

COUNTY OF KANE

John A. Cunningham
KANE COUNTY CLERK



COUNTY GOVERNMENT CENTER
719 Batavia Avenue
P.O. Box 70
Geneva Illinois 60134
Phone: (630) 232-5993

DATE: 06/18/2010
TO: Raul N. Brizuela

Receipt of the following named item(s) is hereby acknowledged:

Candidate filing for Wasco Sanitary Dist.
Statement of Candidacy, Petition & Loyalty Oath

By J. Klinejak
(Deputy Clerk)

John A. Cunningham
John A. Cunningham, County Clerk

STATEMENT OF CANDIDACY NONPARTISAN

Table with 4 columns: NAME, ADDRESS-ZIP CODE, OFFICE, CITY, VILLAGE OR SPECIAL DISTRICT. Handwritten entries include Raul N. Brizuela, 39W716 Henry David Thoreau Pl, St. Charles IL, 60178, Wasco Sanitary District Trustee, Wasco Sanitary District.

If required pursuant to 10 ILCS 5/10-5.1, 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.

10 JUN 18 PM 2:39 RECEIVED JEFFERSON COUNTY CLERK

I, Raul N. Brizuela being first duly sworn (or affirmed), say that I reside at 39W716 Henry David Thoreau Pl in the City, Village, Unincorporated Area (circle one) of Crampton Hills (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, that I am a candidate for Nomination/Election to the office of Sanitary District Trustee in the Wasco Sanitary District Name of City, Village or Special District

to be voted upon at the election to be held on November 2, 2010 (date of election) and that I am legally qualified 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 ballot for Nomination/Election to such office.

(Signature of Candidate)

Signed and sworn to (or affirmed) by Raul N. Brizuela before me on 6-16-10 (Name of Candidate) (insert month, day, year)

(SEAL)



(Notary Public's Signature)

ATTACH TO PETITION

10 ILCS 5/7-10.1


Revised July, 2004
SBE No. P-1C

**LOYALTY OATH
(OPTIONAL)**

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10 JUN 18 PM 2:39
KANE COUNTY CLERK

United States of America)
) SS.
State of Illinois)

I, Paul N. Brizuela, 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 Paul N. Brizuela before me,
(Name of Candidate)

on 6-16-10
(insert month, day, year)

(SEAL)





(Notary Public's Signature)

**Your Name Was Submitted for Filing by an Entity that You Represent
STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK**

(Type or Hand Print)

Paul N. Brizuela

Name

Trustee of Vasco Sanitary District

Each office or position of employment for which this statement is filed

Full post office address to which notification of an examination of this statement should be sent

HOME ADDRESS:

39W716 Henry David Thoreau Pl St. Charles IL 60175
(including address)

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party, shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If additional space is needed, please attach supplemental listing.**

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which dividends in excess of \$1,200 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity	Instrument of Ownership	Position of Management
<i>None</i>		

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year.

Name	Address	Type of Practice
<i>None</i>		

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CLERK

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement.

None

4. List the identity (including the address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year.

None

5. List the name of any entity and the nature of the governmental action requested by any entity which has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning of rezoning of real estate during the preceding calendar year if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year.

None

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity. No time or demand deposit in a financial institution nor any debt instrument need be listed.

None

7. List the name of any unit of government which employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

None

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JANIE O'CONNOR CLERK

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

None

VERIFICATION

"I declare that this statement of economic interests (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment."

6/17/10
(signature of person making the statement) (date)

This will be returned to you when statement is filed in the office of the County Clerk .

(COMPLETE BUT DO NOT DETACH)

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed as of this date.

Wasco Sanctuary District Justice
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Raul W. Buzuela
Name

39 W 716 Henry David Thoreau PL
Address

St. Charles IL 60175
City State Zip Code
(Mailing Address)

All 3 pages must be returned to the Kane County Clerk for filing either in person or by mail. We will return this receipt to you.

LOCATION: 719 S. Batavia Ave., Bldg. B
Geneva

MAILING ADDRESS: Kane County Clerk
P.O. Box 70
Geneva, Illinois 60134

RECEIVED
10 JUN 18 PM 2:39
KANE COUNTY CLERK

NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

KANE COUNTY CLERK
JUL 1 10 12:39

We, the undersigned, qualified voters in the Wasco Sanitary District in the County of Kane and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on November 2, 2010 (date of election).

NAME	OFFICE	ADDRESS--ZIP CODE
Raul N. Brizuela	office title: <u>Trustee of Wasco Sanitary District</u> full term or ___ year vacancy (circle one)	<u>39W 716 Henry David Thoreau Pl. Campton Hills IL. 60175</u>

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 <u>A. Blood</u>	<u>39W541 Walt Whitman</u>	<u>St Charles</u>	<u>IL Kane</u>
2 <u>C. Prina</u>	<u>39W541 Walt Whitman Rd</u>	<u>ST Charles</u>	<u>IL Kane</u>
3 <u>Miriam A. Portman</u>	<u>4N426 Sam. Clemens</u>	<u>St. Charles</u>	<u>IL Kane</u>
4 <u>Markes</u>	<u>4N436 Samuel Clemens</u>	<u>st. Charles</u>	<u>IL KANE</u>
5 <u>Civilyn Patrick</u>	<u>39W550 Walt Whitman</u>	<u>St Charles</u>	<u>IL Kane</u>
6 <u>Dorothy Stettin</u>	<u>39W550 Walt Whitman</u>	<u>St. Charles</u>	<u>IL Kane</u>
7 <u>J. Deen</u>	<u>40W153 Carl Sandburg</u>	<u>St. Charles</u>	<u>IL Kane</u>
8 <u>Kathleen V. Lee</u>	<u>40W376 Wm. C. Bryant</u>	<u>st. Charles</u>	<u>IL Kane</u>
9 <u>Tom Koebel</u>	<u>4N380 Booth Tarkington ST</u>	<u>ST. Charles</u>	<u>IL Kane</u>
10 <u>KATHLEEN KOEBEL</u>	<u>4N380 BOOTH TARKINGTON ST</u>	<u>ST CHARLES</u>	<u>IL KANE</u>

State of ILLINOIS)
County of KANE)

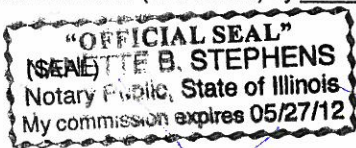
SS.

I, Amy Blood do hereby certify that I reside at 39W541 Walt Whitman Rd
(Circulator's Name) (Street Address)
in the village of Campton Hills 60175
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of Kane, State of IL 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 registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

A. Blood
(Circulator's Signature)

Signed and sworn to (or affirmed) by Amy Blood before me, on 6-18-10
(Name of Circulator) (insert month, day, year)



Janette B. Stephens
(Notary Public's Signature)

NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in the Wasco Sanitary District in the County of Kane and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on November 2, 2010 (date of election).

NAME	OFFICE	ADDRESS-ZIP CODE
Raul N. Brizuela	office Trustee of wasco title: Sanitary District full term or ___ year vacancy (circle one)	390 716 Henry David Thoreau Pl. Compton Hills IL 60175

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 Mary M. Luedelia	4 N 100 Longfellow	St. Charles IL	Kane
2 Kathleen Fitzpatrick	4N220 Fox Mill Blvd.	St. Charles IL	Kane
3 Melissa Orr	4N226 Fox Mill Blvd	St. Charles IL	Kane
4 [Signature]	4N100 Longfellow	St. Charles IL	Kane
5 [Signature]	4N214 Fox Mill Blvd	St. Charles IL	Kane
6 [Signature]	4N214 Fox Mill Blvd	St. Charles IL	Kane
7 [Signature]	4N214 Fox Mill Blvd	St. Charles IL	Kane
8 Kathryn Dunlop	40W416 Francis Beet Herts	St. Charles IL	Kane
9 Jennifer Nenni	39W905 Alcott Pl.	St. Charles IL	Kane
10 [Signature]	40W416 Francis Beet Herts	St. Charles IL	Kane

State of Illinois)
County of Kane) SS.

I, Mary Fitzpatrick do hereby certify that I reside at 4N220 Fox Mill Blvd.
(Circulator's Name) (Street Address)
in the Village of Compton Hills, 60175
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
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 registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

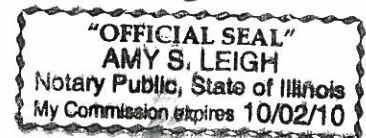
[Signature]
(Circulator's Signature)

Signed and sworn to (or affirmed) by Mary Fitzpatrick before me, on 6/17/10
(Name of Circulator) (insert month, day, year)

[Signature]
(Notary Public's Signature)

(SEAL)

SHEET NO. 2



NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in the Wasco Sanitary District in the County of Kane and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on November 2, 2010 (date of election).

KANE COUNTY CLERK
JUN 18 AM 2:41
FILED

NAME	OFFICE	ADDRESS--ZIP CODE
Raul N. Brizuela	office: Trustee of Wasco title: Sanitary District <u>full term</u> or ___ year vacancy (circle one)	390716 Henry David Thoreau Pl. Campton Hills IL 60175

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 [Signature]	40W265 William Cullen Bryant	St. Charles	IL Kane
2 [Signature]	3N614 Rachel Lindberg	St. Charles	IL Kane
3 [Signature]	4N220 Wm. Cullen Bryant	St. Charles	IL Kane
4 [Signature]	4N213 Wm. Cullen Bryant	St. Charles	IL Kane
5 [Signature]	3N687 J.F. Cooper Ln.	St. Charles	IL KANE
6 [Signature]	39W886 Carl Sandburg	St. Charles	IL KANE
7 [Signature]	39W901 Carl Sandburg Rd	St. Charles	IL Kane
8 [Signature]	40W230 Fox Mill	St. Charles	IL Kane
9 [Signature]	3N739 James Farinone	St. Charles	IL Kane
10 [Signature]	40W265 Wm. Cullen Bryant	St. Charles	IL KANE

State of Illinois)
County of Kane)

SS.

I, Sarah Griffin do hereby certify that I reside at 40W265 William Cullen Bryant
(Circulator's Name) (Street Address)
in the Village of Campton Hills 60175
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

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 registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

[Signature]
(Circulator's Signature)

Signed and sworn to (or affirmed) by Sarah L Griffin before me, on 6-17-2010
(Name of Circulator) (insert month, day, year)

(SEAL)

[Signature]
(Notary Public's Signature)

SHEET NO. 3



**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)**

We, the undersigned, qualified voters in the Waseo Sanitary District in the County of Kane and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on November 2, 2010 (date of election).

NAME	OFFICE	ADDRESS--ZIP CODE
Raul N. Brizuela	office Trustee of Waseo Sanitary District full term or ___ year vacancy (circle one)	39 W 716 Henry David Thoreau Pl. Campton Hills IL 60175

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
[Signature]	39 W 788 Henry David Thoreau	Campton Hills IL	Kane
[Signature]	39 W 788 Henry David Thoreau	Campton Hills IL	Kane
[Signature]	4 N 220 Fox Mill Blvd.	St. Charles IL	Kane
[Signature]	4 N 220 Fox Mill Blvd	St. Charles IL	Kane
[Signature]	4 N 226 Fox Mill Blvd	St. Charles IL	Kane
[Signature]	39 W 716 Henry David Thoreau	St. Charles IL	Kane
[Signature]	39 W 716 Henry David Thoreau	St. Charles IL	Kane
[Signature]	40 W 306 William Cullen Bryant	St. Charles IL	Kane
[Signature]	3 N 955 Emily Dickerson	St. Charles IL	Kane
[Signature]	3 N 955 Dickerson Ln	St. Charles IL	Kane

State of Illinois)
County of Kane) SS.

I, M. Caroline Brizuela do hereby certify that I reside at 39 W 716 Henry David Thoreau in the Village of Campton Hills 60175
(Circulator's Name) (Street Address) (City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

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 registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by M. Caroline Brizuela before me, on June 18, 2010
(Name of Circulator) (insert month, day, year)

(Notary Public's Signature)



NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in the Wasco Sanitary District in the County of Kane and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on November 2, 2009 (date of election).

NAME	OFFICE	ADDRESS--ZIP CODE
Raul N Brizuela	office: <u>Trustee of Wasco Sanitary District</u> title: <u>Sanitary District</u> full term or ___ year vacancy (circle one)	<u>39w 7th Henry David Thoreau Place</u> <u>Campton Hills, IL 60018</u>

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 <u>Kimberly Skidmore</u>	<u>40w065 Margaret Mitchell</u>	<u>Campton Hills IL</u>	<u>Kane</u>
2 <u>Adrian</u>	<u>40w065 Margaret Mitchell</u>	<u>Campton Hills IL</u>	<u>Kane</u>
3 <u>Walt Whitman</u>	<u>39w551 Walt Whitman Rd</u>	<u>Campton Hills IL</u>	<u>Kane</u>
4 <u>Margaret Mitchell</u>	<u>39w551 Walt Whitman Rd</u>	<u>Campton Hills IL</u>	<u>Kane</u>
5 <u>Angela B Skidmore</u>	<u>4N642 Blue Lake Cir E</u>	<u>Campton Hills IL</u>	<u>Kane</u>
6 <u>Angela B Skidmore</u>	<u>4N642 Blue Lake Cir E</u>	<u>Campton Hills IL</u>	<u>Kane</u>
7 <u>Kimberly Skidmore</u>	<u>40w077 Margaret Mitchell</u>	<u>Campton Hills IL</u>	<u>Kane</u>
8 <u>Cal Seday</u>	<u>40w077 Margaret Mitchell</u>	<u>Campton Hills IL</u>	<u>Kane</u>
9 <u>Cal Seday</u>	<u>40w077 Margaret Mitchell</u>	<u>Campton Hills IL</u>	<u>Kane</u>
10 <u>Kimberly Skidmore</u>	<u>4N365 Margaret Mitchell</u>	<u>Campton Hills IL</u>	<u>Kane</u>

State of _____)
County of _____) SS.

I, Kimberly Skidmore do hereby certify that I reside at 40w065 Margaret Mitchell
(Circulator's Name) (Street Address)
in the Village of Campton Hills, 60075
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
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 registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Kimberly Skidmore
(Circulator's Signature)

Signed and sworn to (or affirmed) by KIMBERLY SKIDMORE before me, on 6-13-10
(Name of Circulator) (insert month, day, year)

[Signature]
(Notary Public's Signature)



NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in the Waseo Sanitary District in the County of Kane and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on November 2, 2010 (date of election).

RECEIVED
 10 JUN 2010 PM 2:11
 KANE COUNTY CLERK

NAME	OFFICE	ADDRESS--ZIP CODE
Raul N. Brizuela	office: Trustee of Waseo Sanitary District full term or ___ year vacancy (circle one)	39W716 Henry David Thoreau Pl. St. Charles IL 60175

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 Christine Lurbe	39W907 N Robert Frost	St. Charles IL	60175 Kane
2 Maureen Brekenthin	4N550 N Robert Frost Circle	St. Charles IL	60175 Kane
3 Jim [Signature]	4N550 N Robert Frost	St. Charles IL	60175 Kane
4 [Signature]	4N557 N ROBERT FROST	ST-CHARLES IL	60175 KANE
5 [Signature]	4N589 N. ROBERT FROST	ST. CHARLES IL	60175 KANE
6 [Signature]	4N589 N. Frost	St. Charles IL	60175 KANE
7 [Signature]	39W780 N Rbt Frost	St. Charles IL	60175 Kane
8 Michael Flood	39W780 N Robert Frost	St Charles IL	60175 Kane
9 [Signature]	39W780 N Robert Frost Cir	St Charles IL	Kane
10 Estelle Grant	39W810 N Robert Frost	St Charks IL	60175 Kane

State of Illinois)
County of Kane) SS.

I, Larissa MacNeille do hereby certify that I reside at 4N589 N. Robert Frost
(Circulator's Name) (Street Address)
in the Village of Campton Hills (City/Village/Unincorporated Area) (Zip Code)

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 registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

[Signature]
(Circulator's Signature)

Signed and sworn to (or affirmed) by Larissa MacNeille before me, on June 18, 2010
(Name of Circulator) (insert month, day, year)

[Signature]
(Notary Public's Signature)

