

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 Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin 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.)

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. <u>Brooke Juedes</u> <u>Brooke Juedes</u>	<u>10265 Gentle Bend</u> <u>Tomahawk</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u>	<u>4-11-11</u>
2. <u>Marsha Schroeder</u> <u>Marsha Schroeder</u>	<u>4702 Hwy G</u> <u>Antigo</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	<u>4-11-11</u>
3. <u>Lyle D Allmon</u> <u>Lyle D Allmon</u>	<u>8268 Hwy 455</u> <u>Antigo</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u>	<u>4-11-11</u>
4. <u>Bonnie Schwoch</u> <u>Bonnie Schwoch</u>	<u>N. 1850 Hwy 17</u> <u>Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
5. <u>Gordon Wrenne</u> <u>Gordon Wrenne</u>	<u>507 S Foster St</u> <u>Merrill</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
6. <u>John Lemke</u> <u>John Lemke</u>	<u>W3218 Hwy 64</u> <u>Pine River</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
<u>RICHARD STINE</u> <u>R. Stine</u>	<u>W1715 Co. Rd. A</u> <u>Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>4-11-11</u>
8. <u>Gabe Overy</u> <u>Gabe Overy</u>	<u>N2827 Hwy K</u> <u>Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
9. <u>Candice Overy</u> <u>Candice Overy</u>	<u>N2827 Hwy K</u> <u>Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
10. <u>Janice Seiper</u> <u>Janice Seiper</u>	<u>N4452 Mary Todd Ct</u> <u>Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rockfalls</u>	<u>4-11-11</u>

Certification of Circulator

I, Jay Taylor, certify:

I reside 9461 Charleville Blvd, #204 Beverly Hills, CA, 90212
(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.

4/12/11 (date) Jay Taylor (signature of circulator)

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