(circulator's residence - include number, street, and municipality)

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

Randy Blankenship (date) 5/15/24 [Signature] (signature of circulator)

RECALL PETITION

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

STATEMENT OF REASON FOR RECALL

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

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

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

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

SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
	Tammy Pelletier	5824 EVARIT DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/16/24
	Tammy Telclaff	2907 Webster St Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/16/24
	MICHAEL PELLETIER	5824 EVARIT DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/16/24
	MELISSA Pelletier	5824 EVARIT DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/16/24
	MARY KORZILIUS	3240 GAYHART ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/16/24
	WICK FLURY	3101 OAKWOOD DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-16-24
	Adam Willingham	35105 Bear Harbor Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/16/24
	Jeanne Neil	31505 Bear Harbor Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/16/24
	James Rasmussen	152 Waters Edge Circ	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/16/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Randy Blankenship (name of circulator), certify: I reside at 2758 Hildesway DR Grand Prairie TX 75052 (circulator's residence - include number, street, and municipality)

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

5/16/24 (date) Rubella Blankenship (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>MASCO</i> <i>MASCO COM</i>	<i>MASCO COM</i> <i>MASCO COM Leon Cruz</i>	<i>209 Conkey St</i> <i>209 Conkey St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>5/17/24</i>
2. <i>Barbara J Kravac</i>	<i>Barbara J Kravac</i>	<i>155 Sunnyside E</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>5/17/24</i>
3. <i>Richard Servi</i>	<i>RICHARD SERVI</i>	<i>155 Sunnyside E</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>BURLINGTON</i>	<i>5/17/24</i>
4. <i>Margaret Hakomaki</i>	<i>Margaret Hakomaki</i>	<i>151 Sunnyside E</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>5-17-24</i>
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

I, *Randy Blankenship* certify: I reside at *2988 Hideaway Dr, Grand Prairie, TX - 75052*
(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.

5/17/24 *Randy Blankenship*
(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
	Evone Ashley	3234 Oakwood DR	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/18/2024
	Kim Stafford	5700 Tahoe Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/18/2024
	Tony Stafford	5700 Tahoe Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/18/2024
	Javier Hernandez	5635 Tahoe Dr	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/18/2024
	Jon Becker	5744 Tahoe Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-18-24
	Richard Exner	3026 Meyer ST UNIT 2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-18-24
	Craig Latroniere	5422 Wakefield Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-18-24
	John Wilke	5657 Greenbrook Lane	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5-18-24
	Tenja Wilke	3657 Greenbrook Ln	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	5/18/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Randy Blankenship, certify: I reside at 2988 Hideaway Dr Grand Prairie TX 75052
(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.

5/18/2024
(date) (signature of circulator)

RECALL PETITION

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

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
	CLINT CLASEN	8040 WOODAWN DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURUNGTON	5/19/24
	Matt Dahmer	3412 WARDFIELD AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	Ashlee Tomlinson	2829 oregon st	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	5/19/24
	SHARON COOK	2101 OREGON ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/19/24
	DUSTIN OETZMAN	2201 bresnan st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/19/24
	DARIS NICHOLS	2207 DEERON ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/19/24
	MARCIA DEMAET	2808 OREGON ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	5/19/24
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Randy Blankenship (name of circulator) certify: I reside at 2588 Adeaway Dr (circulator's residence - include number, street, and municipality) Genoa Kenosha WI 75052

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

(signature of circulator)
 5/19/24 (date)