

STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
As shown on the ballot: VICTORIA GIBBS	Address: 1533 Elder Dr. City, Village, or Unincorporated Area: Aurora Zip Code: 60506	PRECINCT COMMITTEEMAN	Township/Ward: City of Aurora, Ward 5 Precinct: 8	Democratic

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS _____ UNTIL NAME CHANGED ON _____
(List all names during last 3 years) (List date of each name change)

STATE OF ILLINOIS }
County of Kane } SS.

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KANE COUNTY CLERK

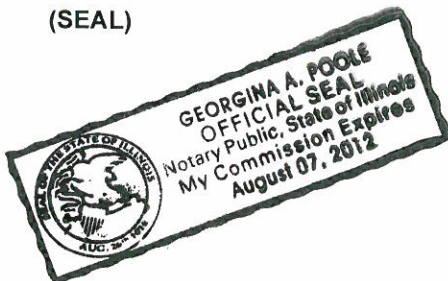
I, VICTORIA GIBBS (Name of Candidate) being first duly sworn (or affirmed), say that I reside at 1533 Elder Dr., in the City Village, Unincorporated Area (circle one) of Aurora (if unincorporated, list municipality that provides postal service) Zip Code 60506, in the County of Kane, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the Democratic Party; that I am a candidate for Election to the office of Precinct Committeeman in the County of Kane, to be voted upon at the primary election to be held on February 2, 2010 and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek the nomination) to hold such office and that I have filed (or I will file before the close of the petition filing period) a Statement of Economic Interests as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official Democratic (Name of Party) Primary ballot for Election for such office.

Victoria Gibbs
(Signature of Candidate)

Signed and sworn to (or affirmed) by VICTORIA GIBBS before me, on 11/02/09
(Name of Candidate) (insert month, day, year)

Hege
(Notary Public's Signature)

(SEAL)



PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affiliated with the Democratic Party and qualified primary electors of the Democratic Party, in City of Aurora, Ward 5 8 (township name and precinct number) in the County of Kane, State of Illinois, do hereby petition that VICTORIA GIBBS who resides at 1533 Elder Dr. in the City Village, Unincorporated Area (circle one) of Aurora (if unincorporated, list municipality that provides postal service) Zip Code 60506, County of Kane and State of Illinois, shall be a candidate of the Democratic Party for election to the office of PRECINCT COMMITTEEMAN, for City of Aurora, Ward 5 8 (township name and precinct number), to be voted for at the primary election to be held on February 2, 2010.

If required pursuant to 10 ILCS 5/7-10.2, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS UNTIL NAME CHANGED ON (List all names during last 3 years) (List date of each name change)

Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Contains 10 rows of handwritten entries.

State of Illinois } SS. County of Kane }

I, Victoria Gibbs (Circulator's Name) do hereby certify that I reside at 1533 Elder Dr

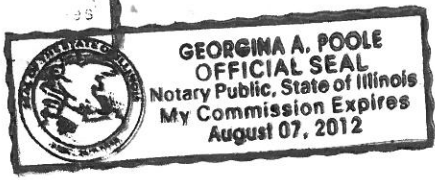
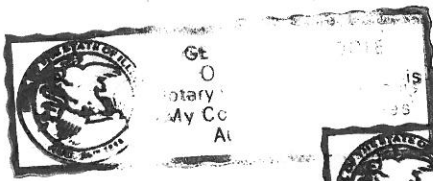
in the City Village/Unincorporated Area (circle one) of Aurora (if unincorporated, list municipality that provides postal service) Zip Code 60506, County of Kane, State of Illinois that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the Democratic Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Victoria Gibbs (Circulator's Signature)

Signed and sworn to (or affirmed) by Victoria Gibbs before me, on 11/02/09 (Name of Circulator) (insert month, day, year)

Georgina A. Poole (Notary Public's Signature)

(SEAL)



SHEET NO. _____