CITY OF AURORA PRECINCT COMMITTEEMAN RECEIPT FOR NOMINATING PETITION

CANDIDATE NAME: Mayis Bates
CANDIDATE ADDRESS: 60 5. Harrisog Ave
CITY: Aufora
DATE FILED: $11/23/15$ OFFICE: WARD 4 PCF 7 (PCP)
TIME FILED: 8:30 Am PARTY: Denocratic
The following have been received:
Received from: CANDIDATE AGENT Signature
Print Name Candidate Agent
Deputy Clerk

Suggested Revised July, 2007 SBE No. P-1

STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
Mavis Bates	60 S. Harrison Avenue City of Aurora State of Illinois	Precinct Committeemar	Ward 4 Precinct 7 City of Aurora State of	Democratic

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot)
FORMERLY KNOWN AS UNTIL NAME CHANGED ON 9 70
(List all names during last 3 years)
ET HECFINED IS
STATE OF ILLINOIS
County of Kane
, Mavis Bates (Name of Candidate) being first duly sworn (or affirmed), say that I reside
at 60 S. Harrison Avenue, in the city Village, Unincorporated Area (circle one) of
Aurora(if unincorporated, list municipality that provides postal service) Zip Code 60506, in the
County of Kane, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter or
Dames and the
Precinct Committeeman in thein the _in thein thein thein the _in thein the _in thein the _in thein the _in the
March 15, 2016 (date of election) and that I am legally qualified (including being the holder of any license that
may be an eligibility requirement for the office to which I seek the nomination) to hold such office and that I have filed (or I will
file before the close of the petition filing period) a Statement of Economic Interests as required by the Illinois Governmental
Ethics Act and I hereby request that my name be printed upon the official Democratic (Name of Party)
Primary ballot for Nomination/Election for such office.
Timely ballot for Normitation such office.
\mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A}
(Signature of Candidate)
Signed and sworn to (or affirmed) by Mayis Bates before me, on Movember 17 701
(Name of Candidate)
OFFICIAL SEAL
(SEAL) GEORGINA A POOLE Notary Public - State of Illinois (Notary Public's Signature)



477	A OLL TO	NETITION.	
ALL	ACH IL	PETITION	

10 ILCS 5/7-10.1

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

LOYALTY OATH (OPTIONAL)

United States of America)	SS.	
State of Illinois)	33.	-
ı, <u>Mavis Bates</u>			, do swear (or affirm) that I am a citizen of the
United States and the State of Illinois	, that i	am not affil	iliated directly or indirectly with any communist
organization or any communist front o	rganizat	tion, or any	y foreign political agency, party, organization or
government which advocates the over	rthrow c	of constitution	ional government by force or other means not
permitted under the Constitution of the U	Jnited S	States or the	e Constitution of this State; that I do not directly or
indirectly teach or advocate the overthi	row of tl	he governm	nent of the United States or of this State or any
unlawful change in the form of the gove	rnments	s thereof by	r force or any unlawful means.
Signed and sworn to (or affirme on November 17 2015. (insert month, day, year) (SEAL) OFFICIAL SEAL GEORGIMA A POOLE Notary Public - State of Illing My Commission Expires Aug 7	nois	Mavi	(Signature of Candidate) Sates before me, Name of Candidate) (Notary Public's Signature)

PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affiliated with the DEMOCRATIC PARTY and qualified primary electors of the DEMOCRATIC PARTY in the Seventh Precinct (7th), of the Fourth (4th) Ward, City of Aurora, County of Kane, State of illinois, do hereby petition that the following named person shall be a candidate of the DEMOCRATIC PARTY for election to the office hereinafter specified, to be voted for at the primary election to be held on the 15th DAY of MARCH, 2016.

NAME	ADDRESS	OFFICE	DISTRICT	Г	PARTY	
MAVIS BATES	60 S. HARRISON AVENUE CITY OF AURORA COUNTY OF KANE STATE OF ILLINOIS 60506	PRECINCT COMMITTEEMAN	WARD 4 PRECINCT CITY OF AURO STATE OF ILLI	7 DI	EMOCRATIC	
NAME (SIGNATURE)	NAME (PRINTED)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	STATE	
1 Chrody Bauer	CINDY BAUER	847 GARFIELD,	AURORA	KANE	ILLINOIS	
2 F. 5	Folika Sonaki	804 Garrield	AURORA	KANE	ILLINOIS	
3	MANY DLINGER	726 Gasfield	AURORA	KANE	ILLINOIS	
4 Me On	Mike Clenner	714 Garfield	AURORA	KANE	ILLINOIS	
5 Barbara Clennon	Barbara Clennor	714 Garfield	AURORA	KANE	ILLINOIS	
6 Vatte Rull	Matt Riamfel	706 Garfield	AURORA	KANE	ILLINOIS	
1 Com	PETEL G COZZANI	703 GATTIELD	AURORA	KANE	ILLINOIS	
8/11 67:7	Mananh Cozani	703 Grafield	AURORA	KANE	ILLINOIS	
9 Sauch DH Funky	Sondra H. Funken	· /	AURORA	KANE	ILLINOIS	
10 Sepri Regin /	Robercall Kline	LAY GARFIELD,	AURORA	KANE	ILLINOIS	
11 Tain College	10m Colley	614 GARFIELDINF	AURORA	KANE	ILLINOIS	
12 Jarus Bakes	Maris Botes	60 S. Harrison	AURORA	KANE	ILLINOIS	
13 Shir Local homos	W SHIPLE TILLOMOWN	621HARDYN-ADE.	AURORA	KANE	ILLINOIS	
14 Dhn Vardoke	JOHN NARDONE	638 HARINAYE	AURORA	KANE	ILLINOIS	
15 Les Millioni	NANCY MARKINE	644 HACSWALL	AURORA	KANE	ILLINOIS	
STATE OF ILLINOIS COUNTY OF KANE)) ss.	• • • • • • • • • • • • • • • • • • • •	,			
in the (Circulator's Name) of (Circulator's Name) (Street Address) (Street Address) (City Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (ZIP Code) (County of Kam, State of Illinois 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 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 Democratic Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.						
	900	Assis A 1 (Circulator's S	Jaken -			
Signed and sworn to (or affirmed) by Mavis Bates (Name of Circulator) (SEAL) OFFICIAL SFAI						
GEORGINA A POO Notary Public - State o My Commission Expires A	4 WH		, , = -5	,		

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NAME (SIGNATURE)	NAME (PRINTED)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNT	TY STA	TE
1/ Park "	M. Picellouski	732 HARDÍV	AURORA	KANE	ILLIN	OIS
2			AURORA	KANE	ILLING	OIS
3	,		AURORA	KANE	ILLING	OIS
4			AURORA	KANE	E ILLIN	OIS
5			AURORA	KANE	ILLIN	OIS
6			AURORA	KANE	ILLIN	OIS
7			AURORA	KANE	ILLIN	OIS
8	567	8 9 10 1	AURORA	KANE	ILLING	OIS
9	(3)		AURORA	KANE	ILLIN	OIS
10	/~/ KEPI		AURORA	KANE	ILLIN	OIS
11	1.01/	ILI S	AURORA	KANE	E ILLING	OIS
12	[E]	75	AURORA	KANE	ILLIN	OIS
13	10/		AURORA	KANE	ILLIN	OIS
14	1	(5)	AURORA	KANE	ILLIN	iois
15	1068 I	35	AURORA	KANE	ILLIN	IOIS
STATE OF ILLINOIS) SS. (Circulator's Name) of City Village/Unihoroporated Area) (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code) County of Aurora (if unincorporated, list municipality that provides postal service) (ZIP Code)						
		Circulator's	Signature)			
OFFICIAL SE GEORGINA A PO Notary Public - State My Commission Expires	(Name of Circulato	or) <u>Je</u>		2 (2)	17 20 19, day, ye	