

Sheet1

Circulated By	SD	Signer	Page Num	Full address	City
Kevin K. Hutchinson	22	Wayne Lumley	1134	8015 19TH AVE	Kenosha, WI

AFFIDAVIT

STATE OF WISCONSIN)
) SS
Kenosha COUNTY)

Wayne Lumley, being first duly sworn on oath, deposes and states as follows:

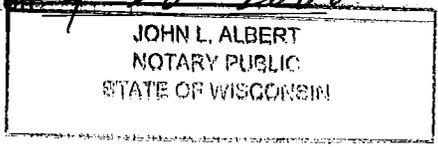
1. I an adult resident of the ___ State Senate District and I am a qualified elector, i.e., either registered to vote or eligible to register and vote.

2. I was mistaken when I signed the petition to recall Senator Wiersh. I thought he was a Republican crone of SCOTT WALKER. When I found out he was a Democrat I wanted to take back the signature

Wayne Lumley
[NAME]
Wayne Lumley

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

[Signature]
Notary Public, State of Wisconsin
My Commission 4-20-2008 - 4-20-2012



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

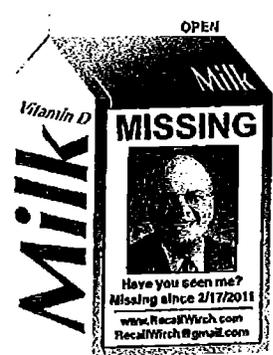
(name of officeholder to be recalled and office)

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. <i>Wagner Family</i>	<i>8015 19th Avenue Kenosha, WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3-19-11</i>
2. <i>Heslie Gilmore</i>	<i>8041 19th Avenue Kenosha, WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3-19-11</i>
3. <i>Onyiah</i>	<i>8040 19th Ave Kenosha, WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>3-19-11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Kevin K. Hutchinson, certify:

I reside at 4421 Harrison Road Kenosha WI 53142
(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.

3-19-11
(date)

Kevin K. Hutchinson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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.wis.gov> email: gab@wi.gov