COUNTY OF KANE

John A. Cunningham KANE COUNTY CLERK

KANE COUNTY CLERK 719 S. Batavia Ave., Bldg. B Geneva, IL 60134



Election Department

Phone: (630) 232-5990 Fax: (630) 232-5870 www.kanecountyelections.org

Receipt for Nominating Petition

April 7, 2015 - 2015 Consolidated Election.

Receipt For:	Lori Linkimer
	1816 Waverly Cir St Charles, IL 60174
Filed: Decemb	per 22, 2014 at 1:32:00 PM.
Office: FOR M	IEMBERS OF THE BOARD OF EDUCATION TO SERVE A FULL 4-YEAR TERM
The following	have been received:
✓	Statement of Candidacy
<u>√</u>	Loyalty Oath
√	Petition Pages
<u>√</u>	Receipt for Economic Interest Statement (EIS)
Received fro	m: Lori Linkimer
ŀ	Deputy Clerk
	John A. Cunningham - Kane County Clerk
	Name and Title of Local Clerk/Secretary
Printed: 12/22/2014	1:34:28PM
	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 Discolsure Act.

Date:	12-22-14
	`

Signature of Candidate or Agent

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

STATEMENT OF CANDIDAC

NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT
Lori	1816 Waverly Circle St. Charles Theony	Board of Education	CUSD It 303 St. Charles

·	54. Charles			305	
	II 6074).Æ	charles	s l
If required pursuant to 10 ILCS 5/10	-5.1, complete the following (this inf	ormation will appear on th	e ballot)		_
FORMERLY KNOWN AS	UNTI	L NAME CHANGED ON	·		
(List all n	ames during last 3 years)	- · · · · · · · · · · · · · · · · · · ·	(List date of	each name chan	ge)
STATE OF ILLINOIS County of)) ss.)		AME COUNTY	RECE 14 DEC 22	•
1. Lori H. Un	kinues being first	duly swom (or affirm	ed) <u>n</u> say	that; I reside	e at
1816 waverly		Village, Unincorporate	犬 う ed Area	್ಷ (cifcle one)	of
St-Charles (i	funincorporated, list municipality	that provides postal serv	ice) Zin Code	Longe :	a 4ba
County of Lane	State of Illinois, that I am a sur	198- d A 1	co) Zip Code	ار <u>٦ ۱ ۱۷۵۷</u> د	n the
C \	State of Illinois; that I am a qua	and the second s		tate for Nomina	tion/
Election to the office of School	1 Board in	the <u>St.Choules</u>		12 #E	<i>S0</i> ≥
	henber	Name of City	, Village or S	Special District	
to be voted upon at the election to b	•	(date of election	n) and that I a	m legally qualifi	ed to
hold such office and that I have filed	d (or I will file before the close of t	the petition filing period) a	Statement of	Economic Inter	ests
as required by the Illinois Government	nental Ethics Act and I hereby re	equest that my name be p	rinted upon (the official hallo	t for
Nomination/Election to such office		·			t to
Signed and sworn to (or affirmed) by to kit H (Name of Cand	News before n	of Candida	te) /22/30 t month, day, yo	nie 21.4
(SEAL) ' } NOTARY F	DFFICIAL SEAL JDITH L KNAAK UBLIC - STATE OF ILLINOIS	Quality (Notary Pr	J.V. ublic's/Signa	raab	~

ATTACH TO	PETITION
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10 ILCS 5/7-10.1

Suggested Revised July, 2004 SBE No. P-1C

LOYALTY OATH (OPTIONAL)

United States of America)	ee	
State of Illinois	3	SS.	
organization or any communis government which advocates permitted under the Constitution	Illinois, that I is the front organizate the overthrow on of the United Second of the overthrow of the overthrow of the overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow of the Illinois, that I is a second overthrow or the Illinois, that I is a second overthrow or the Illinois, that I is a second overthrow or the Illinois, that I is a second overthrow or the Illinois ov	am not affiliated direction, or any foreign proof constitutional government of the	ear (or affirm) that I am a citizen of the ective or inclinectly with any communist political agency, party, organization or ernment by force or other means not tion of this State; that I do not directly or e United States or of this State or any any unlawful means.
Signed and sworn to (of on 12/2/2) (insert month, day, year)	r affirmed) by 	Loru H (Name of	(Signature of Candidate) . Linki West before me,
			Quality 1Kg 1

(SEAL)

OFFICIAL SEAL
JUDITH L KNAAK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/17/17

(Notary Public's Signature)

	PETITION FOR NOMINATION		SBE No. P-
to the county clerk or count harles <u>CUSD.</u> school distr	Y BOARD OF ELECTION COMMISSION	IERS HAVING JURISDICTIO	N OVER
We, the undersigned, being (or more petition that or more village, Unincorporated Area (circle one) of service) in Township in in or in in	who resides at \\$\(\(\(\(\(\(\)\)\)	he voters residing within said	district hereby
Village, Unincorporated Area (circle one) of Service) in Township Stack Log Log Control of Service (circle one) of Service (ci	t-charles (If unincorpor	rated, list municipality that pro-	in the City
		office of Board of	Ed
to be held on(d	ate of election).	Voted for at the Consc	olidated Election
If required pursuant to 10 ILCS 5/10-5.1, co	omplete the following (this information	will alonear on the bellet	
ENDMEDI V KNOWN AS			
(List all names du	ing last 3 years)	(List date of each n	name channe)
NAME	STREET ADDRESS OF		
(VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR	
1 Rricher	912 In Decaloreaux	VILLAGE	COUNTY
2 Reter Mueller		F Charles IL	Kane
3 Tiffany Monson	522 Tongueade	A IL	Ч
Mary Pullula	318 Grand Ridge Rd.	St. Charles 11	Kane
5/1: 1000	01810914 100	1 Maks 1	Jane
M M - all	TO WATTINGTON COUNSE	of Charles IL	Kane
210/2 N.	90 Whittington Course		Dans
of a company	384365 Fecon Woods	5t. Charles 11	Kone
010000	228 odgourck	& Charles 12	1/
9 Olighick Davaren	9 Storewood Dr.	St. Charles 11	Tan
10 Cinha Cuc ci	3N843 Ferson CL Rd	54 Clarks IL	
11 Pat. Box Le	1404 5. 77 st.	St CHANO IL	Kare
12 C. ggerty	6N288 Riveride	St. Charles 11	KIRNO
State of Tuinois		The death is	Minn
County of Kane	SS.		
Inci Linciner	ala bassis se ere er en en e	011.	
(Circulator's Name)		816 varel	4
(City/Village/Unincorporated Area)	Grandon State Charles	(Street Address)	4/10
County of Sign and and	if unincorporated, list municipality that property that I am 18 years were signed in my presence, not mo	ovides postal service) (Zir	
United States, and that the signatures on this st	neet were signed in my presence, not mo	ere than 90 days meand in the	citizen of the
of the petitions and are genuine and that to the settion registered voters of the political division are served to the settion registered voters of the political division are served to the setting are served to the setting are served to the	best of my knowledge and belief the per	sons so signing were at the time	St day for filing
petition registered voters of the political division are correctly stated, as above set forth.	which the candidate is seeking elec	tive office, and that their respecti	ive residences
	Dou	Ace Duy 1.	
	$\bigcup f$	(Circulator's Signature)	-nuc
igned and sworn to (or affirmed) by	H. Unkimer	before the on /2/22/	boul
	(Name of Circulator)	101 100	014.
(SEAL) OFFICIAL SEAL		thy Knowl	-1. 1041)
JUDITH L KNAAK	7)	(Notay Public's Signature)	
NOTARY PUBLIC - STATE OF ILL Mry COMMISSION EXPRESS AS	INOIS SHEET NO.	U	

PETITION FOR NOMINATION

Suggested	
Revised May, 2014	
SBE No. P-7	

TO THE COUNTY CLERK OR COUNTY	BOARD OF ELECTION COMMISSIONS	ERS HEAVING JURISDICTIO	N OVER
We, the undersigned, being (or more petition that LODI WING WEST VILLAGE OF SERVICE) in Township St. Change of in Service of Servic			
Village, Unincorporated Area (circle one) of	st. charles at 1816 c	red list musicipality is	in the City
service) in Township St. Changes in sull term or year vacancy (circle one) of the B	said district shall be a candidate for the coord of Education for Board of Directors	office of Board of	rides postal
ull term or year vacancy (circle one) of the B to be held on (dat	e of election).	voted for at the Conso	lidated Election
If required pursuant to 10 ILCS 5/10-5.1, com	aplete the following (this information	will appear on the ballot)	
FORMERLY KNOWN AS(List all names durin			
(List all names durin	g last 3 years) 	(List date of each n	ame change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COLINTY
(John)	38w 355 Fasm Wards A	21/11/	COUNTY
2 Hori Church	1909 Jeane He Ave SC	St. Charles 11.	KANE
3 Richal Tlutrer	629 N. Tyler Rd	St Comme sie	Kane
4 Mista St Ohm	S33 S. With St	St. Charles IL	Kane
5 L M	1011/11/11/11	St. Charles IL	1KAN
PAN SO	120 Clithal 1	ST Charles IL	FANS
1 See Breech	13/841371	A Chalou	Cons
	6N5W The Rt 3/	STC IL	Kans
The Court	3N843 Fenson CK	ياك ال	KANE
Quelliny Therence	9 Stonewood Do	St. Chas IL	Kone
10 yelly priche	6 N 5 82 AT. 31	ST.CHOS IL	1.
16 fanne Tymanie	2325 Failfox Rd.	St. Charles IL	KONE
12 fly fr	1037 Hunt Club Ct.	8 60	Kare
State of Thinois		St. Charles IL	Kare
County of \Cane	SS.	•	
1. Lori linkimer	do harahu andife that I amida a f	S/1- \	
in the (Circulator's Name)	_ do hereby certify that I reside at((Street Address)	7
(City/\/illane/ nincorporated A>	unincorporated, list municipality that pro	' C-N	154
I Inited States and that the size-time	COOL man an to year	BIS OF ACE OF ACE AND A CO	Code)
petition registered voters of the political division i are correctly stated, as above set forth.	n which the candidate is seeking electi	ve office, and that their respecti	of signing the
	Dout	ACRUII.	
	. 0/	(Circulator's Signature)	m_
Signed and sworn to (or affirmed) by	H. Unkiner	before me. on 12/22/3	2014
(SEAL)	(Name of Circulator)	(insert month, d	ay, year)
OFFICIAL SEAL	- All	with Aknaa	6
} JUDITH L KNAAK	SUEETING 2	(Notary Public's Signature)	
NOTARY PUBLIC - STATE OF ILLIN MY COMMISSION EXPIRES:06/17/	OIS SHEET NO.		

105 ILCS 5/9-10	v…pinn Hekr™X '		Suggested
	PETITION FOR NOMINATION		vised May, 2014
	NTY BOARD OF ELECTION COMMISSION TRICT NUMBER 303 IN 120-102		
We, the undersigned, being (or n	nore) (or 10% or more) (or 5% or more) of th	ne volers residing within asid	minanta a
full term or year vacancy (circle one) of the to be held on \(\frac{1}{2} - \frac{7}{1} \) \(\frac{1}{2} \)	_in said district shall be a candidate for the i	office of Board of	
to be neld on 4-7-15	(date of election).	Voted for at the Cons	olidated Election
If required pursuant to 10 ILCS 5/10-5.1,	complete the following (this information	will appear on the ballot)	
FORMERLY KNOWN AS	LIMITE MAME CHANG		
(List all names d	luring last 3 years)	(List date of each	name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR	CITY, TOWN OR	Ţ
1000	RR NUMBER	VILLAGE	COUNTY
1 Ju Coffansis	6 N 340 E. Ridgewal	ST.Charles IL	Kane
3 January	634 Ohis Dry	Sh Clare 1	1 1
Wall Stopens	4N 085 Thornly	51 Charles 1	Kane
5 Clan Plat	17065.Tykmd 1	St Charles 1	Kane
6 Diana Brown	1901/5 Mikay	Shokale IL	Kan
7 Sian In Ochto	1936 S. 3rd St.	St marles 11	Kane.
3 mode) (Adactornoli)	228 Sedgewick C.	Hayes 1	Kane
2 10 Da Commanda	Con Manuagan J.	Los Charles 1	Bane
10 Kenn Onder	914 AVQ 14.	St. Carle 1	Kane
11 600 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	701 N.TY+GRO	of Charles IL	KANE
12 MM-Jas outs	5N288 Riverile DV	STE	tane
State of The State	1010288 Wasile LY	IL IL	Kone
State of <u>dirhora</u>)	SS.	•	
County of			
I, Dru Un Comer	do hereby certify that I reside at	816 Warren	کب
in the (City/Village/Unincorporated Area) of	St. Charles	(Street Address)	
County of Variable of a	(if unincorporated, list.municipality that pr	ovides postal service) (Zi	 _
United States, and that the signatures on this	sheet were signed in my presence, not mo		
of the petitions and are genuine and that to the petition registered voters of the political divisionare correctly stated, as above set forth.	on in which the candidate is seeking elect	sons so signing were at the time	of signing the
are correctly stated, as above set forth.	Ri	7 and mat their respec	tive residences
	(-) 000 ,	(Circulator's Signature)	mi
		-to: o oignature)	

(Name of Circulator) Signed and sworn to (or affirmed) by

(SEAL)

OFFICIAL SEAL
JUDITH L KNAAK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/17/17

(Notary Public's Signature)

PETITION FOR NOMINATION

Village, Unincorporated Area (circle one) of (If uniform of	county, ILLINOIS nore) of the vote rs residing within said district, her in the City nincorporated, list municipality that provides posta e for the office of Board of Edition Directors) to be voted for at the Consolidated Ele	ection
If required pursuant to 10 ILCS 5/10-5.1, complete the following (this info	ormation will appear on the ballot)	
FORMERLY KNOWN AS LINTU MAME	CHANGED ON	
FORMERLY KNOWN AS LINTU MAME	CHANGED ON	
/ C tool partitle AAMOR IIR 121 II	(List date of each name chang	
(clot di fiames dumig last 3 years)		je)
NAME STREET ADDRESS (VOTER'S SIGNATURE) RR NUMBER	OR CITY, TOWN OR VILLAGE COUN	— TY
1 Clarker Pd 629 N. Tyler Pd	St-Charles IL Kan	
2 Manuel Defor 576 S. 6TH AVENUE		
3 Sens King 1449 LIBERTY CA		
4 thyllis Duhlett 1107 adare Ct.	sterenles 11 Kar	
5/ Mutally fratimer 1816 WAVERLY CIR	ST. UTABLES IL KAM	
6 Mary Murphy 725 Oak St	St. Charles 1 Kan	
7 trans Murch	<u>ii.</u> (1)	<u></u>
8. John Dwedry O GOI TALL GRASS	ST Charles IL Kan	- -
of finelogiven by 901 Tall Grass	St Charles 1 Kane	
	THE SCHALLES IL EAR	<u>ء</u>
	ick, St. Clarles, IL Kan	0
12 Jan Selroh 11	! IL ! /	
State of Thinois		
County of \Cano) SS.		
I, Logi Linciner do hereby certify that I resid	eat 1816 waverle Circl	Q
in the CIN of St Charlon	(Street Address)	
(City/Village/Unincorporated Area) (if unincorporated, list municipalic County of State of The County of that I a	ity that provides Postal service) (Zip Code) am 18 years of age or older, that I am a citizen of	<u>_</u> .
	The state of the s	
petition registered voters of the political division in which the candidate is seel are correctly stated, as above set forth.	king elective office, and that their respective residen	the
	and Duly	CES
	(Circulator's Signature)	_
Signed and sworn to (or affirmed) by Lon; H. Crulcing (Name of Circulator)	es_before me, on 13/22/3014	<u>(</u> .
OFFICIAL SEAL JÜDİTH L KNAAK NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:06/17/17 SHEET NO.	(Notary Public's Signature)	

TO THE COUNTY OF ERV OR COUNTY	PETITION FOR NOMINATION		evised May, 2014 SBE No. P-7
TO THE COUNTY CLERK OR COUNTY			
ve, the undersigned, deling or more petition that \(\text{Del Concert} \) village, Unincorporated Area (circle one) of \(Starting or year vacancy (circle one) of the E	(or 10% or more) (or 5% or more) of the who resides at 1816 or more) (If unincorpor	ne voters residing within said	district, hereby in the City
If required pursuant to 10 ILCS 5/10-5.1, con	LINTH MANE OURNO		
(List all names durin	g last 3 years)	(List date of each	name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 / Cheef Keepl	610 STEEPLECITASE,	RO STCHAPLESI	COUNTY
2	1201 KEIM TRAIL	S CHALLES DO	KAME
3 Sharon Kyo th	1432 D. C. St.	St. Charles 14	1/VING
4 Chart Mar	519 WING LANE	ST. CHARGE,	Kano
5 James 4. Shoelf	5/9 Wing Lany	F. Charles 11	Lane
6 Samol Sunt	6N308Whtman ai	St. Charley 11	Kano
7 Leter la Kolventor	VYY Fairfat Rd	St. Charles 1	V
8 LOMA M Ro Beyto	2225 Faurgax Rd	St. Charles 16	Kani
9		IL	1.000
10		IL	
12		IL	
		IL.	
County of Kare)	SS.		
I, Circulator's Name)	_ do hereby certify that I reside at		u Circle
in the	St. Charles	(Street Address)	-0174
County of, State of	unincorporated, list municipality that pr that I am 18 ye et were signed in my presence, not mo	Idio Ul ano or older that I	ip Code)
United States, and that the signatures on this she of the petitions and are genuine and that to the bipetition registered voters of the political division is are correctly stated, as above set forth.			
	100	(Circulator's Signature)	him
Signed and sworn to (or affirmed) by Loni	H. Unkinner (Name of Circulator)	before me, on 12/22	12014
(SEAL) OFFICIAL SEAL UIDITH L MAAA	m Ju	(insert month, (Notary Public's Signature)	day, year)

JUDITH L KNAAK

NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES:06/17/17

STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK (Type or Hand Print)

Lori H.	Linkinger	
Name Reard of E	73117 a=#-22116=	# 362
Each office or position of employn	nent for which this statement is filed	St. Charles
HUIL POST Office address to which r HOME ADDRESS:	notification of an examination of this stateme	nt Should be sent
1816 Wave	rly Circle Stch	arles, Ill
	GENERAL DIRECTIONS	6017
CONSIDERED TO DE THE SOURCE OF THE ILLE	led by the person making the statement) of a sp terest of the person making the statement. Cam is needed, please attach supplemental listing	1981 Can receipte abolt not be included in
\$5,000 fair market value or from whi (In the case of real estate, location t	wnership in any entity doing business with a unit in which the ownership interest held by the perso ch dividends in excess of \$1,200 were received hereof shall be listed by the street address, or if Il institution, nor any debt instrument shall be list	on at the date of filing is in excess of during the preceding calendar year.
Business Entity	Instrument of Ownership	Position of Management
NA		
		
2. List the name, address and type owas an officer, director, associate, por \$1,200 was derived during the pre	of practice of any professional organization in warring or proprietor or served in any advisory can be callendar year.	hich the person making the statement apacity, from which income in excess
Name	Address	Type of Practice
NA	-	·
	<u> </u>	
	·	
tie betach is reduited to tile) to each	rvices rendered (other than to the unit or units on the unit or units of the entity from which income exceeding \$5,000 with adar year by the person making the statement.	of local government in relation to which vas received for professional services

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.
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, franchis 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.
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 procedure collection.
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.
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.
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.
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 penaltentiary not to exceed one year, or both fine and imprisonment."

٤

(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.

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

TYPE OR HAND PRINT

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

LOCATION:

719 S. Batavia Ave., Bldg. B

Geneva

MAILING ADDRESS: Kane County Clerk

719 S. Batavia Ave., Bldg. B Geneva, Illinois 60134