ATTACH TO PETITION\_\_\_\_

Revised July, 2007 SBE No. P-1

## STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
As shown on the ballot: CHAD FELDOTTO	Address: 1025 Symphony Dr. City Village, or Unincorporated Area: Aurora Zip Code: 60504	PRECINCT COMMITTEEMAN	Township/Ward: City of Aurora, Ward 3 Precinct:	Democratic

					WANTE OF		
If required pursuant to 10 ILCS 5/FORMERLY KNOWN AS	7-10.2, 8-8.1 or 10-5.1	UNTIL	following (this		will appear on the	and the second s	change)
(List	all names during last 3	years) .			(Elst date of ea	ich name (	change)
STATE OF ILLINOIS  County of Kane	. SS.						
I, CHAD FELDOTTO		(Name of Can	ndidate) being	g first duly sw	orn (or affirmed	), say tha	at I reside
at 1025 Symphony Dr.	, i	n the City	Village,	Unincorpo	rated Area	(circle d	one) of
Aurora (	if unincorporated, lis	t municipality	that provide	s postal serv	ice) Zip Code <u>6</u>	0504	, in the
County of Kane, State of Illir	ois; that I am a	qualified vot	ter therein	and am a	qualified Prim	ary vote	r of the
Democratic	Party; that I an	n a candidate	for Election	to the office	of Precinct Con	nmitteem	an in the
County of Kane, to be voted upon	at the primary election	on to be held	on February	2, 2010 and	that I am legally	qualified	(including
being the holder of any license th	at may be an eligibilit	ty requiremen	nt for the offic	ce to which I	seek the nomina	ation) to h	old such
office and that I have filed (or I	vill file before the cl	ose of the pe	tition filing p	eriod) a Sta	tement of Econ	iomic Inte	erests as
required by the Illinois Govern	mental Ethics Act	and I hereb	y request t	hat my nan	ne be printed	upon the	e official
Democratic (	Name of Party) Prim	nary ballot for	Election for	such office.			
DV -2 AM				Vul j	) elst re of Candidate	<u>t</u>	2
Signed and sworn to for affirme	ام الم	OTTO			11.4	whom	2 2409
Signed and swort to tor animie		Candidate)		belore	me, on <u>NOVC</u> (insert	month, da	ay, year)
9			Si	uly (X	w Cals	al	
(SEAL)		04		Notary	Public's Signatu	ıre)	
OFFICIAL SEAL					1		

OFFICIAL SEAL SUELY ANN CABRAL NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:04/23/13

## X...BIND HERE...X

Suggested Revised July, 2007 SBE No. P-27

## PRECINCT COMMITTEEMAN PRIMARY PETITION

		Party and qualified prim ame and precinct number) in w		
	the City, Village, Unincorporated Area (cir	cle one) of Aurora	(if	
of the Democratic Party for election (township name and precinct number), to be v	n to the office of PRECINCT COMMITTEEN	IAN, for City of Aurora, Wa	rd 3 3	
If required pursuant to 10 ILCS 5/7-10.2, comp				
FORMERLY KNOWN AS(List all names do	UNTIL NAME CHANG uring last 3 years)	ED ON(List date of each	h name change)	
			T	
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1 Chalq redotes	1025 Symphony Dr	Auma	Kane County, IL	
2	1025 Symphony Dr	Ausova	Kane County, IL	
3 Marco a Orago	685 Serenlipita Dr.	Aurona	Kane County, IL	
4 Sanzantha Frige	1045 Symphony Dr	ALVORA	Kane County, IL	
5 Gunando Frias.	1045 Symphony Dr.	Across	Kane County, IL	
6 William & Dock	930 SYMPHORY DR	AURORA	Kane County, IL	
7 Johna Rivarko	930 Symphony Dr	Aurora	Kane County, IL	
8 Dan Hurryn.	907 Symphony Dr	Aurora	Kane County, IL	
9 should uchy	907 SympHay or	AUVORA	Kane County, IL	
10 Cum la	900 Sympthony Die	AURO, LA	Kane County, IL	
State of Illinois	,	***************************************		
County of Kane SS.				
. Chad Feldotto	(Circulator's Name) do hereby certify that I re	eside at 1005 5 ym	phony Or.	
in the City/Village/Unincorporated Area (circle	one) of Hurora (if	unincorporated, list municip	ality that provides	
postal service) Zip Code 46504, County	of Kane, State of I	1/inoi < that I ar	n18 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 we're and are genuine and that to the best of my kn	signed in my presence, not owledge and belief the pers	more than 90 days ons so signing were	
at the time of signing the petition qualified voters seeking elective office, and that their respectiv	s of the Democratic Part	y in the political division in wh		
seeding distance office, and that their respective	e residences are correctly stated, as above	als Tell to		
	(Circula	tor's Signature)	<b></b>	
Signed and sworn to (or affirmed) by	Feldotto	pefore me, on Novemb	er 2, 2009.	
	(Name of Circulator)	(insert n	nonth, đay, year)	
(SEAL)	Drug UN	(Notary Public's Signature	)	
······································	SHEET NO.	,	•	
OFFICIAL SEAL SUELY ANN CABRAL				
NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:04/23/13				