

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.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email	Phone
1. Josephine Hunt	<i>Josephine Hunt</i>	Street: 4606 Sternberg Ave. City: weston zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City weston	12/30/2011 <small>(Month) (Day) (Year)</small>		
2. EUGENE HUNT	<i>Eugene Hunt</i>	Street: 4606 Sternberg Ave. City: weston zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City weston	12/30/2011 <small>(Month) (Day) (Year)</small>		
3.		Street: _____ City: _____ zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>		
4.		Street: _____ City: _____ zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>		
5.		Street: _____ City: _____ zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>		
6.		Street: _____ City: _____ zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>		
7.		Street: _____ City: _____ zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>		
8.		Street: _____ City: _____ zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>		
9.		Street: _____ City: _____ zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>		
10.		Street: _____ City: _____ zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>		

Certification of Circulator

I, _____ (Name of Circulator), (certify): I reside at _____ (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.

01 03 12012
(Month) (Day) (Year)

Signer Name
(Signature of Circulator)

Page No. (Official Use Only)
4714

Circulator