

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 17, 2026 - 2026 General Primary.

Receipt For: **Michael Linder**
531 S 12th St
Saint Charles, IL 60174

Filed: October 31, 2025 at 1:09:00 PM.

Office: FOR PRECINCT COMMITTEEPERSON, St. Charles 15 Party: Democratic

The following have been received:

- ☒ Statement of Candidacy
- ☐ Loyalty Oath
- ☒ Petition Pages 1
- ☐ Receipt for Economic Interest Statement (EIS)

Received from: **Michael Linder**

By: _____

Traci Clarke
Deputy Clerk

John A. Cunningham - Kane County Clerk

Name and Title of Local Clerk/Secretary

Printed: 10/31/2025 1:10:23PM

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 Disclosure Act.

Date: _____

10/31/25

Michael Linder
Signature of Candidate or Agent

STATEMENT OF CANDIDACY

NAME: Michael Linder	OFFICE: Precinct Committeeperson
ADDRESS - ZIP CODE: 531 S. 12th Street Saint Charles, IL 60174	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term
	DISTRICT: Saint Charles 15
	PARTY: 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 _____
 (List all names during last 3 years) (List date of each name change)

STATE OF ILLINOIS

County of

Kane

SS.

I, Michael Linder (Name of Candidate) being first duly sworn (or affirmed), say that I reside at 531 S 12th Street In the City, Village, Unincorporated Area of Saint Charles (if unincorporated, list municipality that provides postal service) Zip Code 60174 in the County of Kane State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the Democratic Party; that I am a candidate for Nomination/Election to the office of Precinct Committeeperson in the 15th District, to be voted upon at the primary election to be held on March 17, 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.

Michael Linder
 (Signature of Candidate)

Signed and sworn to (or affirmed) by Michael Linder before me, on October 31, 2015
 (Name of Candidate) (insert month, day, year)



(SEAL)

T. Odegaard
 (Notary Public's Signature)

PRECINCT COMMITTEE PERSON
PRIMARY PETITION

We, the undersigned, members of and affiliated with the Democratic Party and qualified primary electors of the Democratic Party, in Saint Charles 15 (township name and precinct number) in the County of Kane, State of Illinois, do hereby petition that Michael Linder who resides at 531 S 12th Street in the City, Village, Unincorporated Area of Saint Charles (if unincorporated, list municipality that provides postal service) Zip Code 60174, County of Kane and State of Illinois, shall be a candidate of the Democratic Party for election to the office of PRECINCT COMMITTEE PERSON, for Saint Charles (township name and precinct number), to be voted for at the primary election to be held on March 17, 2026 (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>Michael Linder</u>	<u>Michael Linder</u>	<u>531 S 12th St</u>	<u>Saint Charles IL</u>	<u>Kane</u>
<u>Danina Williams</u>		<u>505 15 COURT</u>	<u>St. Charles IL</u>	<u>Kane</u>
<u>Tristan Kuhn</u>	<u>Tristan Kuhn</u>	<u>326 S 15th</u>	<u>St. Charles IL</u>	<u>Kane</u>
<u>Marty Kuhn</u>	<u>Marty Kuhn</u>	<u>131 S 12th St</u>	<u>St Charles IL</u>	<u>Kane</u>
<u>Samantha Lacor</u>	<u>Samantha Lacor</u>	<u>309 S 12th St</u>	<u>St Charles IL</u>	<u>Kane</u>
<u>Natalie Troiani</u>	<u>Natalie Troiani</u>	<u>313 S 12th St</u>	<u>St Charles IL</u>	<u>Kane</u>
<u>Linda McDonald</u>	<u>Linda McDonald</u>	<u>519 S 12th St</u>	<u>St Charles IL</u>	<u>Kane</u>
<u>Robert W. Goodwin</u>	<u>ROBERT W. GOODWIN</u>	<u>508 15th Ct</u>	<u>St Charles IL</u>	<u>Kane</u>
<u>Constance Thym</u>	<u>Constance Thym</u>	<u>512 15th Ct</u>	<u>St Charles IL</u>	<u>Kane</u>
<u>Barbara Nelson</u>	<u>Barbara Nelson</u>	<u>1130 E 15th St</u>	<u>St Charles IL</u>	<u>Kane</u>

State of Illinois }
County of Kane } SS.

I, Michael Linder (Circulator's Name) do hereby certify that I reside at 531 S 12th Street in the City/Village/Unincorporated Area of Saint Charles (if unincorporated, list municipality that provides postal service) (Zip Code) 60174 County of Kane State of Illinois 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 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 candidates is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

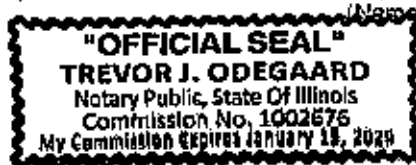
Michael Linder
(Circulator's Signature)

Signed and sworn to (or affirmed) by Michael Linder
(Name of Circulator)

before me, on October 31 2025
(Insert month, day, year)

Trevor J. Odegaard
(Notary Public's Signature)

(SEAL)



SHEET NO. _____