#### RECEIPT FOR NOMINATING PETITION

DATE FILED: <u>//-28-20/</u> /	OFFICE Percent	commoter man
TIME FILED: 11/12 AM	PARTY: Rapublic	an
The following have been received:		
1. Statement of	l Candidacy	
2 Loyalty Oatl	h	
3. Petition pag	ies I to	
	Statement of Economic Interest	
2 1	DIDATE AGENT  AGENT  Signature	
$\int_{\mathbb{R}^{n}}$	nt Name Candidate Agent	
***********	Deputy (Terk ************************************	<*************

# RECEIPT FOR NOTICE OF OBLIGATION D-5

I hereby acknowledge receipt of the Notice of Obligation which outlines obligations and responsibilities under the Illinois Campaign Disclosure Act.

Date: 11-28-2011 Robert Grand
Signature of Candidate

## STATEMENT OF CANDIDACY

#### Robert Grens

235 Springside Dr Elgin, IL 60124

Republican **Precinct Committeeman** Elgin 58

STATE OF ILLINOIS

County of Kane

I, Robert Grens being first duly sworn (or affirmed), say that I reside at the address above, in the County of Kane, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the Republican Party; that I am a candidate for election to the aforesaid office, to be voted upon at the primary election to be held on March 20, 2012 and that I am legally qualified to hold such office and I hereby request that my name be printed upon the official Republican Primary ballot for the election for such office.

Signed and sworn to (or affirmed) by Robert Grens before me, on

(Seal)

OFFICIAL SEAL **DENNIS C RYAN NOTARY PUBLIC - STATE OF ILLINOIS** MY COMMISSION EXPIRES:10/11/11

(Notary Public

TIMM SS AMILIE

CHAR THE



#### LOYALTY OATH

STATE OF ILLINOIS

County of Kane

I, Robert Grens, 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.

Signed and sworn to (or affirmed) by Robert Grens before me, on

(Seal)

blic's Signature)

OFFICIAL SEAL **DENNIS C RYAN** 

## **Robert Grens**

235 Springside Dr Elgin, IL 60124

# Republican **Precinct Committeeman** Elgin 58

We, the undersigned, members of and affiliated with the **Republican** Party and qualified primary electors of the **Republican** Party, in the aforesaid Precinct in the County of Kane, State of Illinois, do hereby petition that the aforesaid who resides at the aforesaid County of Kane and State of Illinois, shall be a candidate of the **Republican** Party for election to the aforesaid office, for aforesaid Precinct, to be voted for at the primary election to be held on March 20, 2012.

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 Reul Chicano	287 Sontasido Dr.	Ebin, Cool24 "	Kane County
2 Carrie chicoine	237 Springpich Dr.	Elgih wordy "	Kane County
3 Marken Duns	235 Springer G	Elyn 60124"	Kane County
4/612111 Res/	303 Consinuela	Elin 60/24 "	Kane County
Braile Milhan	307 Copper Springson	Flown, IL 60124 "	Kane County
6 January	304 Conver Springs	Flor IL GOIZY"	Kane County
7 Day 136	320 Copper Sp. 255 cm	Elyn 16 60126/ 1	Kane County
8 GP Control	BAYCE PRE SPANCE CO	519m 7:260124 1	Kane County
9 And (43.	138 Jella Stinglin.	CLGIN -C. 60/27"	. Kane County
10 (ins (17)4	328 Com Sping LN	ELGN = 60137 11	Kane County
STATE OF ILLINOIS		,	
County of Kane			
1, ROBERT GRENG 10	irculator's Name) do hereby certify tha	at I reside at 235 Springs ich	e Do.
		(if unincorporated, list municipality	
more than 90 days preceding the last	the United States, and that the signal t day for filing of the petitions and are t the time of signing the petition quali	State of /LINCIS that ures on this sheet were signed in my genuine and that to the best of my krified voters of the Republican Party is sective residences are correctly stated,	nowledge and not the political
forth.	was Paker	it arius	
	MGS 10 A THREE I	(Oirculator's Signature)	
Signed and sworn to (or affirmed	d) by Kobart Grans	before me, on $\frac{(3-3)^2}{10}$	701/
	(Name of Circulator)	Mis ( Thing	mature)
(Seal)	· ····································	(Notary Publie's Signature)	
OFFICIAL SEAL DENNIS C RYAN	SHEET NO.		
NOTARY PUBLIC - STATE OF ILLI MY COMMISSION EXPIRES:10/1			

## **Robert Grens**

235 Springside Dr Elgin, IL 60124

# Republican **Precinct Committeeman** Elgin 58

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March 20, 2012.		OUTV TO	OWN OR	COUNTY
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	VILL	OWN OR AGE	COOKIT
1 John Polker	209 ATWELL	ELGIN	60124	IL Kane County
2 Gont Colo	3101 Charkstone	ELGIN	60135	IL Kane County
3 Cotton Have of	3102 Chalkopme	Elain 6	50124	IL Kane County
4 Melissahrue	205 Comsta-90	Egin	P6100)	IL Kane County
5 Becknictorba	3008 Tumbleweed	Elgin	6924	IL Kane County
6 Domenico Alej	247 Stage coach Dr	Elgin, 76	60124	IL Kane County
7 Box Xbypie	266 Mennott	Elga	60124	IL Kane County
8 1 C)	258 MONUMENT Rd	ELGIN	60124	IL Kane County
9 Karren Kunn	355 Dimbiweelling	Eliza	60124	IL Kane County
10 Kehrafil	ASS TOMPHURES WAL	EIGH	60 124	IL Kane County
STATE OF ILLINOIS				
County of Kane				
		.72 <i>.</i>	550000	c. La 17:-
1, Koberl Grans 10	Circulator's Name) do hereby certify tha	at I reside at <u>タク</u>	11/1/40	STAC DI
In the City/Village/Unincorporated Are	ea (circle one) of <u>Figure</u>	(if unincorpora	ted, list municipa	lity that provides
more than 90 days preceding the las	, County of <u>Kana</u> , the United States, and that the signal st day for filing of the petitions and are at the time of signing the petition qualicking elective office, and that their resp	genuine and that	to the best of my Republican Part	knowledge and by in the political
forth.	Pole	rt Orni	2	
	CONTRACTOR OF SHIRL CONTRACTOR		2 r's Signature)	
	ed) by Robert Grens	before me. c	9-33- Wate of	2011
Signed and sworn to (or affirme	(Name of Circulator)	below me, e	(Date of	Signature)
	21.11112 - 14	Mies AC	Jahr	
(Seal)	一	(Notary Pur	Dc's Signature)	
OFFICIAL SEAL DENNIS C RYAN	SHEET NO. 2	-		
NOTARY PUBLIC - STATE OF				

**NOTARY PUBLIC - STATE OF ILLINOIS** MY COMMISSION EXPIRES:10/11/11

# 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)

Robert Grens		-	
Name			
Each office or position of employment for which this statement is filed			
Full post office address to which HOME ADDRESS:	notification of an examination of this staten	nent should be sent	
	GENERAL DIRECTIONS		
considered to be the same as the in	lled by the person making the statement) of a sterest of the person making the statement. Ca is needed, please attach supplemental listi	mpaign receipts shall not be included in	
which the person is required to file, \$5,000 fair market value or from wh (In the case of real estate, location to	ownership in any entity doing business with a u in which the ownership interest held by the per ich dividends in excess of \$1,200 were receive thereof shall be listed by the street address, or al institution, nor any debt instrument shall be li	son at the date of filing is in excess of d during the preceding calendar year. if none, then by legal description.) No	
Business Entity	Instrument of Ownership	Position of Management	
None			
2. List the name, address and type was an officer, director, associate, pof \$1,200 was derived during the pr	of practice of any professional organization in vocartner or proprietor or served in any advisory of eceding calendar year.	which the person making the statement capacity, from which income in excess	
Name	Address	Type of Practice	
None			
the person is required to file) to eac	rvices rendered (other than to the unit or units the entity from which income exceeding \$5,000 and ar year by the person making the statement.	was received for professional services	
None			

4. List the identity (including the address or legal description of r of \$5,000 or more was realized during the preceding calendar years.)	ear.
Niche	
5. List the name of any entity and the nature of the governmenta unit of local government in relation to which the person must file of rezoning of real estate during the preceding calendar year if t\$5,000 fair market value at the time of filing or if income or divid filing from the entity during the preceding calendar year.  None	he ownership interest of the person filing is in excess of
6. List the name of any entity doing business with a unit of local file from which income in excess of \$1,200 was derived during to services and the title or description of any position held in that enor any debt instrument need be listed.	the preceding calendar year other than for professional entity. No time or demand deposit in a financial institution
None	
7. List the name of any unit of government which employed the calendar year other than the unit or units of government in relat	person making the statement during the preceding ion to which the person is required to file.
Nono	
8. List the name of any entity from which a gift or gifts, or honor excess of \$500, was received during the preceding calendar years.	rarium or honoraria, valued singly or in the aggregate in ear.
None	
VERIFICA	ATION
"I declare that this statement of economic interests (including a examined by me and to the best of my knowledge and belief is interests as required by the Illinois Governmental Ethics Act. I incomplete statement shall be a fine not to exceed \$1,000 or in penitentiary not to exceed one year, or both fine and imprisonn	a true, correct and complete statement of my economic understand that the penalty for willfully filing a false or apprisonment in a penal institution other than the
	ignature 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.

(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT		
Robert	Grens	
Name		
235	Springside Dr	
Address	<del></del>	
Elgin	IL	60124
City	State	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 County Clerk

719 S. Batavia Ave., Bldg. B

Geneva, Illinois 60134

		NNING ORDER	9 pages
DRAWER	FOLDER	FILE	DOCUMENT NAME
CANIDATES	2012 MAR GP	2012 GP DEM COUNTY OFFICE 2012 GP DEM PCP 2012 REP COUNTY OFFICE (GP REP PCP)	NAME OFFICE Robert ELS8 Grens PCP
Date: ///28/20/1 //-/. PROFILE:	2AM Scanned date: //-29-17	Scanner initials: 5 23	Return date: 33 11-29-11