

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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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.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Richard R. Heizer</u> Sign: <u>Richard R. Heizer</u>	Street: <u>N7924 Wilson Lk. Rd.</u> City: <u>Phillips WI</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELK</u> <small>(Municipality Name)</small>	<u>12/29/2011</u> <small>(Month) (Day) (Year)</small>	Em Pho ()
2. Print: <u>Bonnie G Heizer</u> Sign: <u>Bonnie G Heizer</u>	Street: <u>N7924 Wilson Lk Rd</u> City: <u>Phillips WI</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>EIK</u> <small>(Municipality Name)</small>	<u>12/28/2011</u> <small>(Month) (Day) (Year)</small>	Em Pho ()
3. Print: <u>Teresa R. Staples</u> Sign: <u>Teresa R. Staples</u>	Street: <u>N7997 Ridge Rd</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>EIK</u> <small>(Municipality Name)</small>	<u>1/7/2012</u> <small>(Month) (Day) (Year)</small>	Em Pho ()
4. Print: <u>Pamela B Heizer</u> Sign: <u>Pamela B Heizer</u>	Street: <u>1330 Park Ridge Rd</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Phillips</u> <small>(Municipality Name)</small>	<u>1/7/2012</u> <small>(Month) (Day) (Year)</small>	Em Pho ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Em Pho ()

Certification of Circulator

I, Richard R. Heizer, (certify): I reside at N7924 Wilson Lk. Rd Town of Elk
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator 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 a crime under Wisconsin Statutes, Chapter 93.

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