STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
As shown on the ballot: Michael E. Walker	Address: 35W618 Kane Ave City, Village, or Unincorporated Area: St Charles Zip Code: 60174	PRECINCT COMMITTEEMAN	Township/Ward: St. Charles Precinct: 11	Republican

FORMERLY KNOWN AS(List a	UNTIL ll names during last 3 years)	NAME CHA	NGED ON _	(List date	of each nam		e)
STATE OF ILLINOIS County of Kane	SS.			COUNTY CLE	T 30 AMI	RECEIVED.	
I, Michael E. Walker	(Name of Cand	didate) beir	ng first duly s	worn (or affi	rmed), say		ide
at 35W618 Kane Ave	, in the City	Village,	Unincorp	orated Are	ea (circle	one)	of
St Charles (ii	funincorporated, list municipality	hat provide	es postal sei	rvice) Zip Co	ode 60174	, in	the
County of Kane, State of Illino	ois; that I am a qualified vote	er therein	and am a	qualified	Primary vo	oter of	the
Republican	Party; that I am a candidate	for Election	to the offic	e of Precinc	t Committee	eman in	the
County of Kane, to be voted upon	at the primary election to be held o	n February	2, 2010 and	d that I am le	egally qualifi	ed (inclu	ding
being the holder of any license tha	t may be an eligibility requirement	for the offi	ce to which	I seek the n	omination) t	o hold su	uch
office and that I have filed (or I w	ill file before the close of the pel	ilion filing	period) a Si	alement of	Economic I	nterests	as
required by the Illinois Govern	mental Ethics Act and i hereby	request	that my na	ıme be pri	nted upon	the offic	cial
Republican (Name of Party) Primary ballot for	Election fo	r such office	i.			
			4	The			2
		400000 N. (1999) His Local Control of the All	(Signa	ture of Cano	didate)		and directors.
Signed and swom to (or affirmed	i) by Michael E. Walker (Name of Candidate)	The second section of the sect	befor	e me, on (îr	10/30 nsert montin	Do day, ye	ar)
(SEAL)		Z	ilvida	火 .后	hrodeli	u .	O. E. C. SERNAT

"OFFICIAL SEAL"
ZAHIDA K. FAKRODDIN
Notary Public, State of Illinois
My Commission expires 09/24/10

CERTIFICATION OF DELETIONS

ι, Michael E. Walker		, c	_, Candidate or Circulator (circle one) do hereby certify that				
have properly initialed the deletions of signatures, listed hereinafter by page and line numbers, from the pet					, from the petition of		
Michael E. Walker		(Name of (Candidate) who is	a candidate for ele	ection or nomination		
(circle one) to the	(circle one) to the office of Precinct Committeeman #11		at the General Primary to be held				
February, 2, 2010.							
Page No.	Line No.	Page No.	Line No.	Page No.	Line No.		
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		Annual Contraction of the Contra		ela describir de la contraction de la contractio			
			(Signa	ture of Person Deletin	g Signatures)		

Only the person circulating the petition, or the candidate on whose behalf the petition is circulated, may strike any signature from the petition. If deletions are made, this CERTIFICATION OF DELETIONS shall be filed as part of the petition.

CERTIFICATE OF ATTACHED LIST OF DELETIONS

We, the undersigned persons who have stricken signature	res from the attached hereby certify that there
is/are zero page(s) of CERTIFICATION OF DELETION	S listing signatures which have been stricken,
and are attached hereafter to the petitions of Michael E. Walker	(Name of Candidate) who
is a candidate for election to the office of Precinct Committeeman #11	at the General Primary
to be held on February 2, 2010.	
The following are the page numbers indicated on the a	ttached CERTIFICATION OF DELETIONS:
(CANDIDATE)	
(Circulator)	(Circulator)
Every person striking signatures from the petition. This certificate shall be filed as part of the petition be attached immediately following the last page any CERTIFICATE OF DELETION sheet.	n, shall be numbered, and shall

SHEET NO.

X...BIND HERE...X

Suggested Revised July, 2007 SBE No. P-27

11

PRECINCT COMMITTEEMAN PRIMARY PETITION

*	TRIMARTIZATION	ŏ Ö	15 II			
We, the undersigned, members of and affilia Republican Party, in St. Ch	nted with the Republican (township name)	Party and qualified prima				
State of Illinois, do hereby pet	ition that Michael E. Walker	wh i wh	o resides at			
35W618 Kane Ave in the City, Village, Unincorporated Area (circle one) of St. Charles (if unincorporated, list municipality that provides postal service) Zip Code 60174, County of Kane and State of Illinois, shall be a candidate						
of the Republican Party for election (township name and precinct number), to be a	on to the office of PRECINCT COMMITTEEN		ECINCT 11			
,	*					
If required pursuant to 10 ILCS 5/7-10.2, comp	plete the following (this information will appe	ear on the ballot)				
FORMERLY KNOWN AS UNTIL NAME CHANGED ON (List all names during last 3 years) (List date of each name change)						
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY			
· COO O O		St-Charles	Kane County, IL			
1 case of frankl	6N97/Riverside Dr.					
2 Joe & sugersoll	6N97/ Riverside Dr.	St. Charles	Kane County, IL			
3 Chilled Stent	35W 642 KANE AVE	ST. CHARLES	Kane County, IL			
4 ahra L Kape.	6N851 Aurora Ave-	St. Charles	Kane County, IL			
5 Dan Berraser	LN786 Aurora AV.	ST Charles	Kane County, IL			
6 Ward Werner	GN786 DUROFA AUR	St Charles, IL	Kane County, IL			
7 hale, ofesales	7N005 Riverside	StChusil	Kane County, IL			
8 Thomas Blan 9	6N809 /RWW	ST CHARLES	Kane County, IL			
9 pens 1/mellendes 2	6N109 Iluin	St. Charles	Kane County, IL			
10 Carest Walker	35Was Kane Ave	St Chaules	Kane County, IL			
State of Illinois	3					
County of Kane SS.						
1	(Circulator's Name) do hereby certify that I re	eside at 35 W 618 K	ANE QUE,			
in the City/Village/Unincorporated Area (circle one) of ST CHARLES (if unincorporated, list municipality that provides						
postal service) Zip Code 60174, County of 64NE, State of 12 that I am18 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 Republican 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						
	- Es	Stelle				
	(Circula	tor's Signature)	_			
Signed and sworn to (or affirmed) by	HAEL F. WALLER	before me, on	6/2009			
	(Name of Circulator)	(insert m	onth, day, year)			
(SEAL)	- Junt	(Notary Public's Signature)				
"OFFICIAL SPAL"		(Notary Fublic's Signature)				

JANET LESCHINSKI Notary Public, State of Illinois My Commission Expires 06/16/11 SHEET NO.