

STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
ARLENE H. SHOEMAKER	1492 FOXCROFT DR AURORA, IL 60506	PRECINCT COMMITTEE MAN	5-8	DEMOCRAT

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.

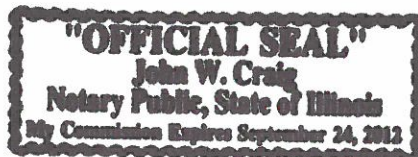
KANE COUNTY CLERK  
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I, ARLENE H. SHOEMAKER (Name of Candidate) being first duly sworn (or affirmed), say that I reside at 1492 FOXCROFT DRIVE, in the (City) Village, Unincorporated Area (circle one) of AURORA (if unincorporated, list municipality that 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 Nomination/Election to the office of PRECINCT COMMITTEEMAN in the 5-8 District, to be voted upon at the primary election to be held on Feb 2, 2010 (date of election) 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 Nomination/Election for such office.

Arlene H. Shoemaker  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Arlene H. Shoemaker before me, on Nov 2, 2009  
(Name of Candidate) (insert month, day, year)

(SEAL)



John W. Craig  
(Notary Public's Signature)

PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affiliated with the DEMOCRATIC Party and qualified primary electors of the DEMOCRATIC Party, in AURORA 5-8 (township name and precinct number) in the County of Kane State of Illinois, do hereby petition that ARLENE H. STEENAKER who resides at 1492 FOXCROFT 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 AURORA 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 voter signatures and addresses.

State of Illinois } County of Kane } SS.

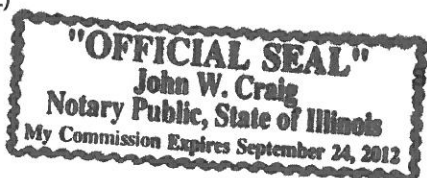
I, ARLENE T. STEENAKER (Circulator's Name) do hereby certify that I reside at 1496 FOXCROFT DR

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.

Arlene T. Steenaker (Circulator's Signature)

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

(SEAL)



SHEET NO. 1

John W. Craig (Notary Public's Signature)



PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affiliated with the DEMOCRATIC Party and qualified primary electors of the DEMOCRATIC Party, in AURORA 5-8 (township name and precinct number) in the County of Kane State of Illinois, do hereby petition that ARLENE H. STORHARCK who resides at 1492 FOXCROFT 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 AURORA 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)

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Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Contains 10 rows of voter signatures and addresses, all in Kane County, IL.

KANE COUNTY CLERK

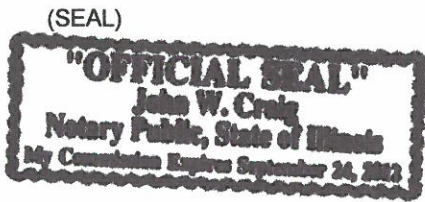
State of Illinois } County of Kane } SS.

I, ARLENE T. STORHARCK (Circulator's Name) do hereby certify that I reside at 1496 FOXCROFT 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.

Arlene T. Storharck (Circulator's Signature)

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

John W. Craig (Notary Public's Signature)



SHEET NO. 2