Revised July, 2007 SBE No. P-1

## STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
As shown on the ballot: Susan Tills	Address: 22H Valley View City, Village, or Unincorporated Area: St. Charles Zip Code: 60175	PRECINCT COMMITTEEMAN	Township/Ward:  Precinct:	Republica

As shown on the ballot: Susan TIIIs	City, Village, or Unincorporated Area: St. Clwinles Zip Code:	PRECINCT COMMITTEEMAN	Precinct:	Kepublica
If required pursuant to 10 ILCS 5/7-10.5 FORMERLY KNOWN AS(List all na	2, 8-8.1 or 10-5.1, complete theUNTIL mes during last 3 years)		(8.0)	
STATE OF ILLINOIS  County of Kane	S.			
0: 0	(Name of Can ) in the City incorporated, list municipality	y, Village, Unincorp	oorated Area (	circle one) of
Republican  County of Kane, State of Illinois;  Republican  County of Kane, to be voted upon at the	Party; that I am a candidate	for Election to the office	ce of Precinct Com	nmitteeman in the
being the holder of any license that ma office and that I have filed (or I will fi	ay be an eligibility requiremer	nt for the office to which	I seek the nomina	tion) to hold such
Republican (Nam	tal Ethics Act and I hereb			upon the official
Signed and sworn to (or affirmed) by	(Name of Candidate)			) - <b>2-09</b> month, day, year)
(SEAL)  "OFFICIA ZAHIDA K. F. Notary Public, My Commission en	AKRODDIN (	Zahida (Nota	y Public's Signature COUNTY CLERK	HECEIVED

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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, Suscential Suscential July 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.
(Signature of Candidate)
Signed and sworn to (or affirmed) by Susan Tills before me, (Name of Candidate)
on(insert month, day, year)
Zalida X. Fakroddiv (Notary Public's Signature)

(SEAL)



## PRECINCT COMMITTEEMAN PRIMARY PETITION

,State of Illinois, do hereby peti	tion that Susan IIII the City, Village, Unincorporated Area (circustal service) Zip Code 60175, County on to the office of PRECINCT COMMITTEEN	ame and precinct number) in to see the cone of the con	he County of Kane o resides at (if hall be a candidate
If required pursuant to 10 ILCS 5/7-10.2, comp	olete the following (this information will appe	ar on the ballot)	
FORMERLY KNOWN AS	UNTIL NAME CHANG		
	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 Will Sills	224 Valley View Dr.	St. Charles	Kane County, IL
2 Constant	200 VALLEY VIEW DR.	STUCHARLES	Kane County, IL
3 Matthew Price	322 Red SKy Dr	ST Charles	Kane County, IL
4 Boallar	534 Horizondew	StCharles	Kane County, IL
Due Bloom	576 HONTON Drive	e It Chartes	Kane County, IL
6 Elluan / Brenny	516 HORIZON PRIVE	W. St Charles	Kane County, IL
7 Clota DE COLLE	259 Fairhaven	St Charles	Kane County, IL
8 Alex Dally	259 Furtwer Dr.	St. Charles	Kane County, IL
9 Jon Bahoward	256 Valles View Dr	Stachs	Kane County, IL
10 Sum /2	256 Vally View Dr	51.615	Kane County, IL
State of Illinois  County of Kane  I, Susan Tilk  in the City/Village/Unincorporated Area (circle	(Circulator's Name) do hereby certify that I re		
postal service) Zip Code 6015, County older, that I am a citizen of the United States, preceding the last day for filing of the petitions a at the time of signing the petition qualified voters seeking elective office, and that their respective	and are genuine and that to the best of my kn s of the <u>kepublican</u> Part e residences are correctly stated, as above	owledge and belief the perso y in the political division in whi set forth	ns so signing were
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(insert me	2/09 orth, day, year)
(SEAL)	Lahida	X. Falus ddin (Notary Public's Signature)	
	SHEET NO.		
"OFFICIAL SEAL" ZAHIDA K. FAKRODDIN Notary Public, State of Illinois My Commission expires 09/24/10			

## PRECINCT COMMITTEEMAN PRIMARY PETITION

State of Illinois, do hereby peti	tion that 5usa Tills the City, Village, Unincorporated Area (cir stal service) Zip Code 6015, County n to the office of PRECINCT COMMITTEEN	cle one) of St. Char of Kane and State of Illinois,	the County of Kane ho resides at its (if shall be a candidate
If required pursuant to 10 ILCS 5/7-10.2, comp	lete the following (this information will appe	ar on the ballot)	
FORMERLY KNOWN AS(List all names du	UNTIL NAME CHANG		h name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 DONALD Soul Bol	- 537 Horizon Dr Wes	& Comes IL	Kane County, IL
2 0000	587 HIERANDEW	STC. TL	Kane County, IL
3 Pinline	587 HIRIZA DE N.	STO TC	Kane County, IL
4.00	<del></del>		Kane County, IL
5			Kane County, IL
6		0	Kane County, IL
7			Kane County, IL
8			Kane County, IL
9			Kane County, IL
10			Kane County, IL
State of Illinois  County of Kane  I, Susan Tilk  in the City/Village/Unincorporated Area (circle of postal service) Zip Code Land Tile, County older, that I am a citizen of the United States, preceding the last day for filing of the petitions a at the time of signing the petition qualified voters seeking elective office, and that their respective	of Kank, State of I and that the signatures on this sheet were not are genuine and that to the best of my know of the Republican Parties residences are correctly stated, as above	unincorporated, list municiped that I are signed in my presence, not nowledge and belief the persect in the political division in wh	nality that provides n18 years of age or more than 90 days ons so signing were
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(inse/t n	2/09 nonth, day, year)
"OFFICIAL SEAL" ZAHIDA K. FAKRODDIN Notary Public, State of Illinois My Commission expires 09/24/10	SHEET NO. 2	(Notary Public's Signature	SECEIVED  NOV -2 AM 9: 48