

Recall Instructions for Eggert, Bowman, & Olson Recall

- You cannot circulate the petition if you are not eligible to vote. You do not have to be registered, but have to be legally able to do so.
- To be legal, they must be signed in person, on paper.
- Make sure people sign ALL THREE forms
- Be sure that the whole form prints properly...especially the date column
- Leave the page number at the bottom of the page blank.
- All people signing must be qualified electors for the Appleton Area School District and be eligible to vote (18 or older).
- Petitioners only fill out Name, Address, City, Municipality, and Date...the person circulating the petition fills out the bottom to certify you collected the signatures.
- The sheet does not need to be "full" to qualify.
- We are looking to collect 10,000 signatures...we need to have collected by December 6th, 2020
- Please sign date with full year of "2020"
- Send Recall Sheets to:
AASD Recall
1835 E. Edgewood Drive, Ste 10551
Appleton, WI 54913

RECALL PETITION

TO: Clara Kopplinger (official with whom nomination papers or declaration of candidacy for the office is filed) Appleton Area School District (jurisdiction or district of officeholder)
 petition for the recall of Kay S. Eggert, President AASD School Board from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
 (name of officeholder to be recalled and office)

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.*)
 Willfully neglected to act on behalf of families in AASD. Negligence to ensure AASD provide best educational opportunities Has lost confidence and trust of AASD families and cannot adequately discharge duties without public trust.

SIGNATURES OF ELECTORS	PRINTED NAME 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.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, _____, certify I reside at _____
(name of circulator)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03, 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.
(circulator's residence - include number, street, and municipality)

Page No.

RECALL PETITION

TO: Clara Koppinger (official with whom nomination papers or declaration of candidacy for the office is filed) Appleton Area School District (jurisdiction or district of officeholder)
 petition for the recall of James R. Bowman, Treasurer, AASD School Board from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.
 (name of officeholder to be recalled and office)

STATEMENT OF REASON FOR RECALL

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