STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
As shown on the ballot: Georgina A. Poole	Address: 2030 Lilac Lane Apt. 1 City, Village, or Unincorporated Area: Aurora Zip Code: 60506	PRECINCT COMMITTEEMAN	Township/Ward: Aurora Precinct: 5 Ward 5	Democratic

If required pursuant to 10 ILC	S 5/7-10.2, 8-8.1 or 10-5	.1, comple	te the fo	llowing (this	s information wil	l appear on the	he ballot)		
FORMERLY KNOWN AS			UNTIL N	IAME CHA	NGED ON	7/1	9		
- CHARLET HAVE AND	List all names during last	3 years)				(List date of	each nam	e change	3)
STATE OF ILLINOIS	ss.					E E	3	EVE	
County of Kane	} 00.					CLERK	ج. ش	Ü	
Georgina A. Poole		_(Name o	of Candi	date) bein	g first duly swo	rn (or affirme	ed), say 1	that I res	ide
at 2030 Lilac Lane Apt. 1	***************************************	in the	City,	Village,	Unincorpora	ted Area	(circle	one)	of
Aurora	(if unincorporated, I	ist munici	pality th	at provide	s postal servic	e) Zip Code	60506	, in	the
County of Kane, State of	Illinois; that I am a	qualifie	d voter	therein	and am a q	ualified Pri	mary vo	ter of	the
Democratic	Party; that I a	am a cand	didate fo	r Election	to the office of	f Precinct Co	ommittee	eman in t	the
County of Kane, to be voted	upon at the primary elec	tion to be	held on	February	2, 2010 and th	at I am legal	lly qualifi	ed (inclu	ding
being the holder of any licens	se that may be an eligib	ility requir	rement f	or the office	ce to which I se	ek the nomi	nation) to	o hold su	uch
office and that I have filed (or I will file before the	close of t	he petiti	ion filing p	period) a State	ment of Eco	onomic I	nterests	as
required by the Illinois Go	vernmental Ethics Ac	t and I	hereby	request t	that my name	be printed	d upon	the office	cial
Democratic	(Name of Party) Pr	imary bal	lot for E	lection for	such office.				
. 2				Ge	Coyra Coyra (Signature	God- e of Candida	ite)		-
Signed and sworn to (or af			eta\		before m		2/09	1	
(SEAL) SU	OFFICIAL SEAL JELY ANN CABRAL BURN C. STATE OF ILLINOIS	of Candid	ate)	Au	(Notary Pa	ublic's Signa	rt month,	uay, ye	
₹ MY COI	MIMISSION EXPIRES:04/23/13	3							

	A	TTACH	TO PET	ITION
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10 ILCS 5/7-10.1

Revised July, 2004 SBE No. P-1C

LOYALTY OATH (OPTIONAL)

United States of America)) SS. State of Illinois)
I, Georgina A. Poole, do swear (or affirm) that I am a citizen of the
United States and the State of Illinois, that I am not affiliated directly or indirectly with any communist organization or any communist front organization, or any foreign political agency, party, organization or
government which advocates the overthrow of constitutional government by force or other means not
permitted under the Constitution of the United States or the Constitution of this State; that I do not directly or
indirectly teach or advocate the overthrow of the government of the United States or of this State or any
unlawful change in the form of the governments thereof by force or any unlawful means.
Reyales ale (Signature of Candidate)
Signed and sworn to (or affirmed) by Georgina A. Poole before me, (Name of Candidate)
on November 2, 2019. (insert month, day, year) Author Cally (Notary Public's Signature)
(SEAL)

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

Suggested

Revised July, 2007 SBE No. P-27

PRECINCT COMMITTEEMAN PRIMARY PETITION

Democratic Party, in	Aurora (township name	and precinct number) in the	County of Kane
State of Illinois, do hereby petition that	at Georgina A. Poole	w	ho resides at
2030 Lilac Lane Apt 1 in the unincorporated, list municipality that provides per	City Village, Unincorporated Area (circle of ostal service) Zip Code 60506	ne) of Aurora County of Kane an	(if d State of Illinois,
shall be a candidate of the Democratic Party for	r election to the office of PRECINCT COMM	NITTEEMAN, for Ward	
(township name and precinct number), to be vo	ted for at the primary election to be held or	February 2, 2010.	
If required pursuant to 10 ILCS 5/7-10.2, compl	ete the following (this information will appea	ar on the ballot)	
FORMERLY KNOWN A	UNTIL NAME CHANGED ON (Li	st date of each name change)
NAME	STREET ADDRESS OR	CITY TOWN OR	
(VOTER'S SIGNATURE)	RR NUMBER	VILLAGE	COUNTY
1 Leoner Colo	2030 Lilac Lane Apt 1	Aurora	Kane County, IL
2 Levil Pools	2030 Lil la & Lang	gurer IL	Kane County, IL
3 Marella Butter	2030 Lilac Lane Apt 1	FLING IL	Kane County, IL
4	2030 LILACLANE ADT 8	Anons, Ic	Kane County, IL
50	2030LING LUNE AVITE	Harag of	Kane County, IL
6 Debbi Bhuan	2030 Lilada apt 5	Aurera Il	Kane County, IL
7 Walkin A. Palmy	2030 Cilac Ln Apt 4	Aurora, II	Kane County, IL
8 Lonaine Ralles	2030Lilacluant 8	Puvora, IC	Kane County, IL
gerse B Make	2030 Cilac Un Apts	furorg Il	Kane County, IL
1000	2030 Lilac Ln Apt4	AUSOG, IL	Kane County, IL
State of Illinois} } SS.		`	
County of Kane}			
	tor's Name) do hereby certify that I reside		
in the City Village/Unincorporated Area (circle of postal service) Zip Code 60506, Co		unincorporated, list municipa Illinois that I am1	ality that provides
older, that I am a citizen of the United States, a	and that the signatures on this sheet were s	signed in my presence, not m	ore than 90 days
preceding the last day for filing of the petitions a			
were at the time of signing the petition qualified seeking elective office, and that their respective			the candidate is
	Loe	walk ale	
		(Circu	lator's Signature)
Signed and sworn to (or affirmed) by		before me, on $\frac{11/2/2}{2}$	39
(SEAL) OFFICIAL SEAL	(Name of Circulator)	A (insert mo	onth, day, year)
SUELY ANN CABRAL NOTARY PUBLIC - STATE OF ILLINOIS		(Notary P	ublic's Signature)
MY COMMISSION EXPIRES:04/23/13	SHEET NO	, ,	15 t