STATE OF WISCONSIN Name of County Name of Municipality

_____ _____

STATEMENT OF INTENT TO CIRCULATE RECALL PETITION

THE UNDERSIGNED RECALL PETITIONER,_____

(Print Name)

STATES HIS/HER INTENT TO CIRCULATE, PURSUANT TO Wis. Stat. § S.9.10

OF THE WISCONSIN STATUTES, A PETITION TO RECALL,

_____

(Indicate the name of, and office held by, the official being recalled),

FOR THE FOLLOWING REASON OR REASONS RELATED TO THE OFFICIAL

RESPONSIBILITIES OF THE OFFICIAL SOUGHT TO BE RECALLED:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(This statement should be appended to the Campaign Registration Statement (ETHCF-1) filed with the filing officer.)

Dated this_____day of _____, _____ _____

(Signature of Petitioner)

(Notary Not Required)