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: 04/18/2010 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 Outh

By J. Humanale

(Deputy Clerk)

John A. Cunningham, County Clerk

Suggested Revised July, 2007 SBE No. P-1A

STATEMENT OF CANDIDACY

NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT
RAUL N. Brizuela	39W716 Harry Navid Thoreau PL St. Charles IL, 6017 (Mail Address)		Was a SANDARY Nistrict
	(VIIII) Value		
If required pursuant to 10 ILCS 5/10-FORMERLY KNOWN AS(List all n	-5.1, complete the following (this info UNTIL ames during last 3 years)	i	late of each name change)
STATE OF ILLINOIS County of KAUE)) SS.)		PH 2: 39
1, RAUL N. Brizice 394716 Henry Dwid Th Chumbles Hills (ii	1.		Area (circle one) of
County of KANE Election to the office of SHM to be voted upon at the election to b	, State of Illinois; that I am a qua	lified voter therein, that I am a life Whs to Sand Name of City, Village	candidate for Nomination/
hold such office and that I have filed	•		
as required by the Illinois Government	nental Ethics Act and I hereby rec	quest that my name be printed	upon the official ballot for
Nomination/Election to such office. Signed and sworn to (or affirmed)	by Ruyl N. Bnzu	(Signature of Control	2 11 1-
(SEAL)	(Name of Carry) OFFICIAL SEAL PATRICK M. GRIFFIN PATRICK M. State of Minols Notary Public, State of 1113/11	(Notary Public's	s Signature)

ATTACH T	O PETITION
	O L

10 ILCS 5/7-10.1

Revised July, 2004 SBE No. P-1C

LOYALTY OATH (OPTIONAL)

United States of America

State of Illinois

SS.

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.

(Name of Candidate)

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

(SEAL)

OFFICIAL SEALEN
OFFICIAL SEALEN
PATRICK M. State of 1/19/11

(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) 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: **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. Position of Management **Business Entity** Instrument of Ownership 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. Address Name Щ 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.

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.
- Mone
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.
ER 2:
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.
Marie
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."
periteritary not to exceed one year, or both line and imprisontinent.

(signature of person making the statement)

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.

WUSCO SHULTHUY DISTRICT TUSTER (Office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Name

39W716 H

St. Churches

State

<u>(00("/5</u> Zip Code

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 Count y Clerk

P.O. Box 70

Geneva, Illinois 60134

10 JUN 18 PM 2: 35

Suggested Revised May, 2009

(NON-MUI	NONPARTISAN PETITION NICIPAL AND COMMISSION FORM OF M	MUNICIPALITY)	SBE No. P-4	
We, the undersigned, qualified voters in the	e Wasco Sanitary Distri	in the Cour	nty of	
	(unit of government) nois, do hereby petition that the following name	ed person shall be a Nonpartis	san Candidate for	
election to the office hereinafter specifi	ed, in the aforesaid unit of government, to	be voted for at the election	n to be held on	
WORM DUT 2, 2010 (date of el	ection).	ER i	60	
P		<u> </u>	40	
NAME	OFFICE	ADDRESSZIP		
Raul W. Brizuela	office Trustee of Wasco title: Sanitary District	390 716 Lknry Ac Thoreau PI. Com IZ. 60175	oton Hills	
	full term or year vacancy (circle one)	120,001/3		
	, complete the following (this information will ap			
FORMERLY KNOWN AS(List all nam	es during last 3 years) UNTIL NAME CHANG	(List date of each	name change)	
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1 alland	39W541 Walt Whitman	St Charles IL	Kane	
2 Polla	39W541 Walt Whitnen Rd	ST Chales IL	Kine	
3 Milim a Borhum	4N426 Sam. Gemens	St. Charles IL	Kane	
4 Mark ces	4N436 Samuel Clemens	sticharles 11	KANE	
5 Grelin Patrich		St Charles IL	Kake	
6 Nor Walt	394550 Walt Whother	St. Charles IL	Kan	
7 Appell	40W153 Carl Sandburg	St. Charles IL	Kane	
8 Kathelen VII	ed 400376 wn. C. Bryant	SI. Charles IL	Kane	
9 Ton Koelel	4N380 Both Tarkington ST	57. Churles IL	Kane	
10 KATHLEEN KORPOR	HN380 BOOTH TACKENSTO	NOT CHARLES IL	KANE	
State of /LLINUIS)			
County of KANE) SS.)			
I, Amy Bloud do hereby certify that I reside at 39w54 Walt Whitman Rd				
in the	of Campton Hills	(Street Address)	60175	
(City/Village/Unincorporated Area)	(if unincorporated, list municipality that I		(Zip Code)	
County of Kane, State of L 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.				
	(Circui	ator's Signature)	_	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(insert mon	th, day, year)	

"OFFICIAL SEAL"
ISEAETTE B. STEPHENS
Notary Fibile, State of Illinois
My commission expires 05/27/12

SHEET NO.

10 ILCS 5/10-3.1, 10-5.1 65 ILCS 5/4-3-8	XBIND HEREX	Rev	Suggested ised May, 2009
	NONPARTISAN PETITION		SBE No. P-4
(NON-MU	INICIPAL AND COMMISSION FORM OF N	IUNICIPALITY)	
	and the second s	5 01	<u></u>
We, the undersigned, qualified voters in	the Wasco Sanitary Distri	c+in the Coun	ty of
Kane and State of III	(unit of government) inois, do hereby petition that the following name	d person shall be a Nonpartis	an Candidate for
election to the office hereinafter spec	fied, in the aforesaid unit of government, to	be voted for at the election	n to be held on
November 2,2010 (date of	election).	7	PH A
		5 /	NU
NAME	OFFICE	ADDRESS ZIP	
Raul N. Brizuela	office Trustee of wasco title: Sanctary District	390 716 Henry Do Thoreau Pl. Cany	avid oton Hills
	full term or year vacancy (circle one)	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 CHANG	ED ON	
	nes 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 Mars m. Lexalle	4 V100 Longlo Hain	St. Charles 1	Kare
2 Kathan Parpatri	CR 4N220 FOX MIN BIVO.	st. Charles 1	Kanu
3 Melissa our	4W 226 Fox mill Blud	st. Charles "	Kane
4 WillMall	4NIOD LONGFECL D W	STICHARLES IL	KANE
5/1/10/1	HAIZILL EN Millel	CIM . On 11	Kana

2 KAHATAN PARPOTTUUR	4N120 FOX MIN BIVA.	ut marles "	KUNU
3 Molisso our	4W 226 Fox mill Blud	st. Charles 1	Kane
4 Willilleall	4NIOD LONGFELL DEN	STICHARLES IL	KANE
5 Gul Hecht	4NZ14 FOX Mill Blod	St Charles 1	Kane
6 Toph Stant	YNZIH FOX MILL BLUD	St. Charles 1	Kane
7 B. And	YNZIY FOX MILL BUD	ST. chulu	Rme
8 Kathryn Dunlogo	40W4/6 Francis Bpet Hareto	St. Charles 1	Kane
Donai & Nenai	39 Was Alast Pu.	St-Charles 11	Kare
10 Dr Que	406416 Francis Brey HA	y St. Charles 11	Kane
State of Illinois			
County of Cane	SS.		
		Do C Mill Blod	
I, Mary titzpatrium (Circulator's Name)	do hereby certify that I reside at 4N a	(Street Address)	·
in the Village of	Campton bills		60171
(City/Village/Unincorporated Area)	(if unincomporated, list municipality that p	provides postal service)	(Zip Code)
County of, State of, States, and that the signatures on this sheet w	that I am 18 years	or age or older, that I am a citi	zen or the onited
petitions and are genuine and that to the best of	of my knowledge and belief the persons s	signing were at the time of si	aning the petition
registered voters of the political division in which	the candidate is seeking elective office	and that their respective resider	nces are correctly
stated, as above set forth.			
	- /// /		
Sec. 9		ator's Signature)	1
Signed and sworn to (or affirmed) by	ry htzpatrik V	before me, on // 6/1	7110 .
	// (Name of Circulator)	(insert/mont)	n, day, year)
	//	Mun House	
(SEAL)		(Notary Public's Signature)	
		(140tal) It abiles digitature)	

SHEET NO. 2

"OFFICIAL SEAL"
AMY S. LEIGH
Notary Public, State of Illinois
My Commission supires 10/02/10

Suggested Revised May, 2009

NONPARTISAN PETITION

Revised May, 2009 SBE No. P-4

(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)				
We, the undersigned, qualified voters in the Wasco Sanifary District in the County of				
7 V	(unit of government) ois, do hereby petition that the following name		an Candidate for	
election to the office hereinafter specific	ed, in the aforesaid unit of government, to	be voted for at the election	to be held on	
November 2,2010 (date of el	ection).	2/3	2	
NAME	OFFICE	ADDRESS-ZIP		
0 1 1 0 1 1	office Trustee of Wasco	39W716 Hen	C401	
Raul N. Brizuela	title: Sanitary District	Campton (1017)	TT.	
	full term or year vacancy (circle one)	1 0011)	
If required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information will ap	opear on the ballot)		
FORMERLY KNOWN AS	UNTIL NAME CHANG	SED ON		
(List all name	es during last 3 years)	(List date of each r	name change)	
NAME	STREET ADDRESS OR	CITY, TOWN OR		
(VOTER'S SIGNATURE)	RR NUMBER	VILLAGE	COUNTY	
1 1911	Yow 265 William Cullen Bryan +	Silleries "	Kane	
200	3NG14 Vachel Lindo	SICharles IL	Kane	
31 Mandel	4N220 Wm-Cullen Bayor	of Charles 1	1Cone	
4 Patrad Thompson	4N213 Wm Cullen Broant St.	St. Onas Oca IL	Kare	
5 At Alfra	3NG87 J.F. Curen In.	51. CHARLES IL	KANE	
6 Spanne Duret	39 W886 Carl Sandburg	St. Charles IL	KANE	
7 May S	39 w 901 Carl Sandbun ld	I Charles IL	Kane	
8 Markey	40 WZAO FOXMII	3 Charles "	Kane	
9 Shannon Ciace	e 3N799 James Ferimo	a St Charles!	Kane	
10	YOW 265 WM CHUEN BRYANTS.	St. CHARLES IL	KANIE	
State of Illinois)			
County of Kane) SS.			
1. SARAHGG Hin	do hereby certify that I reside at 40 M	JZhSldlliam Coll	en Bryant	
(Circulator's Name)	C 6 161/2	(Street Address)	10,75	
in the (City/Village/Unincorporated Area)	of (if unincorporated, list municipality that p	orovides postal service)	(Zip Code)	
County of Kane, State	of Pllinois that I am 18 years	s of age or older, that I am a citi	zen of the United	
	eet were signed in my presence, not more that best of my knowledge and belief the persons so			
registered voters of the political division in	which the candidate is seeking elective office a	and that their respective resider	nces are correctly	
stated, as above set forth.				
	V(Circula	ator Signature)		
Signed and sworn to (or affirmed) by	arah L Griffing	before me, on $6-17-2$	1010	
	(Name of Circulator)	(insert mont)	n, day, year)	
(SEAL)	-//ane	(Notary Public's Signature)		
	SHEET NO. 3		0000	
	SHEET NO	"OFFICIAL SEA	L" HENS	
		NANETTE B. STEP Notary Public, State of	Illinia V	
		My semmission expires 0	DIETTE	

Suggested Revised May, 2009 SBE No. P-4

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

We, the undersigned, qualified voters in the	Waseo Sanitary Distric	in the Coun	ty of	
(unit of government) 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 ele	ction).	COL	2	
NAME	OFFICE	ADDRESSZIP	CODE	
Raul N. Brizuela	office Trustee of Wasco, title: Sanitary District (Tull termor year vacancy (circle one)	Thoreau Pl. Pain The reau Pl. Pain The 60173	Damid Hills	
If required pursuant to 10 ILCS 5/10-5.1,	complete the following (this information will a	opear on the ballot)		
FORMERLY KNOWN AS	UNTIL NAME CHANG	GED ON(List date of each	name change)	
(List all names	s during last 3 years)	(List date of each	rame change)	
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1 heeps Soutouring	37W788 Henry David Thoreau	Cancoton Hills 1	hane	
2	39w 188 Henry David Thoreas	0 110	Kane"	
3 /1/ Myd	4N220 FOX Mill Blod,	St. Charles 1L	Kane	
4 Mit	4N220 FX Mill BL-6	St. Chales IL	Kare	
5 / Kartle Oc	- 4N226 Fox Null Blud	StCharles IL	Kare	
6 1949	39 W716 Hary David Thoreau	St. Charles IL	Kane	
7 fand Domitell	39W716 iteny Arest the ony	St. Charles 1	Kine	
& Mulion Jak	You 306 Willian Cullen	Frank St. Charle	Kune	
9 Jame Scoleer	3N985 Enil Dickney	8 charles Ill	Fine	
10 Duce Sulow	3N955 Detention in	ST Charles Dec	Konk	
State of <u>Filinois</u> County of <u>Kane</u>)) SS.)			
1, M. Caroline Brizue	10-do hereby certify that I reside at 390	0716 Henry Day	rd Thoreon	
(Girculator's Name)	f Campton Hills	(Street Address)	00175	
(City/Village/Unincorporated Area) County of Kane State of	_(if unincorporated, list municipality that p	provides postal service) s of age or older, that I am a cit	(Zip Code) izen of the United	
States, and that the signatures on this shee	et were signed in my presence, not more that est of my knowledge and belief the persons s	n 90 days preceding the last d	ay for filing of the	
registered voters of the political division in w stated, as above set forth.	which the candidate is seeking elective office, a	and that their respective reside	ces are correctly	
(Circulator's Signature)				
Signed and sworn to (or affirmed) by	· Caroline Brizuela	before me, on	8,2010.	
Signed and sworn to (or animed) by 110	(Name of Circulator)		h, day, year)	
(SERL)	3 Lles	use () haie	<u> </u>	
OFFICIAL SEAL MELISSA A O'NEILL NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:05/08/13	SHEET NO. 4	(Notary Public's Signature)		
(AAAAAAAAAAAAAAAAAAAAAAA	₩			

10 ILCS 5/10-3.1, 10-5.1 65 ILCS 5/4-3-8	XBIND HEREX	Rev	Suggested ised May, 2009
	NONPARTISAN PETITION NICIPAL AND COMMISSION FORM OF I	2/5	-SBE No. P-4
Kane and State of Illi	(unit of government) nois, do hereby petition that the following name fied, in the aforesaid unit of government, to	ed person shall be a Nonpartis	an Candidate for
	nection).	OLER	72 G
NAME	OFFICE	ADDRESS-ZIP	CODE
Raul N Brizuela	office Trustee of wasco title: Sanitary Oswich full termor year vacancy (circle one)	39W 7110 Henry Do Thoreau Plate Campton Hills	ii .
If required pursuant to 10 ILCS 5/10-5.	1, complete the following (this information will a	opear on the ballot)	
FORMERLY KNOWN AS (List all name	UNTIL NAME CHANG nes during last 3 years)	GED ON(List date of each	name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 Lemba Cythonore	YOWO'S Margares litteral	Campton HillS 1	Kane
2/1/202	40w065 Magaret Mitchell	Compton Hills IL	Kan
3 All Maple	3900 55) Waltah town Rol.	Compton/tills IL	Kene
4 Miller Miller	39WSST Walt Whitman 1810	Comptonff15 IL	kome
5 100	4N1042 Ruelake 1258	Court Holle IL	V

(VOTER'S SIGNATURE)	RR NUMBER	VILLAGE	COUNTY
1 Lember Cythonoro	400005 Margares letteral	Campton HIVS IL	Kane
2/19202	40 w 065 Magaret Mitchell	Compton Hills 1	Kane
3 Man After	39W55 Walter Homes Rol.	Compton/tills IL	Kene
4 Malest Pille	39WS57 Walt Whitman 1810	Comptonffs IL	kome
5/0/20	4N642 Bluelake OrE	Campton Hills IL	Kane
6 angile & Sterdmere	4N642 Blue lake GrE	Campton Hills 11	Kane
7 ()	Hours Morgare Amstell	Compton Wills IL	kone
8 cole Sodel	400077Morgored Middle	er Compten/feles 1	Kong
9 Cal Soday	40 W077 Murgare + M. 16611	Campton Hills IL	Kane
10 Symmon	+11365 Margart Mitchell	Campben Hills IL	kone
State of)	To be the three terms of the second s	/	
) County of	SS.		
1. Kimberly Skidmore	do hereby certify that I reside at 400	UD65 Margaret	Mitchell
(Circulator's Name)	do hereby certify that I reside at <u>400</u>	(Street Address)	20175
(City/Village/Unincorporated Area)	(if unincorporated, list municipality that i	provides postal service)	(Zip Code)
County of, State of, State of, States, and that the signatures on this sheet we	that I am 18 years		
petitions and are genuine and that to the best of	f my knowledge and belief the persons s	o signing were at the time of si	gning the petition
registered voters of the political division in which stated, as above set forth.	the candidate is seeking elective office, a	and that their respective resider	nces are correctly
states, as above set forth.	Kimb	ily Monor	
	(Circul	ator's Signature)	
Signed and sworn to (or affirmed) by			3-10
	(Name of Circulator)	(insert mont)	n, day, year)
(SEAL)		V 1	

"OFFICIAL SEAF PATRICK M. GRIFFIN Notary Public, State of Mirrols My commission expires 11/13/11

Notary Public's Signature)

SHEET NO. 5

Suggested

	~~99	
Revised	May,	2009
S	RE No	P-4

(NON-MUN	NONPARTISAN PETITION IICIPAL AND COMMISSION FORM OF N	NUNICIPALITY)	3BE NO. F-4
150	· Wasco Sanitary Dis	15 3	tv of=
	(unit of dovernment)		2 %
election to the office hereinafter specific	ois, do hereby petition that the following name ed, in the aforesaid unit of government, to	be voted for at the election	n te be held on
November 2,2010 (date of ele		7	P
		5 /	N 0
NAME	OFFICE	ADDRESS-ZIP	Contract of the Contract of th
	office Trustee of Wasco,	39 W716 Denis	(Baviel
Raul N. Brizuela	title: Sanitary District	Thoreaupl. St. Charles	IL.
	full term-or year vacancy (circle one)	1 34. Cria. 12	60175
If required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information will ap	ppear on the ballot)	
FORMERLY KNOWN AS	UNTIL NAME CHANG	GED ON	
(List all name	es during last 3 years)	(List date of each	name change)
NAME	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	RR NUMBER	VILLAGE	COUNTY
1 (resure Luilou	39W907 N.Robertta	ost St. Charle	6475 Ka.
2 Maureen Brellenthin	HN550 N ROBERT FIRST Circle	St. Marles IL	60175 Kans
3 Jam bat	4N550 N Robert Frost	sticharles 1L	60175 Kan
4 4000000	4NSJ7 N ROBERT FROST	ST-CHARLES IL	60175 KAU
5 Porder Murries	> 4NSB9 N- PART FROST	ST-CHAPLUES IL	60175 KME
6 Danson Machuell	1 4n569 N. Frod	9. Charles 11	10175 KAI
Whoman Effort	2 39W750N Roby Frost	St. Charley IL	6119 Kan
8 Michael Flood Makel//	39W780 N Robert Frost	St Charles IL	60175 Kane
okaya Olood	39W78) N Robert Frost Cir	St Charles IL	Kane,
10 Folle Grant	Baw810 NROSOF FORCE	St Chulo 1	COUTSKO
State of #11 indis)		
County of Kanl) SS.		
1. Larrosa Maene	17 do hereby certify that I reside at 4/1	589 N. Robe	rt frost
(Circulator's Name)	of Campton Hills	(Street Address)	100175
(City/Village/Unincorporated Area)	-ttf.unincorporated, list municipality that p	provides postal service)	(Zip Code)
States and that the signatures on this she	ofthat I am 18 years eet were signed in my presence, not more than	of age or older, that I am a cit n 90 days preceding the last d	tizen of the United Nay for filing of the
petitions and are genuine and that to the b	est of my knowledge and belief the per \$ ons so	o signing were∖at the time∤of s	highing the petition
registered voters of the political division in stated, as above set forth.	which the candidate is seeking elective office, a	Ind that their respective reside	nices are correctly
· ·	(Circula	ator's Signature)	
5	M. Neille	before me, on June 18	2010
Signed and swom to (or affirmed) by	(Name of Circulator)		h, day, year)
(SEAL) OFFICIAL OF AL	mz I lele	sis (Neue	
S OFFICIAL SEAL MELISSA A O'NEILL	}	(Notary Public's Signature)	
NOTARY PUBLIC - STATE OF ILLING	SHEET NO		
MY COMMISSION EXPIRES:05/08/1		ç.	