Revised July, 2007 SBE No. P-1

## STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
John MARSALA	Address:  RAVASO DR.  City, Village or Unincorporated Area:  CARPENTERS V. (CE  Zip Code:	PRECINCT COMMITTEEMAN	Township/Ward:  Dunder  Precinct:	REPublicas

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) UNTIL NAME CHANGED ON FORMERLY KNOWN AS (List all names during last 3 years) STATE OF ILLINOIS County of Kane KANE COUNTY CLERK Name of Candidate) being first duly sworn (or affirmed), say that I reside

7 41 NAVAJO DAVE, in the City, Village Unincorporated Area (circle one) of (if unincorporated, list municipality that provides postal service) Zip Code \_\_\_\_\_\_\_\_, in the County of Kane, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the KEPUBLICAN 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 Febrary 5, 2008 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 REPubliCAN (Name of Party) Primary ballot for Election for such office (Signature of Candidate) Signed and sworn to (or affirmed) by (Notary Public's Signature) (SEAL)

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

Suggested Revised July, 2007 SBE No. P-27

PRECINCT COMMITTEEMAN
PRIMARY PETITION
REPUBLICAN

We, the undersigned, members of and affilia	ated with the #10 (township)	Party and qualified prima				
,State of Illinois, do hereby pet in unincorporated, list municipality that provides poof the	ition that John PARL, in the City, Village, Unincorporated Area (costal service) Zip Code (COMO), County on to the office of PRECINCT COMMITTEE	where the control of	resides at (if hall be a candidate			
(township name and precinct number), to be v						
If required pursuant to 10 ILCS 5/7-10.2, comp						
FORMERLY KNOWN AS(List all names d	uring last 3 years)	(List date of each	name change)			
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY			
1 arthur N. Eddy	737 Navajo DRIVE	Carpentersulle	Kane County, IL			
2 L'elliano A. E. Ldy	737 Manaya DN.	Caspontermell	Kane County, IL			
3 ONE auto	1429 INGIAN EN.	Charenteerville	Kane County, IL			
4 Elizer a Jemma	745 Navajo Drive	Carpentersville	Kane County, IL			
5 Elizabeth L. Jennings	745 Navoya Dr	Cornenterricke	Kane County, IL			
Enter Company	77/ Norale Dr.	CARCONTERSULLE	Kane County, IL			
+ John Marsh	741 WAVAJO Da.	Confortexentla	Kane County, IL			
8	1612SEMINOLE LN	CARPENTERSULL	Kane County, IL			
9 Jarold Kiely	751 NAVAJO DR	CVILLE	Kane County, IL			
10 JUANITA DRENS	1819 PAPOOSE RD.	C'VILLE	Kane County, IL			
State of Illinois						
SS. County of Kane						
1, John Monsola	(Circulator's Name) do hereby certify that I	reside at 74/ NAVAS	D2.			
in the City/Village/Unincorporated Area (circle one) of CARPENTERS (if unincorporated, list municipality that provides						
postal service) Zip Code 60110, County of KANE, State of 160000 that I am18 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 r	nore than 90 days			
at the time of signing the petition qualified voters seeking elective office, and that their respective	s of the <u>RePubliano</u> Par	ty in the political division in whi	ch the candidate is			
documents of the control of the cont	e residences are correctly stated, as above	Seylora .				
71	(Circula	ator's Signature)	- 1 0/2			
Signed and sworn to (or affirmed) by $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$	n F Marsala	before me, on	21/09			
* 2000000000000000000000000000000000000	(Name of Circulator)	ansert me	onth, day, year)			
(SEAL) OFFICIAL SEAL CECILIA VALDIVIA		(Notary Public's Signature)				
NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES AUGUST 0, 2010	SHEET NO.					