

Sheet1

Circulated By	SD	Signer	Page Num	Full address	City
Daniel S. Blanchard	22	Albert J. Follack	1600	2503 24TH AVE	

AFFIDAVIT

STATE OF WISCONSIN)
Kenosha COUNTY) SS)

ALBERT J. FOLLAKE, being first duly sworn on oath, deposes and states as follows:

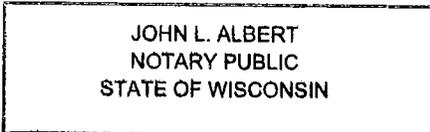
1. I an adult resident of the 22 State Senate District and I am a qualified elector, i.e., either registered to vote or eligible to register and vote.

2. My sister Irene Reid came to my house and asked me to sign a petition. I did not know the petition was against Senator Wirch. Had I known the petition was against Senator Wirch, I would not have signed it. I signed the petition approximately 5 weeks ago.

Albert J. Follake
[NAME]

Subscribed and sworn to before me this 30 day of April, 2011.

John L. Albert
Notary Public, State of Wisconsin
My Commission 4-28-2008 4-28-2012



RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

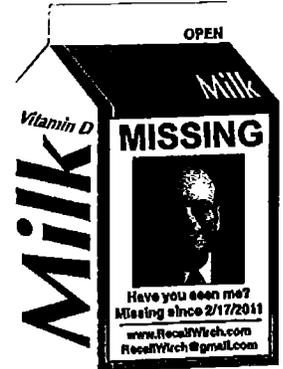
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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	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. James D. Reid	1321-25th Ave.	<input checked="" type="checkbox"/> Town Somers <input type="checkbox"/> Village Kenosha City <input type="checkbox"/> City	2/25/11
2. June D. Reid	1321-25th Ave.	<input checked="" type="checkbox"/> Town Somers <input type="checkbox"/> Village Kenosha City <input type="checkbox"/> City	2/25/11
3. Kristina Blanchard	1404 40th Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	2/26/11
4. Anne Rusk	PO box 8 1122 88th Ave.	<input checked="" type="checkbox"/> Town Somers <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
5. Lorraine Huntton	2015-21st St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/11/11
6. Edna German	4914 Pershing Blvd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/19/11
7. Susan Buckley	4914 Pershing Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/19/11
8. Dan Kunk	1300-14TH P.L	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	3-19-11
9. Barb Kruek	2300-14th PL	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	5-19-11
10. Albert J. Follak	2503-24th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-22-11

I, Daniel S. Blanchard **Certification of Circulator**, certify:
(name of circulator)

I reside at 1404 40th COURT, KENOSHA, WI 53144
(circulator's residence - include number, street, and municipality)

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.

3/31/2011
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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