

Sheet1

Circulated By	SD	Signer	Page Num	Full address	City
Dolores Lee	22	Gertrude Zuhlke	274	2317 79TH ST	Kenosha

AFFIDAVIT

STATE OF WISCONSIN)
Kenosha COUNTY) SS

Bertrude Zuhke, 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 neighbor stopped by my house about a month ago and he asked me to sign a petition. Had I known the petition was to recall Senator Wirch, I would not have signed the petition. I have known Senator Wirch for some time and I would not want to recall him.

Bertrude Zuhke
[NAME]

Subscribed and sworn to before me this 30 day of April, 2012

[Signature]

Notary Public, State of Wisconsin
My Commission ~~4-25-2005~~ - 4-25-2012

JOHN L. ALBERT
NOTARY PUBLIC
STATE OF WISCONSIN

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. <i>Steven P. Vek</i>	4302 - 83rd St. Kenosha WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	03/02/11
2. <i>[Signature]</i>	5954 3rd Ave Kenosha WI 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	3/3/11
3. <i>[Signature]</i>	4020 56th St Kenosha WI 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	3/3/11
4. <i>[Signature]</i>	4324 - 17th Ave Kenosha WI 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	3/3/11
5. <i>[Signature]</i>	4103 - 79th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	3/3/11
6. <i>[Signature]</i>	4020 - 56th St KENOSHAWI 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	3/3/11
7. <i>Nathaniel England</i>	1948 24th Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village " <input checked="" type="checkbox"/> City	Mar 4 2011
8. <i>[Signature]</i>	2317 - 79th Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village " <input checked="" type="checkbox"/> City	Mar 7, 11
9. <i>[Signature]</i>	7947 - 7th Pl Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village " <input checked="" type="checkbox"/> City	3-4-11
10. <i>[Signature]</i>	4112 Kenosha WI 24th St	<input type="checkbox"/> Town <input type="checkbox"/> Village " <input checked="" type="checkbox"/> City	3-4-11

Certification of Circulator

I, Dolores Lee, certify:
(name of circulator)

I reside at 2103 - 79th St, Kenosha, WI
(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.

3-5-11
(date)

Dolores Lee
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com