Circulated By	SD	Signer	Page Num	Full address	City
Charles Krause	22	Doris Swartz	1907	205 THORNGATE CT	

AFFIDAVIT

STATE OF WISCONSIN)
) SS
Racine COUNTY)

Doris Swartz, 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. On about 2 weeks ago at my home, I spoke with an individual who was soliciting passersby to sign a document.

4. My impression was that it was a document in favor of Bob Wirch.

5. Had I not been misled about the purpose of effect of the petition, I would not have signed it. I do not and have not supported efforts to have a recall election held for Senator Wirch 's seat.

Doris E. Swartz
[NAME]

Subscribed and sworn to before me this 28th day of April, 2011.

Patricia A. Zamba
Notary Public, State of Wisconsin
My Commission is permanent

PATRICIA A. ZAMBA
Notary Public
State of Wisconsin

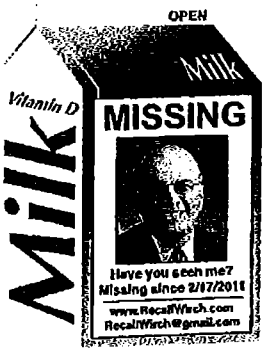
RECALL PETITION

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edward C Wirch	432 Westridge Ave.	☐ Town ☐ Village ☒ City Burlington	4/4/11
2. [illegible]	432 Westridge Ave	☐ Town ☐ Village ☒ City Burlington	4/4/11
3. Marvin Dunlap	440 WESTRIDGE AVE	☐ Town ☐ Village ☒ City Burlington	4/4/11
4. Frederick Koenen	215 Thorngate Ct.	☐ Town ☐ Village ☒ City BURLINGTON	4/4/11
5. Mary J Koenen	215 Thorngate Ct	☐ Town ☐ Village ☒ City Burlington	4-4-11
6. I. J. Swartz	205 Thorngate Ct	☐ Town ☐ Village ☒ City Burlington	4/4/11
7. Doris E. Swartz	205 Thorngate Ct	☐ Town ☐ Village ☒ City Burlington	4-4-11
8. Elizabeth Pilvinger	204 Thorngate Ct	☐ Town ☐ Village ☒ City Burlington	4-4-11 WI
9. Barbara B. Schum	208 THORNGATE CT	☐ Town ☐ Village ☒ City Burlington	4-4-11 WI
10. Dawn Guido	431 Birch Ave	☐ Town ☐ Village ☒ City Burlington	4-4-11

Certification of Circulator

I, Charles Krause, certify:
(name of circulator)

I reside at 35300 State ST. Burlington WIS 53105
(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.

4-4-11
(date)

Charles Krause
(signature of circulator)

Please mail this form to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1907

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