#### SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:

Committee to Recall Walker PO Box 2569 Madison, WI 53701

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.					Madison, WI 53701	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION	Volunteer
1.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	Check to
2.		City: Zip:		(Month) (Day) (Year)	( )	Volunteer
4.		Street:	☐ Town ☐ Village	/ /20	Email   Phone	
		City: Zip:	□ City	(Month) (Day) (Year)	( )	Check to Volunteer
3.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	□ City	(Month) (Day) (Year)	Phone	Check to Volunteer
4.		Street:	☐ Town ☐ Village	/ /20	Email	
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	Certification	of Circulator				
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Name of Circulo, sonally circulated this recall petition and personally obta	sined each of the signatures on this paper. I know that	(Circulator's Residence – Street name the signers are electors of the jurisdiction or district represented by	with afficeholder named in this position. I know	Municipality) that each person signed	Phone Phone	problems
aper with full knowledge of its content on the date indic	ated opposite his or her name. I know their respective	residences given. I support this recall petition. I am aware that fa	sifying this certification is punishable under S.12	2.13(3)(a), Wis. Stats.	( ) Email	
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(Month) (Day) (Year)		(Signature of Circulator)	1	. !	· · · · · · · · · · · · · · · · · · ·	

REBECCA KLEEFISCH RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Lieutenant Governor Rebecca Kleefisch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:

Committee to Recall Kleefisch PO Box 2569

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPA	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE	MUNICIPALITY OF RESIDENCE MUST ALWAY	(S BE LISTED.	Madison, WI 53701	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION	Volunteer
1.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ( )	Check to Volunteer
2.		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone ( )	Check to Volunteer
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10.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email  Phone ( )	Check to Volunteer
	Certification	of Circulator	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
paper with full knowledge of its content on the date indic	ator) nined each of the signatures on this paper. I know tha	rtify): I reside at(Circulator's Residence - Street nam. t the signers are electors of the jurisdiction or district represented be residences given. I support this recall petition. I am aware that fa	y the officeholder named in this petition. I know Isifying this certification is punishable under S.12	2.13(3)(a), Wis. Stats.	Circulators, please include your contact info in case the Phone ( ) Email	re are problems
$\frac{1}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20}{\text{(Year)}}$		(Signature of Circulator)	rage No. (	(Official Use Only)		

#### VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:

Committee to Recall Wanggaard PO Box 2569 Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING I	PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE N	MUNICIPALITY OF RESIDENCE MUST ALWAY	YS BE LISTED.	Madison, WI 55701	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION	Volunteer
1.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone ( )	Check to Volunteer
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3.		City: Zip:  Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	Check to Volunteer
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8.		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20 (Month) (Day) (Year)	Email Phone ( )	Check to Volunteer
9.		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20 (Month) (Day) (Year)	Phone ( )	Check to Volunteer
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Email Phone	Check to Volunteer
	Certificatio	n of Circulator				
(Name of Circulares (Name of Circulares) (Name of C	ator) , (c	certify): I reside at	by the officeholder named in this petition. I know	r Municipality) that each person signed 2.13(3)(a), Wis. Stats.	Circulators, please include your contact info in case then Phone ( ) Email	e are problems
// <u>20</u>	_	(Signature of Circulator)	Page No.	(Official Use Only)	L	

#### TERRY MOULTON RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 23rd State Senate District of Wisconsin petition for the recall of Senator Terry Moulton from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:

Committee to Recall Moulton PO Box 2569 Madison, WI 53701

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.					Madison, WI 53701	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no		DATE OF SIGNING	CONTACT INFORMATION	Volunteer
1.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ( )	Check to Volunteer
2.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	☐ City ☐	(Month) (Day) (Year)	Phone ( )	Check to Volunteer
3.		Street:	☐ Town ☐ Village	/ /20	Email	
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4.		Streel:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ( )	Check to Volunteer
5.		Street:	☐ Town ☐ Village	/ /20	Email	
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6.		Street:	☐ Town ☐ Village	/ /20	Email	
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7.		Street:	☐ Town ☐ Village	/ /20	Email	
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8.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	City	(Month) (Day) (Year)	Phone ( )	Check to Volunteer
9.		Street:	☐ Town ☐ Village	/ /20	Email	
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10.		Streel:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	☐ City ~ · · ~	(Month) (Day) (Year)	Phone	Check to Volunteer
	Certification of	f Circulator		•		
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(Name of Circule ersonally circulated this recall petition and personally obta paper with full knowledge of its content on the date indicate in the date indicate in the date indicate in the date in	tined each of the signatures on this paper. I know that the	(Circulator's Residence – Stree ne signers are electors of the jurisdiction or district repress esidences given. I support this recall petition. I am aware	anted by the officeholder named in this notition. I know	Municipality) that each person signed 2.13(3)(a). Wis. Stats.	Circulators, please include your contact info in case there are Phone  ( )	problems
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(Month) (Day) (Year)		(Signature of Circulator)	1 uge 140. (	Ogradi Ose Only)   	<u> </u>	

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:

Committee to Recall Galloway PO Box 2569 Madison WI 53701

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE N	MUNICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	Wadison, W155701	<u></u>
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION	Volunteer
1.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Mouth) (Day) (Year)	Phone	Check to Volunteer
2.		Street:	☐ Town ☐ Village	/ /20	Email Phone	Check to
2		City: Zip:	☐ City	(Month) (Day) (Year)	( ) Email	Volunteer
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone	Check to Volunteer
4.		City: Zip: Street:	☐ Town ☐ Village	/ /20	Email	Check to
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5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone	Check to Volunteer
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7.		City: Zip:		(Modia) (Day) (Tear)	Email	Volunteer
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	=	City: Zip:	City City	(Month) (Day) (Year)	- Phone	Volunteer
	Certification	of Circulator	•			
(Name of Circussonally circulated this recall petition and personally obspaper with full knowledge of its content on the date ind	ulator) stained each of the signatures on this paper. I know that	rtify): I reside at(Circulator's Residence — Street name t the signers are electors of the jurisdiction or district represented be re residences given. I support this recall petition. I am aware that fa	by the officeholder named in this petition. I know	Municipality) that each person signed 2.13(3)(a), Wis. Stats.	Circulators, please include your contact info in case the	re are problems
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### VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:
Committee to Recall Wanggaard
PO Box 2569
Madison, WI 53701

THE MONCIPALITY	Madison, WI 53701					
NAME & SIGNATURES OF ELECTORS	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWA  STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION		
1. Print:	Street:	□ Town □ Village □ City	/ /20	Email		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ( )		
Print:	Street:	□ Town □ Village □ City	/ /20	Email		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ( )		
Print:	Street:	□ Town □ Village □ City	/ /20	Email		
Sign:	City: Zip:	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )		
4.	Street:	□ Town □ Village □ City	1 1	Email		
Sign:	City: Zip:	(Municipality Name)	/ / 20 (Month) (Day) (Year)	Phone ( )		
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Certification of Circulator ,, (certify): I reside at						
(Printed Name of Circulator)	(Circulator's Residence – Street Name and National each of the signatures on this paper. I know that the signers are elect		ipality) <sub>I</sub>	Circulators, Please include your contact info in case there are problems Phone		
/// <u>20</u> (Month) / (Day) / Year)	(Signature of Circulator)	Page No. (Official Use	Only)	Email		

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# REBECCA KLEEFISCH RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Lieutenant Governor Rebecca Kleefisch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:
Committee to Recall Kleefisch
PO Box 2569
Madien WI 52701

THE MUNICIPALITY	Madison, WI 53701			
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1.				Email
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Sign:	Civi	(Municipality Name)	(Month) (Day) (Year)	Phone
2.	City: Zip:		<del> </del>	,
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Sign:		(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
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Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
	Certification of Circulator			
	(certify): I reside at			•
(Printed Name of Circulator)	(Circulator's Residence - Street Name and N		cipality)	Circulators, Please include your contact info in case there are problems
personally circulated this recall petition and personally of amed in this petition. I know that each person signed the call petition. I am aware that falsifying this certification	btained each of the signatures on this paper. I know that the signers are electropaper with full knowledge of its content on the date indicated opposite his one is punishable under S.12.13(3)(a), Wis. Stats.	ctors of the jurisdiction or district represented by the or her name. I know their respective residences give	e officeholder en. I support this	Phone ( )
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(Month) (Day) (Year)	(Signature of Circulator)	#		

OK AS to form - DB 11/10/11

# TERRY MOULTON RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 23rd State Senate District of Wisconsin petition for the recall of Senator Terry Moulton from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:
Committee to Recall Moulton
PO Box 2569
Median NA 53701

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.				Madison, WI 53701	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION	
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Print:	Street:	☐ Town ☐ Village ☐ City	/ /20		
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Certification of Circulator , (certify): I reside at					
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Num	,	paiiry)	Circulators, Please include your contact info in case there are problems	
personally circulated this recall petition and personally ob- samed in this petition. I know that each person signed the p ecall petition. I am aware that falsifying this certification is	tained each of the signatures on this paper. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or he punishable under S.12.13(3)(a), Wis. Stats.	s of the jurisdiction or district represented by the ner name. I know their respective residences given		Phone ( )	
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(Month) (Day) (Year)	(Signature of Circulator)	#	_		

OK AS to form - DB 11/10/11

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:
Committee to Recall Galloway
PO Box 2569
Modican NU 52701

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.				Madison, WI 53701
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
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	Certification of Circulator		J	
<u>.</u>	(certify): I reside at			
(Printed Name of Circulator)	(Circulator's Residence - Street Name and	Number) (Circulator Munic	inality)	Circulators,
personally circulated this recall petition and personally on named in this petition. I know that each person signed the ecall petition. I am aware that falsifying this certification	btained each of the signatures on this paper. I know that the signers are ele	,	,	Please include your contact info in case there are problems Phone
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(Month) (Day) (Year)	(Signature of Circulator)	#	<b>-</b> !	

ok as to form - DB 11/9/11

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012 to:
Committee to Recall Walker
PO Box 2569

THE MUNICIPALITY (	Madison, WI 53701			
NAME & SIGNATURES OF ELECTORS	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS  STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1.				Email
Print:	Street:	☐ Town ☐ Village ☐ Ciry	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( )
2.		□ Town		Email
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Sign:	·	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
	Certification of Circulator			
<b>I</b> ,	certify): I reside at			
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nur	nber) (Circulator Munic	ipality)	Circulators, Please include your contact info in case there are problems
personally circulated this recall petition and personally ob- named in this petition. I know that each person signed the p- recall petition. I am aware that falsifying this certification is	tained each of the signatures on this paper. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or he punishable under S.12.13(3)(a), Wis. Stats.		•	Phone (
// <u>20</u> /20		Page No. (Official Use	Only)	Email
(Month) (Day) (Year)	(Signature of Circulator)	#		

# **RECALL PETITION** To the Wisconsin Government Accountability Board: I, the undersigned qualified elector of the State of Wisconsin, petition for the recall of Governor Scott Walker from office, pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PRINTED NAME OF ELECTOR STREET & NUMBER OR RURAL ROUTE (Rural address must also include box or fire number) \_\_\_\_ Town\_\_ Village\_\_ City\_\_ MUNICIPALITY OF RESIDENCE (Indicate if Town, Village or City. The name of the municipality of RESIDENCE must always be listed. The municipality used for mailing purposes, when different than the municipality of residence, is not sufficient.) DATE OF SIGNING (mm/dd/yyyy) SIGNATURE OF ELECTOR CERTIFICATION OF CIRCULATOR \_, certify: PRINTED NAME OF CIRCULATOR (SAME AS ELECTOR) I am one and the same person as the elector listed on this petition. I reside at the residence listed above. I personally circulated this recall petition to myself and personally signed this paper. I know that I am an elector of the jurisdiction or district represented by the officeholder named in this petition. I signed this paper with full knowledge of its content on the date indicated opposite my name. I know my residence. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wisconsin Statutes. DATE OF SIGNING (mm/dd/yyyy) SIGNATURE OF CIRCULATOR (SAME AS ELECTOR) Page No. IMPORTANT MAILING INFORMATION Please mail this form by January 7, 2012 in a business-sized envelope, with proper postage affixed, to: <COMMITTEE NAME> <PO BOX <CITY, WI ZIPCODE> OPTIONAL CONTACT INFO: Phone \_\_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

I'd like to volunteer \_\_\_ Please contact me with more information

OK as to torm
-DB 11/11/11

RECALL PETITIO	)N
To the Wisconsin Government Accountability Board:	·
I, the undersigned qualified elector of the State of Wisconsin, peti Governor Rebecca Kleefisch from office, pursuant to An Constitution and S.9.10 of the Wisconsin Statutes.	
PRINTED NAME OF ELECTOR	
STREET & NUMBER OR RURAL ROUTE (Rural address must also include box or fire number)	Town William City
MUNICIPALITY OF RESIDENCE (Indicate if Town, Village or City. The name of the municipality of RESIDENCE 1 mailing purposes, when different than the municipality of residence, is not sufficient	Town Village City must always be listed. The municipality used for at.)
SIGNATURE OF ELECTOR	DATE OF SIGNING (mm/dd/yyyy)
CERTIFICATION OF CIRCUI	LATOR
I,PRINTED NAME OF CIRCULATOR (SAME AS ELECTOR)	, certify:
I am one and the same person as the elector listed on this petition. I reside at the re recall petition to myself and personally signed this paper. I know that I am an elector officeholder named in this petition. I signed this paper with full knowledge of its continuous my residence. I support this recall petition. I am aware that falsifying this cere Wisconsin Statutes.	or of the jurisdiction or district represented by the content on the date indicated opposite my name. I
SIGNATURE OF CIRCULATOR (SAME AS ELECTOR)	DATE OF SIGNING (mm/dd/yyyy)
	Page No.
IMPORTANT MAILING INFOR Please mail this form by January 7, 2012 in a business-sized en <committee <po="" box="" name:=""> <city, wi="" zipcode=""></city,></committee>	MATION velope, with proper postage affixed, to:
<del></del>	e contact me with more information

# **WALKER RECALL PETITION**

ok as to form -DB 11/11/11

10:	, Govern	nment Accountab	ılıty Bo	eard, State of Wisconsin
I, the undersigned (	qualified elector	of the State of	Wiscon	sin, petition for the recall of
	Scott	t Walker, G	overi	nor
from office pursual of the Wisconsin S		I, Section 12 of	the Wis	sconsin Constitution and §.9.10
ELECTOR:				
NAME:	First	Middle I.	Last	
ADDRESS:	Street Address	or Rural Route		
CITY/ZIP:	City			Zip Code
MUNICIPALITY:	Select one	Municipality Na	ıme	
Signature of elector			-	Date of signing (DD-MM-YYYY)
<ul><li>elector the juri</li><li>I personally significated oppo</li></ul>	Middleside at the address sdiction or district gned this paper about the my name. I supplements	and in the municipy represented by the ove with full knowledges pport this recall pe	officeho ledge of tition.	ted above. I am a qualified older named in this petition. its content on the date der §.12.13(3)(a), Wis. Stats.
Signature of circulat	or (sign again)		-	Date of signing (DD-MM-YYYY)
	NS: 1 2 3	PRINT SIGN & D MAIL TO: [Recall Entity Mailing Addre City, WI Zip]	•	

Generated by [Recall Entity] at [URL] upon the request of elector/circulator listed above on 11/11/2011

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984. 608-266-8005, http://gab.wi.gov, email: gab@wi.gov

# KLEEFISCH RECALL PETITION

OK AS to Form
-DB 11/11/11

10:	, Gove	ernment Accountab	miy Boa	rd, State of wisconsin
I, the undersigned	qualified elector	or of the State of	Wisconsi	in, petition for the recall of
Re	ebecca Kle	efisch, Lieut	enant	Governor
from office pursua of the Wisconsin S		III, Section 12 of	the Wisc	consin Constitution and §.9.10
ELECTOR:				
NAME:	First	Middle I.	Last	
ADDRESS:	Street Address	or Rural Route		
CITY/ZIP:	City		Z	Zip Code
MUNICIPALITY:	Select one	Municipality Na	me	
the municipality of residence Signature of elector		· 	- <u>-</u> D	ate of signing (DD-MM-YYYY)
Certification of C	irculator:			
<ul> <li>I, First certify that I re elector the juri</li> <li>I personally si indicated opportunity</li> </ul>	Mideside at the addresside at the addressisdiction or distriction or distriction and this paper allosite my name. I see the second second in the second in t	ct represented by the bove with full knowl support this recall pe	officeholedge of it tition.	d above. I am a qualified der named in this petition. s content on the date er §.12.13(3)(a), Wis. Stats.
Signature of circular	tor (sign again)		D	ate of signing (DD-MM-YYYY)
INSTRUCTION	ONS: 1 2 3 3	PRINT SIGN & D MAIL TO: [Recall Entity Mailing Addre City, WI Zip]	•	

Generated by [Recall Entity] at [URL] upon the request of elector/circulator listed above on 11/11/2011

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984. 608-266-8005, http://gab.wi.gov, email: gab@wi.gov

Approved as to form -DD 1V14/11

#### **RECALL PETITION**

TO: The Govit Acc Board	
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We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
		□ Town □ Village □ City	· · · · · · · · · · · · · · · · · · ·	
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	Certification of Circulat	Or, certify	··	
	(name of circulator)	, corniy	•	
side at	(circulator's residence - include number, street, and municipality)	)		
rict represented by the officeholder named i	personally obtained each of the signatures on this pain this petition. I know that each person signed the residences given. I support this recall petition. I a	aper. I know that the signers are electors of paper with full knowledge of its content of	on the date ind	

(date)

(signature of circulator)

# OK AS to torm -DB 11/14/11

#### **RECALL PETITION - FITZGERALD**

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		PURPOSES, WHEN DIFFERENT THAN MUIT THE MUNICIPALITY OF RESIDENCE MUST			ufficient.	
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS			ITY OF RESIDENCE wn, City, or Village	DATE OF SIGNING	
1.			☐ Town ☐ Village ☐ City			
2.			☐ Town☐ Village☐ City			
3.			☐ Town ☐ Village ☐ City			
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7.			□ Town □ Village □ City			
8.			☐ Town ☐ Village ☐ City			
9.			□ Town □ Village □ City			
10.			□ Town □ Village □ City			
	Certification of Circula	tor				
,, certify:  (name of circulator)  reside at					Return by January 10, 2012 to Lori Compas 326 Garfield Street	
personally circulated this recall petition and pe district represented by the officeholder named in	circulator's residence - include number, street, and municipality resonally obtained each of the signatures on this this petition. I know that each person signed the residences given. I support this recall petition. I	<ul> <li>paper. I know that the signers are electors of the</li> <li>e paper with full knowledge of its content on the</li> </ul>	ne date indicated	Fort Atkinson		
(date)		(signature of circulator)				