## **COUNTY OF KANE**

John A. Cunningham 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 March 15, 2016 - 2016 General Primary.

Receipt For:	James D. Oberweis 3 Buckingham Dr Sugar Grove, IL 60554
Filed: Novemb	per 23, 2015 at 2:51:53 PM.
Office: FOR P	RECINCT COMMITTEEMAN, Sugar Grove 3 Party: Republican
The following	have been received:
	Statement of Candidacy
	Loyalty Oath
<b>√</b>	Petition Pages /- \-
	Receipt for Economic Interest Statement (EIS)
Received fro	Deputy Clerk  John A. Cunningham - Kane County Clerk
	Name and Title of Local Clerk/Secretary
Printed: 11/23/2015	2:52:44PM
<b></b>	Receipt for Notice of Obligation D-5
	owledge receipt of the Notice of Obligation which outlines obligations and responsibilities ois Campaign Discolsure Act.

## PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affiliated with the Republican Party and qualified primary electors of the Republican Party, in Sucar Grave 3 (township name and precinct number) in the County of Ware State of Illinois, do hereby petition that Jin Oberwell who resides at in the City, Village, Unincorporated Area (circle one) of Sugar Carve (if unincorporated, list municipality that provides postal service) Zip Code 60554. County of Lave and State of Illinois, shall be a candidate of the Republican Party for election to the office of PRECINCT COMMITTEEMAN, for sugar Grave 3 (township name and precinct number), to be voted for at the primary election to be held on (date of election).  If required pursuant to 10 ILCS 5/7-10.2, complete the following (this information will appear on the ballot)  FORMERLY KNOWN AS UNTIL NAME CHANGED ON (List date of each name change)							
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY				
1 Sulle Banholzer	5 Blickinglan Dr	Sugar Grove 1	Kane				
2 Miste Redolar	C Brokinghay Dr.	SUPPL GLOWD IL	Kon				
3 CHROMAINE SEELED	7 BUCKINGHAN	SUGARGASULE	KANE				
4 4000	7 Buckers HAM DA	Sugar Grine IL	Karl				
5 Order O. D. Monte	11 Bucking ham Us.	SUGAN GROVE IL	Kanp				
6 RAT Roth	13 Bulleyhon Dr.	Sugar Gron IL	Kane				
7 Willen Mez	29 Pulup	Sy me 1	Vano				
8 Hord Democito	36 Backyhoù-	Strong Groven	Kane				
9 Kalnen Lessent	30 Bucherter Da	Suga General	KANG				
10 Jung Whain	8 Buckerylin De	Sugar Gent IL	Karl				
11 Outlish Q. alasie	& fuckery hinds.	Seeger Drown	Kul				
12 Jamy Phermen	3 BUCKINGAN DR	Sugar Goweil	Kone				
State of Thurs ) County of KANE	SS.						
	(Circulator's Name) do hereby certify that I r						
in the City/Village/Unincorporated Area (circle							
postal service) Zip Code 60334. County of Kowe State of This 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 qualified voters of the Reful i Cow Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.							
Signed and sworn to (or affirmed) by $\frac{7S}{3}$	The state of the s	before rie on Ort	5, 2-0/5 onth, day, year)				
(SEPHICIAL SEAL DAWN A NILA	WEOEWY - HECEWY	(Notary Public's Signature)					
Notary Public - State of Illinois My Commission Expires Oct 31, 2017	SHEET NO						

## PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affilia	ted with the Republican	_ Party and qualified primary	electors of the					
Republican Party, in State of Illinois do	hereby petition that Jivi Obe	name and precinct number)	in the County of who resides at					
T But KNUHHU III in	the City, Village, Annicorporated Area (City	cle one) of Jugar Cir.	<u> </u>					
unincorporated, list municipality that provides postal service) Zip Code 60554, County of shall be a candidate of the Party for election to the office of PRECINCT COMMITTEEMAN, for								
Sugar layave 3 (township name and precinct number), to be voted for at the primary election to be field on								
(date of election).								
If required pursuant to 10 ILCS 5/7-10.2, complete the following (this information will appear on the ballot)								
FORMERLY KNOWN ASUNTIL NAME CHANGED ON  (List all names during last 3 years) (List date of each name change)								
(List all names of	uning last 5 years)	(Elst date of cach i	——————————————————————————————————————					
NAME	STREET ADDRESS OR	CITY, TOWN OR						
(VOTER'S SIGNATURE)	RR NUMBER	VILLAGE	COUNTY					
1 By Daylen	11 Hotherley Ct	5 hg a Growell	Kare					
2 Kidena Krondwan	11 Hatherlay Gt	Sugar Crovell	Kane					
3 Bld	a Haytalan ct	Subra Granz IL	KANG					
4 Phen Maser	10 1+47/2011 0-1	Goge Ga IL	Kruk					
5 Marilea 14 Vaited	1 Hotherly, OA	-Su M (9/1 1L	Trene					
6 Day	6 Halderly C	Scalar Grove IL	Have					
7		)						
8								
9		iL						
10		!L						
11		r IL						
12		IL						
State of Illinois								
County of Kove	SS.							
1. Ity Oberver	(Circulator's Name) do hereby certify that I re	eside at <u>3 14cK:U</u> S	HAG JA					
in the City/Village/Unincorporated Area (circle	one) of Sugar Grove (if	unincorporated, list municipal	ity that provides					
nostal service) Zin Code 60337 County	of Kave State of I	that I am 1	8 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 m	iore 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 qualified voters of the Republicant party in the political division in which the candidate is								
seeking elective office, and that their respective residences are correctly stated, as above set forth.								
	Real	ator's Signature)						
$\tau$			5 2015					
Signed and sworn to (or affirmed) by (Name of Circulator) before me, on OST 5, 2013. (insert month, day, year)								
(SEALOFFICIAL SEAL	Linguis	Ne						
DAWN A NILA	1713	(Notary Public's Signature)						
Notary Public - State of Illinois My Commission Expires Oct 31, 2017	SHEET NO.							

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