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

### STATEMENT OF CANDIDACY

### NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT
Robert E. Skidnore, Jr	Howo 65 Margaret Mitchell 51. Campton Hills, IL 60175	Sunitary District Trustee	Was co Sanitary District
If required pursuant to 10 ILCS 5/1	0-5.1, complete the following (this info	rmation will appear on the ballot)	

If required pursuant to 10 ILCS 5/10-	5.1, complete the following (this in	nformation will appear on the b	allot)
FORMERLY KNOWN AS (List all na	UNT mes during last 3 years)	IL NAME CHANGED ON	List date of each name change)
STATE OF ILLINOIS  County of <u>Kane</u>	,		
1, Robert E Skid 40w065 Margaret Mi	being first	duly sworn (or affirmed	d), say that I reside at
Campton Hills (if	unincorporated, list municipalit	Village Unincorporated  y that provides postal service	Area (circle one) of
County of Kane	State of Illinois; that I am a qu	alified voter therein, that I a	m a candidate for Nomination/
Election to the office of	sTee i	n the <u>Was co</u> S Name of City, v	ani Tary District
to be voted upon at the election to be			
hold such office and that I have filed			
as required by the Illinois Governme	ental Ethics Act and I hereby re	equest that my name be pri	nted upon the official ballot for
O AM		MACI	
Signed and sworld to (or affirmed) I	P. L. T F CH	(Signature	of Candidate)
Signed and sworm to (or affirmed) I	(Name of Cand	before me	(insert month, day, year)
(SEAL)	LISA K SMITH MY COMMISSION EXPIRES MARCH 23, 2014	Lisi K.	Sunda Olic's Signature)

1-		14				
3-4	E		-	1 \ /	_	
7	Same.					

ATTACH	TO PETITION

10 ILCS 5/7-10.1

12 JUN 20 AM 8: 35
Suggested
Revised July 2004
SBE NOTE ACCUMENT OF FREE

## LOYALTY OATH (OPTIONAL)

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

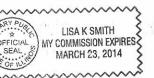
United States and the State of Illinois, that I am not affiliated directly or indirectly with any communist organization or any communist front organization, or any foreign political agency, party, organization or government which advocates the overthrow of constitutional government by force or other 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 Robert E Skidmore, Tr before me, (Name of Candidate)

on 6-//-/2 (insert month, day, year)

(SEAL)



(Notary Public's Signature)

Suggested Revised May, 2009 SBE No. P-4

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

NAME	OFFICE	ADDRESSZIP CODE
oberT E Skidmore Jr	office Sanitary District Trustee tille:  [full term] or year vacancy (circle one)	Howors Margaret Mitchell St. Campton Hills, IL 60173
required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information will ap	ppear on the ballot)
ORMERLY KNOWN AS (List all nam	UNTIL NAME CHANG es during last 3 years)	ED ON(List date of each name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE COUNTY
Surely July	Yours Ac William Celler Bry	St. Chales " Fane St. Chales " Kane
Messin	20.4	Sichrhes 1 Kone
Mej heft n	- 29W551 WHILL WHEN  - 40WESTO TREJOR COM  46W 113 Jack London	Stickels 11 Kenom Well Stephens 10 6. Charles 11 Kore
lle steer	1	St. Charles " Kone St Chale & Ca
front Je	40 W122 Carl Sandburg 2900 894 Lowe May Hall	St Chartes 11 Kane
te of ILLINOIS unty of Kane	) ) SS	
(City/Village/Unincorporated Area) unty of Kane State tes, and that the signatures on this shi tions and are genuine and that to the		orovides postal service) (Zip Code) s of age or older, that I am a citizen of the Unit n 90 days preceding the last day for filing of the postal program of signing were at the time of signing the postal

Suggested Revised May, 2009 SBE No. P-4

## NONPARTISAN PETITION

NAME	OFFICE	ADDRESSZIP	
obert E Skidnore Jr	office Sanitary District Trustee title:  [full lerm] or year vacancy (circle one)	Howo 65 Marg Mitchell St. Campton Hills,	
required pursuant to 10 ILCS 5/10-5.	1, complete the following (this information will ap		
ORMERLY KNOWN AS (List all nam	UNTIL NAME CHANG	ED ON(List date of each r	name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
Kunberly Shoriso	40W265 Novgeret Mitchell (	Campton Hills 11.	Kane
	404265 WHILLAM CHEN BEYANT 4N220 FOX WILL Blod.	CAMPTON HILLS IL	KANE
Man 1	4N220 Fex Mu Blud	Coupter Hills 11	Kove
Ch b h	4N220 Fox Mill Blvd.	Campton Hills " Comptrall! Is "	Kane
Soli Della	- 40 w 077 Man Nie Ala	of Jehong 11	Kane
te of ILLINOIS	1) 4N363 no-gund	5.1. ( Liv. 185 11	Kane
interest Kane	) SS		
Robert E Skilmore (Circulator's Name) ne Village	of Campton Hills	(Street Address)	17chell 51
tes, and that the signatures on this shifting and are genuine and that to the		of age or older, that I am a citizens 90 days preceding the last days signing wors at the time of second	(Zip Code) zen of the Unit ay for filing of



SHEET NO.

(Notary Public's Signature)

Suggested Revised May, 2009 SBE No. P-4

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

Kane and State of Illing	e Wasco Sanitary Dis (unit of government) ois, do hereby petition that the following named ed, in the aforesaid unit of government, to	nerson shall be a Nonnertic	on Condidate to
Journber 6, 2012 (date of ele	eclion).		4
NAME	OFFICE	ADDRESSZIP	CODE
Robert E Skidnore Jr	office Sanitary District Trustee title:		
	full term or year vacancy (circle one)	Campton Hills,	IL 60175
If required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information will ap	pear on the ballot)	
FORMERLY KNOWN AS	UNTIL NAME CHANG	ED 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
Sherry James	4N448 Samuel Clemene Ce	e St. Charles "	Kan
Elgen Jealer	39 NGB2 Hay David Thousan	St. Chalis "	Kan
/ complying	- 39w903 Accott/w.	St Charles IL	Vane
Aughanh	40NOSANW yn t Witchell	87 Works 11	kune
Chy Fronk	39W844 Cart Sandburg Ke	St. Charles IL	Kane
Youde Banke	3N943 Ralph Waldo Emerson		Kana
Anju Patel	39W696 17. D Thoreau	8t. Charles 11	Kane
Mance King	3NSIb Lauru Ingallo	StiCharles IL	Kahe
Tuia Dafasquale	0		Kane
My J. S. S.	4N220 Wm Celler Bryant	St. Chales IL	Kest
te of TLLINOIS	)	41901 57	<del></del>
Kane	) SS.		
Robert E Skilmore 1	of Campton Hills  (if unincorporated, list municipality that a	065 Mara - 7 m	'
(Circulator's Name)	Compten Hills	(Street Address)	TChell 37
(Cit), Times of the Court of th	(ii dimitor por atou, iist mumor painty that p	IOVIGES DOSIAL SERVICE I	(/In (inde)
univor Kant State	Of Allinais that I am 18 years	of and or older that I am it	zen of the United
itions and are genuine and that to the bi	et were signed in my presence, not more than est of my knowledge and belief the persons so	Signing were at the time of cic	ning the politica
istered voters of the political division in v	which the candidate is seeking elective office, ar	d that their respective residen	ces are correctly
led, as above set forth.	10/2	2	
		(Circulator's Signature)	
ned and sworn to (or affirmed) by $R$	obert E Stidmore Jr	before me, on 6 - / (insert month	1-12
,	(Name of Circulator)	(insert month	ı, day, year)
(SEAL)		Luch Smith	
OFFICIAL MY COMMISSION MARCH 23,		(Motary Public's Signature)	
OF ILLE	SHEET NO.		

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

We, the undersigned, qualified voters in the	he	Wasco Sanitary D	istrict in the Cou	unty of
1	nois, d	(unit of govern\argania) do hereby petition that the following name n the aforesaid unit of government, to	ed person shall be a Nonpartie	can Candidata for
NAME		OFFICE	ADDRESSZIP	CODE
Robert E Skidmore Jr	-	e Sanitary District Trust	e Mitchell St. Lampton Hills	
FORMERLY KNOWN AS		nplete the following (this information will aUNTIL NAME CHANG ring last 3 years)	,	name change)
NAME (VOTER'S SIGNATURE)		STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 1 2		4N642 BlueLake CIPE	ST Charles IL	KANK
2 Angle & Studino	ne	4N642 E Blue Lake Cir	ST Churter 11	KANE
3 John Lynn		4N658 Blue Calle Coule E	STChurbes IL	KANE
Gillen Chreve	N	4N655 BlueLarear E	St. Chanesi	Kane
5 det Lin		40W163 CARLSANDERY Kd	CAmpton Vills IL	Kone
6 Membertucker		40W165 Carl Sandburg	Campton Hilly "	Kany
2 dr. H.		YXXXXX (ACI SANDERS)	auto Hills "	Ken
8 Shoul		YOUNG CARL SANDBURG	Carota Alb 11	tare
9 Barbaro Actalls		4000005 Margarel Witchell St	Campton Hills 11	Hane
10 Charlefelle		40 WO25 M. Mitchell St	Caupton Hills 1	Krr
State of Illinois  County of KANE  Report Estimates	) ) ) .Tc	SS.	40/5 44	
(Circulator's Name)		do hereby certify that reside at	(Street Address)	litchell st.
in the Uillage (Circulator's Name) (City/Village/Unincorporated Area) County of KANE, State States, and that the signatures on this she petitions and are genuine and that to the bregistered voters of the political division in vistated, as above set forth.	eet we best o	ere signed in my presence, not more that from 18 years that is years to be signed in my presence, not more that from 18 years that is years to be signed in my knowledge and belief the persons signed.	s of age or older, that I am a citi n 90 days preceding the last da o signing were at the time of sig	zen of the United by for filing of the
Signed and sworn to (or affirmed) by	Roll	bert Eskidmine Jr	before me, on6 - /5	T-/2
		(Name of Circulator)	(insert month	i, day, year)
(SEAL)		SHEET NO. 4	OFFICIAL SEAL JUDY ANN BASAR NOTARY PUBLIC - STATE OF IL	LINOIS
			MY COMMISSION EXPIRES:10	Sananas

Suggested Revised May, 2009 SBE No. P-4

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:10/07/13

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

\$1 \( \sigma \si	ICIPAL AND COMMISSION FORM OF		
We, the undersigned, qualified voters in the	e Wasco Sanitary [	) is trict in the Cou	inty of
Kane and State of Illino	ois, do hereby petition that the following name	ed person shall be a Nonpartis	an Candidate for
November 86, 2012 (date of ele	ed, in the aforesaid unit of government, to ection).	be voted for at the election	n to be held on
	,		
NAME	OFFICE	ADDRESSZIP	CODE
	office Sanitary District Trust	ree Mitchell St.	rgaret'
Robert E Skidmore Jr	title: Jan Tary Uls 1116 11431	mitchell St.	51 1 1 -
	full term or year vacancy (circle one)	Campton Hills	16 6012
If required pursuant to 10 ILCS 5/10-5.1,	complete the following (this information will a	appear on the ballot)	
FORMERLY KNOWN AS(List all name	UNTIL NAME CHANG s during last 3 years)	(List date of each r	name change)
			r
NAME	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	RR NUMBER	VILLAGE	COUNTY
1 Valene Alla	HOWO43 M. M. John 15th	St. Sparles 11	Kan
2 Bell Doers	40W054 MARKUSE	SCOLL IL	Kare
3 Dr W	400416 Francis Brey Hopele	St Charles 1	Kare
4 Korkhun Davils	40 W416 Francis BIEY HARTE	St Classee IL	Kane
5 Hard Burner	39W116 Heger Dand Thorage	of Charles 1	KAne
6 hor 30	39w716 Thoreau Pl.	St. Charles IL	Kan
7 (1/21.	39W541 Walt Whitman	St Charles IL	Kane
.8 Jun	39W541 Walt Wli. 2mm	St Chalis IL	Kuc
Il Ble-	4N225 WILLIAM CALEN	ST. CHARLES IL	KANE
10	7.02.0 70.00777 (1.10.70	U. SIIIICELS	10-100
			<u> </u>
State of ILLinois	) ) SS.		
County of Kan-e	)		
1. Robert E Skidnore:	f Campton Hi'lls  (if unincorporated, list municipality that p	NO65 Margaret M	11TChell St.
in the Village Name)	f Camatan Hills	(Street Address)	0175
(City/Village/Unincorporated Area)	(if unincorporated, list municipality that	provides postal service)	(Zip Code)
States, and that the signatures on this shee	of <u>Illinois</u> that I am 18 years et were signed in my presence, not more than	of age or older, that I am a citi 190 days preceding the last of	zen of the United av for filing of the
petitions and are genuine and that to the be	est of my knowledge and belief the persons so	signing were at the time of signing	gning the petition
registered voters of the political division in w stated, as above set forth.	hich the candidate is seeking elective office, a	nd that their respective resider	nces are correctly
		(Circulator's Signature)	
	Last 6 still 5		17
Signed and sworn to (or affirmed) by 100	berT E Skidmore Jr (Name of Circulator)	before me, on(insert month	h day year)
		a A	., aa,, jourj
(SEAL)	<del></del>	(Notary Public's Signature)	
	SHEET NO. 5	***************************************	~~~
	3.121.113.	OFFICIAL SEAL	}
	<b>\</b>	JUDY ANN BASAR	2

Suggested Revised May, 2009

## NONDARTISAN PETITION

(NON-MU	NONPARTISAN PETITION NICIPAL AND COMMISSION FORM OF M	MUNICIPALITY)	SBE No. P-4
We, the undersigned, qualified voters in the	ne Wasco Sanitary Dis	in the Cou	unby of
1 -	(unit of government)		
election to the office hereinafter specif	nois, do hereby petition that the following name ied, in the aforesaid unit of government, to	d person shall be a Nonpartis be voted for at the election	an Candidate for n to be held on
Now 6, 2012 (date of e	lection).		
NAME	OFFICE	ADDRESSZIP	STREET STREET, STREET STREET
	office Sanitary District title: Trustee	MITCHELL ST.	areT
Rebert E Skidnorg In			
	full term or year vacancy (circle one)	Campton Hills	12, 60173
If required pursuant to 10 ILCS 5/10-5.	1, complete the following (this information will a	ppear on the ballot)	
FORMERLY KNOWN AS	UNTIL NAME CHANG	SED ON	
(List all nam	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
Eigne Porchaisig	40 WYIZ MIllay St.	St. Charles IL	Kone
2 thendre Stone	40 W 333 Edna St. Vine	and Millay St. Charles	Kana
3 Row SIONORE	39w 668 Bal SAMBAY M	COMPTRU 5 % IL	Kani
1 Horge Shore	40W447 Taylor Calphell	St. Charles 1	Kanes
5 Clinalth Likaly IXI	ak 40w288 William Cullen Bouant	St. Charles IL	Kane
6 amonde Dank	40W714 Fox Creek Dr.	St. Chatles 1	Kar 8
7 One son Gold	39W165 Lugaeel	St Charles 11	(20
8 half all California	39W663 HD Thoreau	St Charles IL	Kan
Margaret Malano	n 3941663 HD Thorau	St Charles "	Kan
10 / 5/	40w065 Margaret Mitch	1/54 Campton Hills IL	Kane
State of Illinois	)		
County of FANE	) SS. )		
KRISTIN LEBLANC	do hereby certify that I reside at 4N	1225 WILLIAM	LULEN BRYAN
in the KRISTIAN VILLAGE	of NAMPION HICES	(Street Address)	100175
(City/Village/Unincorporated Area) County of (ANE, State	(if unincorporated, list municipality that per of that I am 18 years	provides postal service) s of age or older, that I am a citi	(Zip Code)
States, and that the signatures on this sh	eet were signed in my presence, not more than	n 90 days preceding the last de	y for filing of the
registered voters of the political division in	best of my knowledge and belief the persons so which the candidate is seeking elective office, a	<ul> <li>signing were at the time of signal sig</li></ul>	ining the petition
stated, as above set forth.		/ X Y)	1
50 <b>4</b> 10		(Circulator's Signature)	
Signed and sworn to (or affirmed) by		before me, on	12012.
	(Name of Circulator)	(insert month	ı, day, year)
(SEAL)	Grot	(Notan Public's Share)	
		(Notary Public's Signature)	

SHEET NO. 6 "OFFICIAL SEAL"
CAROL B. JUNGELS
Notary Public, State of Illinois
My commission expires 12/27/15

Suggested Revised May, 2009 SBE No. P-4

(NON-MUI	NONPARTISAN PETITION NICIPAL AND COMMISSION FORM OF	SBE No. P-4 MUNICIPALITY)		
Kane and State of Illin	ed, in the aforesaid unit of government, to	ed person shall be a Nonpartisan Candidate for be voted for at the election to be held on		
NAME	OFFICE	ADDRESSZIP CODE		
Robert E Skidmorg In	office Sanitary District title: Trustee  [full term] or year vacancy (circle one)	HOWUGS Margaret Mitchell St. Campton Hills IL, 60175		
If required pursuant to 10 ILCS 5/10-5.3	, complete the following (this information will	appear on the ballot)		
FORMERLY KNOWN AS (List all nam	es 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		
120 W	39 W991 Carl Swelt	St. Charles 11 Kano		
2 January Marin				
3 (1)	39W974 Morgaret Mitche	1 SI Charles 12 Kane		
5 Dayon Kulhaux	Thornwar Waltman	St. Charles " Kare		
5 John Kachar	4N225 William Cullen Bryant	St. Charlon & While St. Charles 11 Kane		
7 Man Syd	39w974 Margaret With	Il St Charles " Kane		
adie Fredin	3NTGDames FENIMORE COOPER	St. Orarles " Kane		
10 ( Lynd Molom	40W340 Bruantst	S+Charles " Kane		
State of ILLINOIS	)	TAW.		
County of KANE	) SS.			
I. KRISTI N LEBLANC do hereby certify that I reside at 4N225 WILLAM CULEN BRYANT (Street Address) (Street Address)				
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)  County of KANE, State of 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.		2 A B		
Signed and sworn to (or affirmed) byX	RISTIN ANN LEBLANC (Name of Circulator)	(Circulator's Signature)  before me, on (19/20/12.		
(SEAL)	Card	Densels		

SHEET NO.

"OFFICIAL SEAL"
CAROL B. JUNGELS
Notary Public, State of Illinois
My commission expires 12/27/15

Suggested Revised May, 2009 SBE No. P-4

Notary Public, State of Illinois My commission expires 12/27/15

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

We, the undersigned, qualified voters in the	ne Wasco Sanitary Dis  (unit of government)	TricT in the Cou	nty of		
Kane and State of Illing	nois, do hereby petition that the following name	d person shall be a Nonpartisa	an Candidate for		
November 6, 2012 (date of e	ied, in the aforesaid unit of government, to lection).	be voted for at the election	lo be held on		
NAME	OFFICE	OFFICE ADDRESSZIP CODE			
	office Sanitary District tille: Trustee	HOWUES Margaret Mitchell St.			
Robert E Skidnorg In		Campion Hills IL, 60175			
	full term or year vacancy (circle one)		12, 60773		
If required pursuant to 10 ILCS 5/10-5.1	I, complete the following (this information will a	ppear on the ballot)			
FORMERLY KNOWN AS (List all name	es during last 3 years)				
(List all nam	es during last 3 years)	(List date of each n	ame change)		
NAME	STREET ADDRESS OR	CITY, TOWN OR			
(VOTER'S SIGNATURE)	RR NUMBER	VILLAGE	COUNTY		
1W. Swanshi	40W365 CARLSANUBURG	St. CHARLES IL	KANE		
2 A. Gutsmied	39W804Henry Vaid Thur	St Charles 11	Kane		
3 K. Igner	39W 886 Cary Sandburg	St. Charles 12	Kane		
4 L. Conray	4NIST Fox MILL Blvd.	St. Charles 11	Kane		
5 K. Durlap	40W416 Francis Bret Hark	St. Charles 1	Kanl		
6 E. O(nt	JUN 10 N RODO FROST (AL	St Choles I	Kong		
7 N. PE 1825	BNS23 LAUVAINGAUS	51 CHERL	KANE		
8 Calls	40W386 WM. Bryant	J. Charles "	KAWE		
9 Jan Oberfe	40WHOZ CURL SUNCHUS	St. Charles "	Kane		
10 Due ) the 1201	39 W991 Carl Sandbry	St Cherly "	Karo		
State of ILL INOIS	) ) SS.				
County of KANE	)				
KRISTIN ANN LEBLAN	do hereby certify that I reside at 4N22	25 WILLIAM CUL	EN BRYANT.		
	of CAMPTON HILLS	(Street Address)	100175		
(City/Village/Unincorporated Area) County of KANE , State	e of /L that I am 18 years	s of age or older, that I am a citis	(Zip Code)		
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 stated, as above set forth.	which the candidate is seeking elective office, a	and that their respective regiden	cos are correctly		
States, as above sociotal	12		2		
Signed and sworn to (or affirmed) by	DIET WANT ERIAM	(Circulator's Signature)	10/2 12		
orgined and sworn to (or anirmed) by 1	(Name of Circulator)	before me, on (insert month	i, day, year)		
(SEAL)	Cirol	B. Ounes	L		
	0	(Notary Public's Signature)	000000		
	SHEET NO	"OFFICIAL	IOT S		

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

Robert E Skidmore Jr			RECEIVED
Name Yowo65 Mary	earet Mitchel	// St	JUN 2 0 2012
Address Lampton Hills		60175	KANE COUNTY CLERK
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 Bhacamaghan