### **COUNTY OF KANE**

John A. Cunningham KANE COUNTY CLERK

under the Illinois Campaign Discolsure Act.

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:       | Georgina Poole<br>2030 Lilac Ln Apt 1<br>Aurora, IL 60506                                    |
|--------------------|--|
| Filed: Novemb      | per 3, 2025 at 12:44:00 PM:  |
| Office: FOR F      | RECINCT COMMITTEEPERSON, Aurora 37 Party: Democratic   |
| The following      | have been received:  |
| ✓                  | Statement of Candidacy   |
|                    | Loyalty Oath   |
|                    | Petition Pages /-3   |
|                    | Receipt for Economic Interest Statement (EIS)  |
|                    |  |
|                    | By: Raci Clarks  |
|                    | Deputy Clerk   |
|                    | John A. Cunningham - Kane County Clerk   |
|                    | Name and Title of Local Clerk/Secretary  |
| Printed: 11/3/2025 | 12;44:13PM   |
| <del></del> .      | Receipt for Notice of Obligation D-5   |
| I hereby ack       | nowledge receipt of the Notice of Obligation which outlines obligations and responsibilities |

\_\_\_ATTACH TO PETITION\_\_\_\_

Suggested Revised March 2020 SBE No. P-1

#### STATEMENT OF CANDIDACY

| NAME:<br>Georgina Poole   | Precinct Committeeperson   |  |  |  |
|---|--|--|--|--|
| AODRESS - ZIP CODE:   | A Full Term is sought, unless an unexpired temp is stated here:      |  |  |  |
| 2030 Lilac Ln Apt 1<br>Aurora IL, 60506   | овтяют: Aurora Township Precinct 37                                  |  |  |  |
|   | PARTY: Democratic  |  |  |  |
| If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete t                                     | he following (this information will appear on the ballot)            |  |  |  |
| FORMERLY KNOWN AS L (List all names during last 3 years)  | JINTIL NAME CHANGED ON (List date of each name-change)               |  |  |  |
| STATE OF ILLINOIS  County of KUYR  SS.  | -3 PH  |  |  |  |
| Occasion Books  | 1.55 E. C.   |  |  |  |
|   | Candidate) being first duly swom (or affirmed), say that I reside    |  |  |  |
| at 2030 Lilac Ln Apt. 1 in the Ch   | Willage, Unincorporated Area ofAurora                                |  |  |  |
| (if unincorporated, list municipality that provides postal service) Zi Kane , State of Illinois; that I a | ip Code60506, in the County of am a qualified Primary voter of the   |  |  |  |
| Democratic  | m a candidate for Nomination/Election to the office of               |  |  |  |
|   | District, to be voted upon at the primary election to be held on     |  |  |  |
| March 17, 2026  | am legally qualified (including being the holder of any (icense 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  | nt of Economic Interests as required by the Illinois Governmental    |  |  |  |
| Ethics Act and I hereby request that my name be printed up  | pon the official(Name of Party)                                      |  |  |  |
| Primary ballot for Nomination/Election for such office.   |  |  |  |  |
|   | _ Hephre   |  |  |  |
|   | <sup>9</sup> (Signature of Candidate)                                |  |  |  |
| Signed and sworn to (or affirmed) by <u>GEORGING</u><br>(Name of Ca                                       | Poole before me, on November 3, 2025 (insert month, day, year)       |  |  |  |
| OFFICIAL SEAL<br>MARIA FABIOLA LINDSAY  | 7 moly fathers Lun   |  |  |  |

(SEAL)

OFFICIAL SEAL
MARIA FABICIA LINDSAY
Notary Public, State of Illinois
Commission No. 1014581
My Commission Expires July 30, 2929

(Notary Public's Signature)

| AT | TACH TO | PETITION |  |
|----|---------|----------|--|
|    | INON IV |          |  |

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  | í          | 33.                   |   |
| ı, Georgina Poole  |            | do sw                 | ear (or affirm) that I am a citizen of the  |
| United States and the State of Illinois  | , that I a | am not affiliated dis | rectly or indirectly with any communist   |
| organization or any communist front o  | rganizatir | on, or any foreign    | political agency, party, organization or  |
| government which advocates the over  | throw of   | f constitutional gov  | emment by force or other means not  |
| permitted under the Constitution of the L  | Jnited St  | ates or the Constitu  | tion of this State; that I do not directly or   |
| indirectly teach or advocate the overthi   | row of th  | e government of th    | e United States or of this State or any   |
| unlawful change in the form of the gove  | mments     | thereof by force or   | any unlawful means.   |
| Signed and sworn to (or affirme on 1/3/2025 (insert month, day, year)  OFFIC MARIA FALL (SEAL) | CIAL SEAL  | DSAY                  | (Signature of Candidate)  We Poole before me,  Candidate)  Mult Flow Fuerser  (Notary Publicts Signature) |

MARIA FABIOLA LINDSAY
Notary Public, State of Illinois
Commission No. 1014581
My Commission Expires July 30, 2029

(SEA

# PRECINCT COMMITTEEPERSON PRIMARY PETITION

| We, the undersigned, members of a  | nd affiliated with the Democr  | ratic Party and                          | qualified primary        | electors of the                       |
|--|--|--|--------------------------|---------------------------------------|
| Kane State of Illians  | n do boroby metitien that  | (township name and pr<br>Georgina Poole  | ecinct number) in        |                                       |
| Older of analys  | s, do nereby peution that  | poreted Area ofAurora                    | · W                      | ho resides at                         |
| municipality that provides postal service) 2 Democratic Party for election | Zip Code <u>60506</u> , County of<br>to the office of <b>PRECINCT CO</b> | f Kane and State                         | of Illinois, shall be a  | candidate of the                      |
| name and precinct number), to be voted t                                   | or at the primary election to be i                                       | held on March 17 2026 (da                | te of election).         |                                       |
| If required pursuant to 10 ILCS 5/7-10.2, compl                            | ete the following (this information wil                                  | It appear on the ballot)                 |                          |                                       |
|  |  |  |                          |                                       |
| (Lis   | tall names during last 3 years)  | (List date of                            | each name change)        | •                                     |
| NAME<br>(VOTER'S SIGNATURE)  | VOTER'SPRINTED<br>NAME (optional)  | STREET ADDRESS OR<br>RR NUMBER           | CITY, TOWN OR<br>VILLAGE | COUNTY                                |
| 1. Herry Pool  | Georgina A Poole   | 2030 Lilacha Aptl                        | Aurora II.               | Kane                                  |
| Love of Onde   | Lovia L Poole  | 2030 Lilac Laspfl                        | Aurora                   | Kana                                  |
| 3. OBets   | Charles Boffs  | 2070 Libe Apt 4                          | Awora "                  | Kense                                 |
| Laffer buy   | TATICE! CON  | LOSO Was In AA 3                         | Amore il                 | Kan-                                  |
| 5. 00//Y   | ,                                  |  | ,IL                      |                                       |
| 6.   |  |  | ,JL                      |                                       |
| <b>7</b>   | · -  |  | ,iL                      | · · · · · · · · · · · · · · · · · · · |
| 8.   |  |  |                          |                                       |
| 9.   |  |  | ,IL                      | · <del></del>                         |
| 10.  |  | -  | ,IL                      |                                       |
| State of   |  | · · · · · · · · · · · · · · · · · · ·    |                          |                                       |
| County of XAYL   | ss.  |  |                          |                                       |
| 1. Georgina A Poole  | (Circulator's Name) do hereby (  | certify that I reside at 2030 ムル         | - In Apt 1               | _, in the                             |
| City//illage/Unincorporated Area of  | · 1  | porated, list municipality that provides | postal service)(Zip C    |                                       |
| County of Sour . State of  | <u>2.((//xoi</u> 5that I am 18 years of :                                | age or older (or 17 years of age and     | qualified to vote in II  | linois), that I am                    |
| a cilizen of the United States, and that the                               |  |  |                          |                                       |
| filing of the petitions and are genuine and t                              |  |  | _                        |                                       |
| qualified voters of the  | Tarry in are ponducing   | vision in which the candidates is sec    | king nomination/ele      | ctive office, and                     |
| that their respective residences are correct                               | ly stated, as above set forth,   | Da                                       | 17 Cole                  |                                       |
| (a   | Doolo  | (Circulator's                            | Signature)               | -                                     |
| Signed and swom to (or affirmed) by <u>Uf</u>                              | Name of Circulator)  | before me, anN(V \(location              | 5771 0005                |                                       |
| (SEAL) OFFICIAL SEAL   |  |  | onth, day, year)         | lsZ                                   |
| MARIA FABIOLA LI   | (Dinois  | (Notary Pub                              | lic's Signature)         | <del>~U</del>                         |
| Commission No. 10  |  |  | $\bigcirc$               |                                       |

### , PRECINCT COMMITTEEPERSON PRIMARY PETITION

| We, the under<br>Democ        | . 41  | d affiliated with the Demox<br>Aurora Twp 37           | cratic Party and                           | qualified primary or qualified |                               |
|-------------------------------|---|--|--|--|-------------------------------|
| Kane                          |   | do hereby petition that                                |  |  | ho resides at                 |
| 2030                          |   |  | rporated Area ofAurora                     | a (if unio   | ncorporated, list             |
| municipality that<br>Democra  |   | ip Code 60506 , County of to the office of PRECINCT CO |  | e of lilinois, shall be a<br>Aurora Twp 37   | candidate of the<br>(township |
| name and precin               |   |  | 41 L 42 0000                               | ate of election).  |                               |
|                               |   |  |  |  |                               |
| ir required pursuan           | nto 10 ILCS 5/7-10.2, comple  | ete the following (this information wi                 | nii appear on the ballot)                  |  |                               |
| FORM                          | MERLY KNOWN AS(List.  | all names during last 3 years)                         | ITIL NAME CHANGED ON(List date o           | f each name change)  |                               |
| (VOTE                         | NAME<br>(R'S SIGNATURE)   | VOTER'S PRINTED NAME (optional)                        | STREET ADDRESS OR<br>RR NUMBER             | CITY, TOWN OR<br>VILLAGE   | COUNTY                        |
| 1: 42.1                       | lu Terre  |  | 636 Redwood DA                             | AMRIXLA  | الاساط                        |
| 2. Mich                       | ad Robinson   | <b>-</b>   | 1 641 Hodwood Dr                           | ANTICA IL  | KAUC                          |
| 3. MALALIS                    | lutto   | JOHN WAVER   | 1824 6066 LLWVC                            | منهويم   | KALE                          |
|                               | a Garona  | Edne Gardner   |  | AUTURS IL  | KANE                          |
| <b>5.</b> .                   |   |  |  | AMEDICA  | KANE                          |
| 6.                            |   |  |  | ,IL  |                               |
| 7.                            |   |  |  | ال.  |                               |
| 8.                            |   |  |  | ,IL !  |                               |
| 9.                            |   |  |  | ,IL  |                               |
| 10.                           |   |  | •  | ,iL  |                               |
| State of                      | hunois<br>Kanc  | )<br>}<br>SS.  |  |  |                               |
| ኒ <u>ኮ</u> ንዶ <sub>ም</sub> ዙሪ | سامعلم  | (Circulatora Nama) do harabu                           | r certify that I reside at <u>276</u> 3 ざめ | licher Ro Ze   | , in the                      |
|                               | corporated Area of Mov  |  | rporated, list municipality that provide   |  |                               |
|                               | State of  | ·  | f age or older (or 17 years of age and     |  |                               |
|                               | United States, and that the   | <del></del>  | signed in my presence, not more th         | _  |                               |
| filing of the petition        | ons and are genuine and t   | hat 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           | of the <u>Okmacawike</u>  | Party in the political of                              | division in which the candidates is so     | eeking nomination/efe  | ective office, and            |
| that their respect            | tive residences are correct   | tly stated, as above set forth.                        | mA 9                                       | b l  |                               |
|                               | _   |  | (Circulator                                | 's Signature)  |                               |
| Signed and swor               | m to (or affirmed) by $M \theta$  | Ltthew Hanson  | before me, onNOVeN                         | mber 3,7   | 4075                          |
| (SEAL)                        | OFFICIAL SEAS<br>MARIA FABIOLA LIP  | 1  | _ Maai Fa                                  | bul Han  | /                             |
|                               | Notary Public, State of<br>Commission No. 101<br>Ny Commission Excites Ju |  | 2, (Notary Pu                              | iblic's Signature)   |                               |

# PRECINCT COMMITTEEPERSON PRIMARY PETITION

| We,          | the undersigned, m                            |   | d affiliated with     | the Demo      | cratic                                 | Party and                     | qualified primary        | electors of the                                     |
|--------------|---|---|-----------------------|---------------|--|-------------------------------|--------------------------|---|
| _            | Democratic<br>Kane Sh                         | * 60717. **   | 4. 1                  | AU 3/         | (township                              | name and pr<br>Seorgina Poole |                          |   |
|              |   |   |                       |               |  |                               |                          | ho resides at                                       |
| <br>វាបូរារំ | icipality that provides p                     | ostal service) Z                                      | ip Code <u>6050</u>   | 6 County      | rporated Area of ofKane OMMITTEEPERSON | and State                     | of fillinois, shall be a | incorporated, list<br>candidate of the<br>(township |
| name         | e and precinct number;                        | -   |                       |               |  | 17 2026 (da                   | até of election)         |   |
|              |   |   |                       |               |  |                               | 3 % 8                    | μ̈́   |
| lt nequ      | ulred pursuant to 10 ILCS                     | _   |                       |               | vill appear on the ballot)             |                               | ₹ %g 🗘                   | Li<br>£   |
|              | , FORMERLY KNO                                | WN AS(List  | all names during la   | st 3 years)   | NTIL NAME CHANGED                      | ON(List date of               | ( each name change)      | YECENET   |
| Г            | NAME  |   | VOTER'SP              | RINTED        | STREET ADD                             | ORESS OR                      | CITY) TOWN OR            | <u> </u>  |
| Ĺ            | (VOTER'S SIGNA                                | ATURE)  | NAME (or              | etional)      | RR NUM                                 | ABER                          | , AJLTVGEE               | COUNTY  |
| 1            | e-  |   | Ed Yel                | asas          | 1951 lilac                             | - lu                          | Advera .IL               | fore  |
| 2            | denote M. S                                   | ryho  | Unda 4                | Taylo         | -2055B Be                              |                               | Awara "                  | Karo  |
| 3            | + HURADONS                                    | 2X  | Helly Rob             | h≤∂h          | 641 Redwa                              | ed Dr                         | Aurora "                 | Kane  |
| 4            | · · · <i>U</i> · ·                            |   | ì                     |               |  |                               | .lL                      |   |
| 5            | 5.  |   | İ                     |               |  |                               | ,IL                      |   |
| 6            | i.  |   |                       | -             |  |                               | ,IL                      |   |
| 7            | 7.  |   |                       | ·             |  |                               | ,JL                      |   |
| В            | l.  |   |                       |               |  |                               | ,iL                      |   |
| 9            | ).  |   | <u> </u>              |               | <del> </del>                           |                               | ,IL                      |   |
| 1            | 0.  |   |                       |               | +                                      |                               | ,iL                      |   |
| _            | 0/  |   |                       |               |  |                               |                          | <u> </u>  |
| State        | o of <u>TU</u><br>nty of <u>Kan</u>           | NOIS  | )<br>) SS.            |               |  |                               |                          |   |
| Cour         | nty of  | <u>و</u>  | , j                   |               |  |                               |                          | 1 -   |
| ı, <u>L</u>  | laucel A Feet                                 | an lead   | /<br>Circulator's Nan | ne) do hereby | certify that I reside                  | at <u>2740</u>                | W2449                    | <u>/</u> in the                                     |
| -            | Village/Unincorporated                        | Area of <u>Uh}</u>                                    | cado                  | (if unince    | sporated, list municip                 | ality that provide            | s postal service)(Zip    | Code) <u>64-675</u> 5                               |
|              | nty of Cocoling                               | , State of  |                       | -             | if age or older (or 17                 | -                             | •                        | •-  |
|              | izen of the United State                      |   | _                     |               |  | _                             | - '                      | -   |
| -            | of the petitions and ar                       | - /   |                       | -             | -                                      |                               |                          |   |
| •            | ified voters of the $\underline{\mathcal{V}}$ |   |                       |               | division in which the                  | candidates is se              | eking nomination/er      | ective office, and                                  |
| inat :       | their respective resider                      | ices are <b>co</b> rrect                              | ly stateor, as abov   | e set ionn.   | Mad                                    | uel A                         | lettrac                  | <del></del> -                                       |
|              |   | ,   | 24                    | 0 //          | Ashada.                                | (Circulator)                  | s Signature)             |   |
| Sign         | ed and swom to (or aff                        | med) by/  | VIGA-WA               | Bel-har       | before me; or                          | n <u>//</u> 014               | nonth day ward           | 2025  |
|              | gaaaa   |   | (Name of C            | arculatory    | 76 L                                   | Constitution of the second    | nonth, day, year)        |   |
|              | (SEAL) OF                                     | FICIAL SEAL   | 3                     |               |  | Notan Pu                      | blic's Signature)        |   |
|              | <ul> <li>NOTARY PUB</li> </ul>                | RIAM SMITH<br>LIC, STATE OF ILLI<br>ION EXPIRES: 12/1 | NOIS 5 5              | SHEET NO      | 3                                      |                               | one e diametel           |   |
|              | - <del></del>                                 | ~ ~ ~ ~ ~   | -                     |               |  |                               |                          |   |