

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>JAMES F. MILLER</u> Sign: <u>James F. Miller</u>	Street: <u>6109 RANDY JAY ST</u> City: <u>WESTON</u> Zip: <u>54476</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WESTON</u> <small>(Municipality Name)</small>	<u>12/28/20</u> <small>(Month) (Day) (Year)</small>	Phone: _____ Email: <u>(7</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: _____ Email: (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: _____ Email: (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: _____ Email: (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: _____ Email: (

Certification of Circulator

I, JAMES F. MILLER (certify): I reside at 6109 RANDY JAY ST. WESTON
(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 punishable under S.12.13(3)(a), Wis. Stats.

_____/_____/20_____
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
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Please include

Phone

(7)

Email
