COUNTY OF KANE

John A. Cunningham KANE COUNTY CLERK

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

Signature of Candidate of Agent

Receipt for Nominating Petition March 19, 2024 - 2024 General Primary.

Receipt For:	Cherie Hamilton
	AAMAGEO Cilvena F

41W650 Silvana Dr Elgin, IL 60124
iled: December 4, 2023 at 12:47:36 PM.
Office: FOR PRECINCT COMMITTEEPERSON, Plato 2 Party: Republican
he following have been received:
✓ Statement of Candidacy
Loyalty Oath
✓ Petition Pages I—2
Receipt for Economic Interest Statement (EIS)
Received from: Rob Russell
Muncel
By: Quita L. Walls
Deputy Clerk
John A. Cunningham - Kane County Clerk
Name and Title of Local Clerk/Secretary
rinted: 12/4/2023 12:48:09PM
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.

Suggested Revised March 2020 SBE No. P-1

STATEMENT OF CANDIDACY

NAME: Cherie Hamilton	Precinct Committeeperson
	A Full Term is sought, unless an unexpired term is stated here:year unexpired term
41 W650 Silvana Drive Elgin, 1L 60124	Mato Township Precinct Z
Ligin, ic do si	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)	JNTIL NAME CHANGED ON(List date of each name change)
STATE OF ILLINOIS) SS.	
at 41W650 Silvara Drive, in the City (if unincorporated, list municipality that provides postal service) Zinkane, State of Illinois; that I a Republican Party; that I a Precinct Committee person in the Plato 2 March 19, 2024 (date of election) and that I may be an eligibility requirement for the office to which I seek	ip Code 60124, in the County of am a qualified voter therein and am a qualified Primary voter of the macandidate for Nomination/Election to the office of District, to be voted upon at the primary election to be held on am legally qualified (including being the holder of any license that the nomination) to hold such office and that I have filed (or I will ant of Economic Interests as required by the Illinois Governmental
Signed and sworn to (or affirmed) by Cherie Ham (Name of Ca	(Signature of Candidate) Hon before me, on December 3 2013 Indidate) (insert month, day, year)
OFFICIAL SEAL LAURA M POLLASTRINI Notary Public, State of Illinois Commission No. 902675 My Commission Expires October 09, 2027	Jam M. Follat - (Notany Public's Signature)

 ATTACH	TO P	FTITION	J.
		_ , , , , , ,	

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)
1, Cherie Hamilton, 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.
Cher Hamillo
(Signature of Candidate)
Signed and sworn to (or affirmed) by <u>Cherie Hamilton</u> before me, (Name of Candidate)
on <u>December 3, 2023</u> (insert month, day, year)
(Notary Public's Signature)

(SEAL)

OFFICIAL SEAL LAURA M POLLASTRINI Notary Public, State of Illinois Commission No. 902675 My Commission Expires October 09, 2027

PRECINCT COMMITTEEPERSON PRIMARY PETITION

We, the undersigned, members of and		7	qualified primary e	electors of the
Republican Party, in		0	ecinct number) in	
	, do hereby petition that in the City, Village, Unincorp	Charle Hamilto		o resides at acorporated, list
municipality that provides postal service) Z			of Illinois, shall be a	The second second
Republican Party for election	: [10] [H. H. H	~ 1	ato 2	(township
name and precinct number), to be voted for	or at the primary election to be h	neld on March 10; 2024 (da	te of election).	
If required pursuant to 10 ILCS 5/7-10.2, comple	te the following (this information will	appear on the ballot)		
FORMERLY KNOWN AS	=	TIL NAME CHANGED ON		
(List	all names during last 3 years)		each name change)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Haro Humen	Kara Hamitton	41W650 Silvana De.	Elgin "	Kane
2. Mark Hanton	Mark Hamilton	41W650 Silvara DR	Elgin "	Kane
3. Charge Hamita	Cherie Hamilto	n 41W 650 Silvanas	PAR Elsin	Kane
4. Renate Schuin	a Renate Schur	na 41W535 Silvana	Dr. Elgin	Kane
5. Burley Enco	BUDDY EGGERT	410651 LEWZRO	ELGIN	KANE
6. Mark Jalman	Mark Tollson	9N1250KB AF	Flain "	Kane
7. Post Dulla	PAT DUFFY	41 W496 LENTRA	datoCenter	vane
8. Vermore Dather	Virginia Duffy	you 496 Lenz Rd	Plato Center	KANE
9.		GNIGG MUITHERD BY	brown "I	KAME
10. Ruth Schaden	Kuth Schaden.	41W630Silvana	Plato Center	Kana
State of Illinois)	#11.		
county of Kane) SS.			
Cheric Hamilton	(Circulator's Name) do hereby	certify that I reside at 41w65	so Silvam	DC, in the
City/Village/Unincorporated Area of &		porated, list municipality that provide		
County of Kone , State of	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 a				
qualified voters of the		livision in which the candidates is se	eking nomination/ere	ctive office, and
and their respective residences are served	.,	Chara 7-1 a.	mUr s Signature)	
Signed and sworn to (or affirmed) by	herie Hamilton	1_ before me, on December	3, 2023	
(SEAL) LAURA M F	AL SEAL POLLASTRINI State of Illinois	Jan M. Vol	last	
Commission Commission	n No. 902675 ssion Expires r 09, 2027	(Notáry Pu	blic's Signature)	

PRECINCT COMMITTEEPERSON PRIMARY PETITION

We, the undersigned, members of Republic Party,	and affiliated with the Rel	Pablican Party and p	f qualified primary (electors of the
Kane State of Illin	nois, do hereby petition that	chesse Hamil	tow with	no resides at
41W650 Silvera Dr				ncorporated, list
municipality that provides postal service				
Re publicas Party for elect	ion to the office of PRECINCT CO	MMITTEEPERSON, for Ple	to 8	(township
name and precinct number), to be vote	d for at the primary election to be	held on March 192034 (d	ate of election).	
If required pursuant to 10 ILCS 5/7-10.2, con	polate the following /this information w	ill appear on the hallet\		
		CALL THE REAL PROPERTY OF THE		
FORMERLY KNOWN AS(I	List all names during last 3 years)	TIL NAME CHANGED ON(List date of	of each name change)	
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1/ 5/	A C I A			V-
Con Min	Carl Schade	41W6305il yang Dr.	Plasto IL Centra	Kane
2.		Egin #60124	,IL	
3.				
4.			,IL	
5.			,iL	
6.			,IL	
7.				
			,IL	
8.			,ı.	
9.			4	
10.			,lL	
State of Illinois				
4.4)) SS.			
County of Kane)			
Cherse Hemilto	(Circulator's Name) do hereby	certify that I reside at 41 w 650	Silvana Dr	, in the
City/Village/Unincorporated Area of		rporated, list municipality that provide		Code) (00124
County of Kane, State of		of age or older (or 17 years of age an		
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	nd that to the best of my knowledg	e and belief the persons so signing v	were at the time of sig	ning the petition
qualified voters of the Refable	Party in the political	division in which the candidates is so	eeking nomination/ele	ctive office, and
that their respective residences are com-	rectly stated, as above set forth.	01.	1	
		(Circulator	+ am V C	
	1-50 4.11.	Decas	(3) 10 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2
Signed and sworn to (or affirmed) by _((Name of Circulator)	before me, on December (Inset)	month, day, year)	
OFFICIAL LAURA M.P.	AL SEAL	In The	0 1.	
(SEAU Notary Public,	OLLASTRINI State of Illinois n No. 902675	(Notary Po	ublic's Signature)	
My Commis	osion Expires 09, 2027 SHEET NO.	2		