STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
As shown on the ballot: Christopher Faber	Address: 358 Wildwood Drive City, Village, or Unincorporated Area: North Aurora Zip Code: 60542	PRECINCT COMMITTEEMAN	Township/Ward: Batavia Precinct: 11	Democratic

If required pursuant to 10 ILC	S 5/7-10.2, 8-8.1 or 10-5.1	, complete t	the follo	owing (this	information will a	ppear on th	e ballot)	
FORMERLY KNOWN AS	S UNTIL NAME CHANGED ON							
STATE OF ILLINOIS County of Kane	List all names during last 3	years)		WIL OTTAL	(Li	ist date of e	ach mame	e change)
I, Christopher Faber		(Name of C	Candid	ate) being	ı first duly sworn	(or attirme	d), sáy ti	hat I reside
at 358 Wildwood Drive	, i	n the (City,	Village,	Unincorporate	d Area	(circle	one) of
North Aurora	(if unincorporated, lis	st municipa	lity tha	t provides	s postal service)	Zip Code	60542	, in the
County of Kane, State of	Illinois; that I am a	qualified	voter	therein	and am a qua	alified Prin	nary vo	ter of the
Democratic	Party; that I ar	n a candid	ate for	Election	to the office of F	recinct Co	mmittee	man in the
County of Kane, to be voted u	upon at the primary elect	ion to be he	eld on	February	2, 2010 and that	l am legall	y qualifie	ed (including
being the holder of any licens	se that may be an eligibil	ity requiren	nent fo	r the offic	e to which I seel	k the nomir	nation) to	hold such
office and that I have filed (or I will file before the c	lose of the	petitio	on filing p	eriod) a Statem	ent of Eco	nomic Ir	nterests as
required by the Illinois Go	overnmental Ethics Act	and I he	reby i	equest t	hat my name	be printed	l upon 1	the official
Democratic	(Name of Party) Prir	mary ballot	for Ele	ection for	such office.			
Signed and sworn to (or aff	(Name of	Faber f Candidate	e) 	Chi	Signature of Signa	(inser	t month,	209 day, year)

PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affilia <u>Democratic</u> Party, in Batavi	a 11 (township n	Party and qualified prima ame and precinct number) in t	
,State of Illinois, do hereby peti 358 Wildwood Drive in	tion that Christopher Faber the City, Village, Unincorporated Area (cir	cle one) of North Aurora	o resides at (if
unincorporated, list municipality that provides po	stal service) Zip Code 60542 , County n to the office of PRECINCT COMMITTEEM	of Kane and State of Illinois, s	hall be a candidate
(township name and precinct number), to be v			
If required pursuant to 10 ILCS 5/7-10.2, comp	lete the following (this information will appe	ear on the ballot)	
FORMERLY KNOWN AS	UNTIL NAME CHANG	ED ON	
(List all names di	uring last 3 years)	(List date of each	name change)
NAME (VOTER'S SIGNAȚURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 Lell Jehner.	361 will good Dr.	North Ausua	Kane County, IL
2 Salvine Chausigo	361 Wildwood Dr	Worth Surora	Kane County, IL
3 Jamaile Lourson	359 Wildwood Dr	N. Aurora	Kane County, IL
4 And John	359 MILDWAD Da	N. Amons	Kane County, IL
5 Kan Feber	358 hildward Dr	N Aurora	Kane County, IL
6 May Om	30 Cyldwel	Wifina	Kane County, IL
74	360 Willwood	N. Aurors	Kane County, IL
8 Pots Johnson	340 Helltap ane	N. aurara	Kane County, IL
9 Christa Coroto	493 Pheasant Hill	N. aurora	Kane County, IL
10 Jud D Cushe	493 Pheagant Hill	N. Ayrora	Kane County, IL
State of Illinois			
County of Kane SS.			
1, Christopher Faber	(Circulator's Name) do hereby certify that I r	eside at 358 Wildwood I	Dr.
in the City/Village/Unincorporated Area (circle	one) of North Aurora (it	unincorporated, list municipa	ality that provides
postal service) Zip Code 60542, County	of Kane State of B	Cthat I am	118 years of age or
older, that I am a citizen of the United States, preceding the last day for filing of the petitions a	and that the signatures on this sheet were	signed in my presence, not i	more than 90 days
at the time of signing the petition qualified voter	s of the Democratic Par	ty in the political division in wh	ich the candidate is
seeking elective office, and that their respective	e residences are correctly stated, as above	e set forth.	
	(Circula	ator's Signature)	
Signed and sworn to (or affirmed) by	ristates takes	before me, on 11/2	2009
original and sworn to (or animica) by	(Name of Circulator)	(insert m	onth, day, year)
"OFFICIAL SEAL"	- William	Checker Bublis's Sizzativas	
SHAUNA L. State of Illinois		(Notary Public's Signature)	
Notary Public, States 10/02/11	SHEET NO.		