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 19, 2024 - 2024 General Primary.

Receipt For:	Connie Cain 509 Towne Ct Gilberts, IL 60136						
Filed: Novemb	per 28, 2023 at 1:40:00 PM.						
Office: FOR P	RECINCT COMMITTEEPERSON, Dundee 20 Party: Republican						
The following	have been received:						
✓ Statement of Candidacy							
✓ Loyalty Oath							
	Petition Pages 1-2						
	Receipt for Economic Interest Statement (EIS)						
Received fro	By: Connie Cain Gutta L - Walls						
	Deputy Clerk						
	John A. Cunningham - Kane County Clerk						
	Name and Title of Local Clerk/Secretary						
Printed: 11/28/2023	1:40:53PM						
	Receipt for Notice of Obligation D-5						
I hereby ack	nowledge receipt of the Notice of Obligation which outlines obligations and responsibilities nois Campaign Discolsure Act.						
1.0	125/2						

Suggested Revised March 2020 SBE No. P-1

STATEMENT OF CANDIDACY

Connie Cain	Dundee Township Precinct Committeeperson		
ADDRESS – ZIP CODE:	A Full Torm is sought, unless an unexpired term is stated here:year unexpired term		
509 Towne Court Gilberts, IL 60136	DISTRICT: 20		
	PARTY: Republican		
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 (List all names during last 3 years)	UNTIL NAME CHANGED ON(List date of each name change)		
STATE OF ILLINOIS) SS.			
FOOT O	Candidate) being first duly sworn (or affirmed), say that I reside by, Village, Unincorporated Area of		
(if unincorporated, list municipality that provides postal service) Z	60136		
Republican Party; that I a	m a candidate for Nomination/Election to the office of		
	District, to be voted upon at the primary election to be held on		
March 19, 2024 (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 Stateme	ent of Economic Interests as required by the Illinois Governmental		
Ethics Act and I hereby request that my name be printed u	pon the official Republican (Name of Party)		
Primary ballot for Nomination/Election for such office.	(Signature of Candidate)		
Signed and sworn to (or affirmed) by(Name of Ca	before me, on		
OFFICIAL SEAL BOB E SAMPLE NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 04/17/2025	(Notar Public's Signature)		

ATTACH TO PETITION
ATTACH TO FETTION

10 ILCS 5/7-10.1

MY COMMISSION EXPIRES: 04/17/2025

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

LOYALTY OATH (OPTIONAL)

United States of America)) SS.
State of Illinois)
Connie Cain 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.
(Signature of Candidate)
Signed and sworn to (or affirmed) by Conne Cain before me, (Name of Candidate)
on II 13 2023 (insert month, day, year)
(Notary Public's Signature)
BOB E SAMPLE

PRECINCT COMMITTEEPERSON PRIMARY PETITION

We, the undersigned, members of	and affiliated with the	Republican Party and	qualified primary	electors of the
Republican Party,	Dundee Township Precin		ecinct number) in	the County of
Kane State of Illin	ois, do hereby petition that		-115	no resides at
509 Towne Court	in the City, Village, Unincon		S (if unit	ncorporated, list
	on to the office of PRECINCT CO	MMITTEEPERSON, forDundee	of Illinois, shall be a Township Precinc	candidate of the t 20 (township
name and precinct number), to be voted	for at the primary election to be	held on (da	ite of election).	
If required pursuant to 10 ILCS 5/7-10.2, com	plete the following (this information wil	l appear on the ballot)		
FORMERLY KNOWN AS	UN	TIL NAME CHANGED ON		
(L	ist all names during last 3 years)	(List date of	feach name change)	
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	COUNTY
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COOKITI
1. Reglinds of lux	RICHARD J. ZAIN	509 TOWNE CT	GILBERAGIL	FANE
2 Dail Llackar	DAVID B FLASIC	484. TOWNE ST	GILH-RTS.	KANE
3. Kencie Hardent	Keri Hotal	491 TOWN ST	Gilberts "	Karre
4. RACHEL VANDERKAM	P RACHEL VATOERICANS	442 TOWNE STREET	alberts	KAne
5. Dandy Mason	Sandy Mason	41070 wne street	Gilberts, IL	Kane
6. Edward Margan	Edward Mason	410 Towne Street	61/6000	Kane
1 /0/09/00	KEN FORM	GOO TOWNE	Gilberts	KAME
8 Lina Felring	Gina Fehrma	400 Towne	Gilberts"	Kane
9. Centry Zunch	ANTHONY LAME	14 540 PAMELA	41BeRTS.L	hane
10. Jann. Lamela	JOAN M. LAMEIR	590 PAMEIA	G. I. berTs	YANE
State of Illinois	_)			
County of KAne) SS.			
1. Candida Cain	(Circulator's Name) do hereby	certify that I reside at 509 10	who Ct.	, in the
City/Village/Unincorporated Area of (Filberts (ifunincon	porated, list municipality that provide	s postal service)(Zip	Code) 60136
		f age or older (or 17 years of age and		
a citizen of the United States, and that	the signatures on this sheet were	signed in my presence, not more th	an 90 days preceding	the last day for
filing of the petitions and are genuine ar				
qualified voters of the Republicas		division in which the candidates is se	eeking nomination/ele	ective office, and
that their respective residences are corr	ectly stated, as above set forth.		C	
	28	(Circulator	's Signature)	
Cinned and awarn to (as offirmed) by	Candida Cain	before me, on DUL	3 60023	
Signed and sworn to (or affirmed) by	(Name of Circulator)		month, day, year)	12.
(SEAL) SOB E SAMPLE	}	1200	X	
NOTARY PUBLIC, STATE OF ILLINOI	s	(Notally Pu	iblic's Signature)	
MY COMMISSION EXPIRES: 04/17/20:	SHEET NO.	/		

PRECINCT COMMITTEEPERSON PRIMARY PETITION

We, the undersigned, members of a Republican	nd affiliated with the	Republican Party and pot 20 (township name and p	d qualified primary	
runy, r		0		no resides at
509 Towne Court	is, do hereby petition that			ncorporated, list
	in the City Village Unincom	porated Area or	te of Illinois, shall be a	크라트 경영(() 이렇게 얼마 () [[[[[[[[[[[[[[[[[[
municipality that provides postal service). Republican Party for election	n to the office of PRECINCT COI	MMITTEEPERSON, for Dunde	e Township Precinc	20 (township
name and precinct number), to be voted	for at the primary election to be h	neld onMarch 19, 2024(c	date of election).	
If required pursuant to 10 ILCS 5/7-10.2, comp	lote the following (this information wil	I annear on the hallot)		
FORMERLY KNOWN AS(Lis	st 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
Your Shill	Laura Anderson	580 Kathlein	GMEAS .IL	KAre
2.	TATAL MALE TO THE TATAL MALE T		Gilberts"	KANE
3.			T.	Krup
4.			,IL	VAMP
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6.			,IL	
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State of Illinois)	r.	- 24	E
County of Kane) SS.		5 1 =	
County of NAME			1	anconn.
1. Candida Cain	C 2 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	certify that I reside at 509	TOWN Ct	in the
City/Village/Unincorporated Area of		porated, list municipality that provid		
		f age or older (or 17 years of age a		
a citizen of the United States, and that the				
filing of the petitions and are genuine and				
qualified voters of the Kepublica	Party in the political of	division in which the candidates is	seeking nomination/el	ective office, and
that their respective residences are corre	ectly stated, as above set forth.		7 '	
		(Circulate	or's Signature)	
	\cap			
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on the	month day, year	
OFFICIAL SEAL	Name of Circulator)		12	
(SEAL) BOB E SAMPLE		Molary	Ablic's Signature)	
MOTARY PUBLIC, STATE OF I	wanes 1)		
THE SOME OF EATINGS: W	SHEET NO	4		