COUNTY OF KANE

John A. Cunningham

Receipt For: Diane Hemmingsen

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 17, 2020 - 2020 General Primary.

	6N308 Burrside Ln St Charles, IL 60175	
Filed: Novem	ber 25, 2019 at 12:54:00 PM.	
Office: FOR F	PRECINCT COMMITTEEPERSON, St. Charles 31	Party: Republican
The following	have been received:	
✓	Statement of Candidacy	
_	Loyalty Oath	
_/	Petition Pages 1-2	
\$ 	Receipt for Economic Interest Statement (EIS)	
Received fro	7	
	By: Deputy Clerk	_
	John A. Cunningham - Kane Co	ounty Clerk
	Name and Title of Local Clerk/S	ecretary
Printed: 11/25/2019	9 12:54:33PM	

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: 11-25-2019

Signature of Candidate or Agent

PRECINCT COMMITTEEPERSON

RECEIVED

	PRIMARY	PETITION 2010 M	0 25 PM 12: 54		
We, the undersigned, members of an	d affiliated with the Re	AUDICAN Party and	qualified primary	electors of the	
Republican Party, in St. Charles #31 (township name and presinct number) in the County of					
KANE State of Illinois	s, do hereby petition that			no resides at	
LON308 Burrside LN.		porated Area of ST, Charles			
municipality that provides postal service) Z			of Illinois, shall be a		
Republican Party for election	to the office of PRECINCT CO	MMITTEEPERSON, for ST. CI	larles 731	(township	
name and precinct number), to be voted for	or at the primary election to be I	held on March, 11, 3030 da	ite of election).		
If required pursuant to 10 ILCS 5/7-10.2, complete	ete the following (this information wil	appear on the ballot)			
FORMERLY KNOWN AS	all names during last 3 years)	TIL NAME CHANGED ON	each name change)		
(Else	an names during last 5 years/	(List dillo o			
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
(VOTER'S SIGNATURE)	NAME (optional)	1 0	J. J.		
Sulpipit J. Veliendi	Rusolph T. Volend	BN314 Burraile LO	ST.CHAVLES	MANE	
Dem Marymingson	DIZAN HEHMIOGSEN	612208 BORRSIDELL	J. CHARIE	KANE	
Suphie	Denise Elsersale	SNBX B. Ridgwood	St. Chesto.	Kane	
1. Marie	JOHN HAMITI	5N870 E. PIKEOUS	Steley "	KAKE	
5 Janalla	Maureen Yaka	1980 Saylul Da	S. Elgi	Kane	
6. Juliangolphi	Juliana Evalup	11136 Wis MUKAYA	st mans	Kane,	
7. KM2070	famwalfe.	60749 mckaj	St. Chris	Kan	
8. Altitut	Beth THESEN	LN679 moley Dr	Stohute	Kare	
9. / // / /	Life Thorse	10 15 6	11 ,, ,IL	Kane	
10. July in Le Falcy	MARYAM DEFALCE	6 N 645 Mc Kay De	STCHARLES	KANT	
State of #11 NOIS)				
County of KANC) SS.				
Diane Lemningsin	(Circulator's Name) do hereby	certify that I reside at 41308	Burside L	U, in the	
City/Village/Unincorporated Area of ST		porated, list municipality that provide			
County of KANE, State of TL that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), 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					
filling 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 <u>Republican</u> Party in the political division in which the candidates is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.					
use user response resources are contact	ay diamon, as above out roun.	Cline & Los	mmmoer		
		(Circulator	s Signature)		
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on/ losert	month, day, year)		
	(Name of Circulator)	Sharm 2 F	Solie A		
OFFICIAL SEAL		(Notary Pu	blic's Signature)	,	
SHARON R. BOBER	SHEET NO.	1		**	
Notary Public - State of Illinois My Commission Expires 10/26/2021	SHEET NO.				

PRECINCT COMMITTEEPERSON PRIMARY PETITION

Was the	NAME (optional) Refer Fright Wyll Russe	CW724 Foley	St. Charlet	COUNT
Was the	- 41 0 /	CN724 Foley	51 Charles	116
Was His	Whyhe Russa	GAVGTAFOLO.	7	- /
- 4	Mayor 1 acon		4 Chens	114
		7	,IL	<i>(/ _ / / / / / / / / / / / / / / / / / /</i>
781107			,IL	
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0.			,IL	
/illage/Unincorporated Area of S ty of KANE, State of ten of the United States, and that	SS. PL(Circulator's Name) do hereby T. Charles (if unincord I L that I am 18 years of the signatures on this sheet were and that to the best of my knowledge Party in the political d	porated, list municipality that prov age or older (or 17 years of age signed in my presence, not more	rides postal service)(Zip (and qualified to vote in II than 90 days preceding ng were at the time of sig	llinois), tha g the last o gning the p

ATTACH TO FEITHOR		ATTACH TO PETIT	TION
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10 ILCS 5/7-10.1

(SEAL)

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

LOYALTY OATH

United States of America) SS.
State of Illinois)
I, DIANE Hemmingson, do swear (or affirm) that I am a citizen of the
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.
Cuare Lommagon (Signature of Candidate)
Signed and sworn to (or affirmed) by Diane Wemningsen before me, (Name of Candidate)
on
OFFICIAL SEAL SHARON R. BOBER Notary Public - State of Illinois My Commission Expires 10/26/2021 Sharon C. Bolen (Notary Public's Signature)

(SEAL)

STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
DIANE	6N308	Precinct	Precinct 31	Republica
DI ANE Hemmingsen	Burrside	CommittemAN	St. Charles	
	LANE	0.	Township	
		A Full Term is sought, unless an unexpired term is stated here: year unexpired term		
If required pursuant to 10 ILCS 5/7-	-10.2, 8-8.1 or 10-5.1, complet	e the following (this information	on will appear on the ba	flot)
FORMERLY KNOWN AS(List al	I names during last 3 years)	JNTIL NAME CHANGED ON	(List date of each r	name change)
STATE OF ILLINOIS	Ì			
County of KANE) SS.			
1. Diane Hemm	NOSEN (Name	of Candidate) being first d	uly sworn (or affirme	ed), say that I
	side LANE.		ge, Unincorporated	
St. Charles "			service) Zip Code	00175 , in
the County of KANE				
voter of the Republica				
Precinct Committee				
on March 17, 2020	(date of election) and that	l am legally qualified (inclu	ding being the holder	of any license
that may be an eligibility requirem	ent for the office to which I	seek the nomination) to he	old such office and th	nat I have filed
(or I will file before the close of	the petition filing period) a	Statement of Economic In	nterests as required	by the Illinois
Governmental Ethics Act and I he	ereby request that my name	e be printed upon the offic	ial Republi	caN
(Name of Party) Primary ballot for	Nomination/Election for su	ch office.		
(Name of Party) Primary ballot for		(Signa	Lennung ature of Candidate)	Bri
Signed and sworn to (or affirmed)	by Diane Hemi (Name of Candida	mingsen before tel	e me, on <u>//~/8</u> (insert mo	nth, day, year)
	FICIAL SEAL ON R. BOBER blic - State of Illinois ion Expires 10/26/2021	Sharon K	Bobu	

(Notary Public's Signature)