### **COUNTY OF KANE**

John A. Cunningham KANE COUNTY CLERK

under the Illinois Campaign Discolsure Act.

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



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

Signature of Candidate

# Receipt for Nominating Petition March 20, 2018 - 2018 General Primary.

|                      | · · · · · · · · · · · · · · · · · · ·   |
|----------------------|---|
| Receipt For:         | Jason Dusenberry<br>638 N Spring St<br>Elgin, IL 60120                                      |
| Filed: Decemb        | er 4, 2017 at 1:52:00 PM.   |
| Office: FOR P        | RECINCT COMMITTEEMAN, Elgin 4 Party: Republican   |
| The following        | have been received:   |
| $\checkmark$         | Statement of Candidacy  |
| <b>─</b> ✓           | Loyalty Oath  |
| <b>─</b> ✓           | Petition Pages ( - )  |
|                      | Receipt for Economic Interest Statement (EIS)   |
| Received fro         | m: Jeffrey A. Meyer   |
| E                    | By: Doboah Rucht- Deputy Clerk  |
|                      | John A. Cunningham - Kane County Clerk  |
|                      | Name and Title of Local Clerk/Secretary   |
| Printed: 12/4/2017 1 | :55:57PM  |
|                      | Receipt for Notice of Obligation D-5  |
| I hereby ackn        | owledge receipt of the Notice of Obligation which outlines obligations and responsibilities |

Suggested Revised August, 2017 SBE No. P-1

#### STATEMENT OF CANDIDACY

| JASON DU SENBERRY 638 N. Spring St Precinct Elgin H Republica | NAME              | ADDRESS-ZIP CODE                    | OFFICE                   | DISTRICT | PARTY      |
|---|-------------------|-------------------------------------|--------------------------|----------|------------|
|   | JASON DU SENBERRY | 638 N. Spring St<br>EZGIN, ZL 60120 | Precinct<br>Committeeman | Elsin 4  | Republican |

(for unexpired terms, specify "2 year unexpired term" or "4 year unexpired term" along with the office in the "OFFICE" space provided above) 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 (List all names during last 3 years) (List date of each name change) STATE OF ILLINOIS SS. County of /BERRY (Name of Candidate) being first duly sworn (or affirmed), say that I the City, Village, Unincorporated reside in (if unincorporated, list municipality that provides postal service) Zip Code 60/20, in \_\_\_\_\_, State of Illinois; that I am a qualified voter therein and am a qualified Primary Republicar Party; that I am a candidate for Nomination/Election to the office of in the Elgin H District, to be voted upon at the primary election to be held 20,201% (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 Kepublicon (Name of Party) Primary ballot for Nomination/Election for such office. (Signature of Candidate) before me, on <u>NoVEMBeR کا کا ا</u> (insert month, day, year) THOMAS M HARTWELL Official Seal

(SEAby)Public - State of Illinois My Commission Expires Jul 25, 2021

| ATT | ACH TO | 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 )  |
| I,   |
| 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)   |
| (organization)   |
| Signed and sworn to (or affirmed) by <u>SASW Dusenberry</u> before me, (Name of Candidate)                         |
| on <u>November 21, 2017</u> .<br>(insert month, day, year)   |
| THOMAS M HARTWELL Official Seal (SEAL) Notary Public - State of Illinois My Commission Expires Jul 25, 2021        |

## PRECINCT COMMITTEEMAN PRIMARY PETITION

| We, the undersigned, members of an                              |   | 3  | qualified primary               |                                       |
|---|---|--|---------------------------------|---------------------------------------|
| Republican Party, in  |   | (township name and pro   |                                 | -                                     |
| 638 N. Spring St  |   |  | / /                             | no resides a<br>ncorporated, list     |
| municipality that provides postal service) 2                    |   | The second secon | of Illinois, shall be a         | •                                     |
| Republican Party for election                                   | n to the office of PRECINCT C           | COMMITTEEMAN, for <u>ELGI</u>  | N 4                             | (township                             |
| name and precinct number), to be voted t                        | for at the primary election to be       | held on <u>MARCH 2<i>0,2018</i>'</u> (da   | te of election).                |                                       |
| If required pursuant to 10 ILCS 5/7-10.2, compl                 | ete the following (this information wil | ll appear on the ballot)   |                                 |                                       |
| FORMERLY KNOWN AS(List  | UN'<br>t all names during last 3 years) | TIL NAME CHANGED ON(List date of   | each name change)               |                                       |
| NAME  | VOTER'S PRINTED                         | STREET ADDRESS OR  | CITY, TOWN OR                   | COUNTY                                |
| (VOTER'S SIGNATURE)   | NAME (optional)                         | RR NUMBER  | VILLAGE                         | COUNTY                                |
| 1. Sun Bonn   | Susan Bonner                            | 727 BROOKST  | Ekin ,IL                        | Kane                                  |
| 2. An E. Dunn   | JONE. GUINET                            | 515 BROCK ST   | ELC:N !                         | Kine                                  |
| 3 Jan hope  | JASON Dusenberry                        | 638N. Spring St  | ELGIN, IL                       | Kane                                  |
| A Albrech   | 636 Dougas Ele                          | Janet Albrecht   |                                 |                                       |
| 5. Dhelt  | Lanet Albrecht                          | 630 Doudas Ave   | Elym "                          | Jane                                  |
| 6. Phille Stailiter   | BRUCE SKAR SUR                          | 19 LOVEL ST  | ELGIN IL                        | KANE                                  |
| 7. Laura Skamse   | Lauraskamer                             | 19 Lovellst  | ElgIN, IL                       | KANR                                  |
| 8. andrea Dhao  | Andrea Shaw                             | 572 N. Grove Ave.  | Florin                          | Kane                                  |
| 9. Tot Shar   | Toby Shaw                               | 572 N. Grove Ave   | Elgin                           | Kane                                  |
| 10. Kanet Susenberry  | Janet Dusenberry                        | 638 N Spring St  | Elgin                           | Kane                                  |
| State of Illing:5   | ,                                       | . ,  | đ                               |                                       |
| County of <u>Kane</u>   | ) SS.<br>)                              |  |                                 |                                       |
| 1, JASON Dusenberry   | (Circulator's Name) do hereby           | certify that I reside at 638 W.  | Sodae St                        | , in the                              |
|   |   | porated, list municipality that provides   | " "                             | <del></del>                           |
| County of ICANE, State of                                       | TL that I am 18 years of                | age or older (or 17 years of age and   | qualified to vote in I          | llinois), that I am                   |
| a citizen of the United States, and that the                    |   |  | =                               | •                                     |
| filing of the petitions and are genuine and                     |   |  | _                               |                                       |
| qualified voters of the Republican                              | <del></del> , .                         | livision in which the candidates is se   | eking nomination/ele            | ctive office, and                     |
| that their respective residences are correct                    | tly stated, as above set torth.         |  | 2                               |                                       |
|   |   | (Circulator's  | Signature)                      |                                       |
| Signed and sworn to (or affirmed) by                            | SASON DUSENBERA<br>(Name of Circulator) |  | 808 21 201<br>nonth, day, year) | 7                                     |
| (SEAL) THOMAS M HARTWELL  |   | Heomar M.  | Hartwood?                       |                                       |
| Official Seal   | nio.                                    | (Notary Put  | olic's Signature)               | · · · · · · · · · · · · · · · · · · · |
| Notary Public – State of Illin<br>My Commission Expires Jul 25, | 2021 SHEET NO                           | <del>_ l </del>  |                                 |                                       |

### PRECINCT COMMITTEEMAN PRIMARY PETITION

| We, the undersigned, members of ar Republican Party, ir | d affiliated with the Ref               | Onblican Party and o                  | qualified primary                                       | electors of the                 |
|---|---|---------------------------------------|---|---------------------------------|
| KANE ,State of Illinois                                 | s. do hereby petition that              | TAGW DUSENI                           | SCIRRY W  | the county, of<br>ho resides at |
| 638 N. Spring St  |   |                                       |   | ncorporated, list               |
| municipality that provides postal service) 2            | ip Code 60120 . County of               | f KANE and State                      | of Illinois, shall be a                                 |                                 |
| Republican Party for election                           |   |                                       |   |                                 |
| name and precinct number), to be voted for              |   |                                       |   | ,                               |
|   |   | ·                                     | ·   |                                 |
| If required pursuant to 10 ILCS 5/7-10.2, comple        | ete the following (this information wil | appear on the ballot)                 |   |                                 |
| FORMERLY KNOWN AS(List                                  | all names during last 3 years)          | TIL NAME CHANGED ON(List date o       | f each name change)                                     |                                 |
|   | · · ·                                   | · · · · · · · · · · · · · · · · · · · |   |                                 |
| NAME  | VOTER'S PRINTED                         | STREET ADDRESS OR                     | CITY, TOWN OR   | COUNTY                          |
| (VOTER'S SIGNATURE)                                     | NAME (optional)                         | RR NUMBER                             | VILLAGE   |                                 |
| 1. Days Dr. 1997  | GIBRY REMAND                            | 161 Loven St                          | EGM ,IL   | 1Cox                            |
| 2.  |   |                                       | ,IL   |                                 |
| 3.  |   |                                       | ,IL   |                                 |
|   |   |                                       |   |                                 |
| 4.  |   |                                       | ,iL   |                                 |
| 5.  |   |                                       | ,JL   |                                 |
| 6.  |   |                                       | -,IL  |                                 |
| 7.  |   |                                       |   |                                 |
|   |   |                                       | ,IL   |                                 |
| 8.  |   |                                       | ,1L   |                                 |
| 9.  |   |                                       | ,IL   |                                 |
| 10.   |   |                                       | ,IL   |                                 |
|   | i                                       |                                       |   | <u> </u>                        |
| State of Illnois  | )                                       |                                       |   |                                 |
| State of <u>Illnois</u> County of <u>Kane</u>           | ) SS.<br>)                              |                                       |   |                                 |
| •   |   | /20.4/                                | C 3 54  |                                 |
| 1. JASON DUSENBERRY                                     | (Circulator's Name) do hereby           | certify that I reside at 638 VV.      | Springst  | , in the                        |
| City/Village/Unincorporated Area of E                   |   |                                       |   |                                 |
|   |   | age or older (or 17 years of age and  |   |                                 |
| a citizen of the United States, and that the            |   |                                       |   | =                               |
| filing of the petitions and are genuine and             |   |                                       | •   | •                               |
| qualified voters of the Lepublic                        |   | ivision in which the candidates is se | eking nomination/ele                                    | ctive office, and               |
| that their respective residences are correct            | ly stated, as above set forth.          |                                       |   |                                 |
|   |   | (Circulator                           | 's Signature)   | -                               |
| Signed and sworn to (or affirmed) by                    | SASON DUSENBE                           | 20 Vhefore me on MINNE                | 1RON 21 701   | 2                               |
| orgined and swort to (or animied) by                    | (Name of Circulator)                    | (Insert                               | <i>1<u>/3e/(                                   </u></i> | <del></del>                     |
| (SEAL) THOMAS M HARTWELL                                |   | Kesm m                                | Waster  |                                 |
| Notary Public - State of Illing                         | ois                                     | (Notary Pu                            | blic's Signature)                                       |                                 |
| My Commission Expires Jul 25,                           | SHEET NO.                               | 2                                     |   |                                 |
|   |   |                                       |   |                                 |

### **CERTIFICATION OF DELETIONS**

| have properly initia  A Sow  (circle one) to the cheld on  | ASON DUSE<br>aled the deletions of<br>Dusenbern<br>office of PRECO | f signatures, listed (Name of ONCT COMPLET) (date of election   | Candidate or Circu<br>hereinafter by pag<br>Candidate) who is<br>CEMAN at the | lator (circle one) do<br>e and line numbers<br>a candidate for ele<br>e <u>PRIMARY</u> | hereby certify that<br>from the petition of<br>ction or nomination<br>Election to be |  |
|--|--|---|---|--|--|--|
| Page No.   | Line No.   | Page No.  | Line No.  | Page No.   | Line No.   |  |
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| MECHANED  MACCOMMENT  MACCOMME | Only the pe  | (Signature of Person Deleting Signatures)  Only the person circulating the petition, or the candidate on whose  |   |  |  |  |
| 2017 DEC   | 🔯 petition.  | behalf the petition is circulated, may strike any signature from the petition. If deletions are made, this CERTIFICATION OF DELETIONS shall be filed as part of the petition. |   |  |  |  |