

# DETERMINATION OF SUFFICIENCY OF RECALL PETITIONS

JANUARY 9, 2012

## GOVERNMENT ACCOUNTABILITY BOARD

### General Procedure

1. Use only red pen.
2. Circle any item on the recall petition page that is questionable, invalid or missing.
3. Make a check mark (✓) to the right of the row to indicate signatures not counted or blank lines.
4. If you have a question about the sufficiency of a given page or signature, put a question mark (?) next to the questioned item and contact your supervisor.
5. Write the number of valid signatures on the upper, right-hand corner of each page.

### Header Review

<b>RECALL PETITION</b>	
TO: _____	<small>(official with whom nomination papers or declaration of candidacy for the office is filed)</small>
We, the undersigned qualified electors of the _____	<small>(jurisdiction or district of officeholder)</small>
petition for the recall of _____	<small>(name of officeholder to be recalled and office)</small>
from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.	

If the petition format was pre-approved, staff will skip this step. (See Appendix A – Pre-Approved Recall Petitions)

The header on each page must contain:

1. Substantially similar language to the above sample petition.
2. Filing officer (Government Accountability Board)
3. District (should contain both a number and type, e.g. State of Wisconsin or 1<sup>st</sup> Senate District)
4. Name of person being recalled (Governor Jane Doe or Senator John Smith)

<b>SCOTT WALKER RECALL PETITION</b>
<small>To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.</small>

**\*\*\*Errors in the header will invalidate the entire page!\*\*\***

**Body Review**

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.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

To determine if a line should be counted it must contain:

1. Signature

a. A signature does NOT need to be legible.

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. 	212 E. Washington Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/6/12

b. X's, stamped signatures, printed signatures, etc. are acceptable.

c. Petitions signed by an assistor for an individual with a physical disability are acceptable.

10. Jane Doe <sup>*Assisted by</sup> John Smith	212 E. Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/6/12
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d. Power of Attorney may NOT sign for their ward. The signature shall be struck.

2. Jane Doe (POA)	212 E. Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/6/12
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e. A line with a blank signature box shall be struck.

3.	212 E. Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/6/12
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f. A line with the signature in the printed name box shall be accepted.

PRINTED NAMES OF ELECTORS	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
L John Smith		Street: 212 E. Washington Ave City: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/6/2012 (Month) (Day) (Year)

g. Questionable signatures should be flagged with a (?) for further review.

4. Mickey Mouse	212 E. Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/6/12
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2. Street number and Street name (no address verification at this step)

a. P.O. Boxes are not acceptable.

7 Paula Cardip	Paula Anderson	PO BOX 41 Oconto Falls WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconto Falls	3/8/11
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b. Must contain at least a partially legible street number and name.

i. If the street number is simply a scribble so that no part of it can be determined, the signature is struck.

4.	<i>[Signature]</i>	lake view north Keshena	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Keshena	4/7/11
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ii. If the street name is simply a scribble so that no part of it can be determined, the signature is struck.

5.	<i>[Signature]</i>	921 <i>[scribble]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	A 17.90	4/10/11
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iii. If the reviewer can discern a possible street number and name, even without being sure of the exact street number and name, the signature is counted as valid.

8.	<i>[Signature]</i>	13th <i>[scribble]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>[scribble]</i>	3/8/11
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iv. If the first and second reviewers disagree as to the legibility of the street address, the signature is escalated for a review and determination by supervising staff. The reviewing staff will determine the validity of the signature by reviewing the face of the petition, without being required to consult extrinsic evidence, and recognizing the statutory presumption of validity of information on the petition. In the event that the reviewing staff determines that the signature is equally likely to be valid or invalid, the signature shall be counted during the staff's initial review and may be subject to further review if the signature is challenged.

c. Zip Code is not required.

d. Post directionals, St., Ave., etc. are not required.

4.	Sherri Enz	<i>Sherri Enz</i>	920 Sunnydale	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Little Chute	3/11/11
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e. Municipality is not required here, but if listed, may be inferred into the municipality column.

1.	KARLA H. Joyce	<i>Karla H. Joyce</i>	310 E Conant St Portage, WI 53901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		3/5/11
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f. Ditto marks are acceptable for addresses and municipalities.

### 3. Municipality

a. A list of municipalities within the district will be provided. (For statewide offices, any Wisconsin municipality is acceptable.) If a municipality is listed that is outside the district, it must be struck.

- b. If municipality is blank, a municipality listed in the street address column may be used.

1. KARLA H. JOYCE	<i>Karla H. Joyce</i>	310 E Conant St Protage, WI 53901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3 15 11
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4. Date (day, month, and year required)

- a. No signature may be dated before the recall committee filed a registration statement with the G.A.B. (November 15, 2011)
- b. The signer date must also be the same as or before the date of the certification of the circulator.

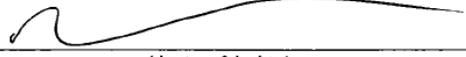
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fax no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. John Smith		Street: 212 E. Washington Ave City: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/6/2012 <small>(Month) (Day) (Year)</small>

**Certification of Circulator**

I, Mark Sample, certify:  
(name of circulator)

I reside at 1 West Wilson, Madison  
(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.

1/1/12 (date)  (signature of circulator)

- c. The date must be completed with day, month, and last 2-digits of the year at a minimum. Signatures missing these elements are NOT accepted.

1. RUSS KRALOVETZ	10390 WAVER PARK LAM LAKEWOOD WI 54138	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKEWOOD	3/31
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- d. Order of the month/day may be reversed.

7. 	212 E. Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	6/1/12
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- e. Ditto marks are NOT acceptable for dates.

2. <i>Lizina Hannahs</i>	105697 DAoust RD Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	"
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**Special Rules**

1. Signature Struck by Committee

If a line is crossed-out, it should not be counted.

6. <del>John Peterson</del>	<del>John Peterson</del>	<del>105 OLD HAY 106 Protage, WI 53901</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rto.	<del>3/2/11</del>
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2. Circulator as Signer

If a circulator is also a signer in the body of the petition, missing information (other than signature) from either section may be inferred to the correct position on the page.

10.		212 E. Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Madison	1/6/12
<b>Certification of Circulator</b>					
I, <u>Sam Sample</u> , certify:					
<small>(name of circulator)</small>					
I reside at <u>212 E. Washington Ave.</u>					
<small>(circulator's residence - include number, street, and municipality)</small>					
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.					
<u>1/6/12</u> <small>(date)</small>		 <small>(signature of circulator)</small>			

**\*\*\*Errors in the body will only invalidate that signature!\*\*\***

**Footer Review**

<b>Certification of Circulator</b>	
I, _____, certify:	
<small>(name of circulator)</small>	
I reside at _____	
<small>(circulator's residence - include number, street, and municipality)</small>	
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.	
_____ <small>(date)</small>	_____ <small>(signature of circulator)</small>

The footer on each page must contain:

1. Substantially similar language to the above sample petition
  - a. If the petition format was pre-approved, staff will skip this step. (See Appendix A – Pre-Approved Recall Petitions)
2. Legible name of circulator
3. Circulator’s residential address, including municipality
4. Date (must be same day or later than ALL signatures on page. See Body Review 4b).
  - a. Must contain day, month, and year. If date is left entirely blank, count the page, but mark with a “?” and bring to the attention of a supervisor.
5. Signature of the circulator

**\*\*\*Errors in the footer will invalidate the entire page!\*\*\***

**Frequently Asked Questions (FAQ)**

<b>If:</b>	<b>Then:</b>
Signature is printed	Count the signature
Signer provides only a P.O. Box for address.	Do <u>NOT</u> count the signature.
Address is partially illegible	If it can be determined that there is a number and a name present, count the signature.
Address is completely illegible	Do <u>NOT</u> count the signature.
Ditto marks are used for address or municipality information.	Count the signature <u>only</u> if ditto marks follow a valid address/municipality.
Address or municipality of a signer who is also the circulator is missing.	Count the signature. Indicate where on the page the information is found.
Ditto marks are used for signer date.	Do <u>NOT</u> count the signature.
Any part of the signer date is missing	Do <u>NOT</u> count the signature.
Signer date is illegible	Do <u>NOT</u> count the signature.
Any part of the date of the circulator is missing	Do <u>NOT</u> count any signatures on the page.
Entire circulator's date is missing	Mark with (?), but count the signatures as normal.
Municipality of circulator is missing.	Count the signatures on the page <u>only</u> if the circulator also signed the page as a signer and included the address on that line. Indicate where the information is found.
Circulator signed on the line that should have had the printed name.	Count the signatures on that page if the signature is legible or the name can otherwise be determined from the page.

**Note: Wis. Stat. § 9.10(2) and GAB 2.05 outline the criteria for determining sufficiency of signatures on nomination papers. Copies are attached for review and information.**