

This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

**(COMPLETE BUT DO NOT DETACH)**

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

Alderman Ward-7 O'Fallon IL  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Dennis Myleart  
Name  
1524 Pickett ct  
Address  
O'Fallon IL 62269  
City State ZIP Code

**FILED**

**DEC 05 2022**

**THOMAS HOLBROOK  
COUNTY CLERK**



STATEMENT OF CANDIDACY  
INDEPENDENT

Received by

DEC 12 2022

NAME: <u>Dennis Muyleart</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>O'Fallon, St. Clair, Illinois</u> <i>O'Fallon City Clerk</i>
ADDRESS - ZIP CODE: <u>1524 Picketts Ct</u> <u>O'Fallon IL 62269</u>	OFFICE: <u>Alderman - Ward 1</u> 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, 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 St. Clair ) SS.

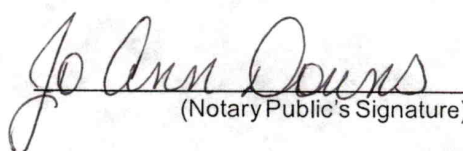
I, Dennis Muyleart being first duly sworn (or affirmed), say that I reside at 1524 picketts ct,  
in the O'Fallon Village, Unincorporated Area of O'Fallon (if unincorporated, list municipality that  
provides postal service) Zip Code 62269 in the County of St. Clair, State of Illinois;  
that I am a qualified voter therein, that I am a candidate for election to the office of Alderman - Ward 1 in  
the City of O'Fallon to be voted upon at the election to be held on April 4 2023 and that  
(Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
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 ballot for election to  
such office.

  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Dennis Muyleart before me, on Dec 05 22  
(Name of Candidate) (insert month, day, year)

(SEAL)


  
(Notary Public's Signature)





## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of st. clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Dennis Muxleart</u>	OFFICE: <u>Alderman - Ward 1</u>
ADDRESS - ZIP CODE: <u>1524 Picketts ct.</u> <u>O'Fallon IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Jill Holan</u>	<u>Jill Holan</u>	<u>145 Picketts Run</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
2. <u>Gwen Hite</u>	<u>Gwen Hite</u>	<u>41 Picketts Run</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
3. <u>Nemkata Kollis</u>	<u>Nemkata Kollis</u>	<u>146 Picketts Run</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
4. <u>Curtis Dallas</u>	<u>Curtis Dallas</u>	<u>150 Picketts Run</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
5. <u>Tom Frazee</u>	<u>Tom Frazee</u>	<u>154 Picketts Run</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
6. <u>Cindy Frazee</u>	<u>Cindy Frazee</u>	<u>154 Picketts Run</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
7. <u>Karl Klingler</u>	<u>Karl Klingler</u>	<u>162 Picketts Run</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
8. <u>Kim Baker</u>	<u>Kim Baker</u>	<u>1535 Picketts Ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
9. <u>Cindy Bates</u>	<u>Cindy Bates</u>	<u>1531 Picketts Ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
10. <u>Darlene Hochmuth</u>	<u>Darlene Hochmuth</u>	<u>1527 Picketts Ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>

State of IllinoisCounty of st. clair

SS.

DEC 12 2022

I, Dennis Muxleart (Circulator's Name) do hereby certify that I reside at 1524 Picketts ct in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of st. clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Dennis Muxleart  
(Name of Circulator)

before me, on Dec 05 2022  
(Insert month, day, year)

(SEAL)

SHEET NO. 1

[Signature]  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of st. clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Dennis Myleart</u>	OFFICE: <u>Alderman - Ward 1</u>
ADDRESS - ZIP CODE: <u>1524 Picketts ct.</u> <u>O'Fallon IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Jonathan Gray</u>	<u>Jonathan Gray</u>	<u>1584 Sinking Springs Dr.</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
2. <u>Jennifer Gray</u>	<u>Jennifer Gray</u>	<u>1584 Sinking Springs Dr</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
3. <u>Ross H. Rosenberg</u>	<u>Ross H. Rosenberg</u>	<u>169 Summerlin Rdg</u>	<u>O'Fallon IL</u>	<u>st. Clair</u>
4. <u>Dennis Myleart</u>	<u>Dennis Myleart</u>	<u>1524 Picketts ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
5. <u>Lyndsie Myleart</u>	<u>Lyndsie Myleart</u>	<u>1524 Picketts ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
6. <u>Trevor Brue</u>	<u>Trevor Brue</u>	<u>1589 Sinking Springs Dr.</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
7. <u>CHADY BATES</u>	<u>CHADY BATES</u>	<u>1531 Picketts</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
8. <u>MCKENNA BATES</u>	<u>MCKENNA BATES</u>	<u>1531 Picketts</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
9. <u>Eric Taylor</u>	<u>Eric Taylor</u>	<u>150 Liberty Xing</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
10. <u>Anna Taylor</u>	<u>Anna Taylor</u>	<u>150 Liberty Xing</u>	<u>O'Fallon IL</u>	<u>st. clair</u>

State of Illinois )  
County of st. clair ) SS.

I, Dennis Myleart (Circulator's Name) do hereby certify that I reside at 1524 picketts ct, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Dennis Myleart before me, on Dec 05 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)

SHEET NO. 2

[Signature]  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of st. clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Dennis Myleart</u>	OFFICE: <u>Alderman - Ward 1</u>
ADDRESS - ZIP CODE: <u>1524 Picketts Ct.</u> <u>O'Fallon IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>[Signature]</u>	<u>ROBERT E. HARTO</u>	<u>105 FAIRWOOD HILLS RD</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
2. <u>Charles J. Morton</u>	<u>Charles J. Morton</u>	<u>105 Fairwood Hills Rd</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
3. <u>Jacob Rosche</u>	<u>Jacob Rosche</u>	<u>1506 Peach Orchard Rd</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
4. <u>Dennis Rosche</u>	<u>Dennis Rosche</u>	<u>1506 Peach Orchard Rd</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
5. <u>Candice Jupiter</u>	<u>Candice Jupiter</u>	<u>81 North Cherry St</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
6. <u>Deborah Jupiter</u>	<u>Deborah Jupiter</u>	<u>1523 Picketts Ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
7. <u>Ruth Allen</u>	<u>Ruth Allen</u>	<u>1520 Picketts Ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
8. <u>Mark Allen</u>	<u>Mark Allen</u>	<u>1520 Picketts Ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
9. <u>Anne Marie Furrow</u>	<u>Anne Marie Furrow</u>	<u>149 Picketts Ct</u>	<u>O'Fallon IL</u>	<u>st. clair</u>
10. <u>Edward Furrow</u>	<u>[Signature]</u>	<u>149 Picketts Run</u>	<u>O'Fallon IL 62269</u>	<u>st. clair</u>

State of Illinois )  
County of st. clair ) SS.

Received by

DEC 17 2022

I, Dennis Myleart (Circulator's Name) do hereby certify that I reside at 1524 Picketts Ct in the City/Village/Unincorporated Area of O'Fallon (If unincorporated, list municipality that provides postal service) (Zip Code 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Dennis Myleart before me, on Dec 05 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)

SHEET NO. 3

[Signature]  
(Notary Public's Signature)



This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

(COMPLETE BUT DO NOT DETACH)

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

City of O'Fallon - Ward #2 Alder person  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Mary-Jeanne Hutchison  
Name  
771 White Horse Dr  
Address  
O'Fallon IL 62265  
City State ZIP Code

FILED

DEC 02 2022 2:05pm

THOMAS HOLBROOK  
COUNTY CLERK



STATEMENT OF CANDIDACY  
INDEPENDENT

DEC 12 2022

O'Fallon

NAME: <u>Mary-Jeanne Hutchison</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>O'Fallon, IL</u>
ADDRESS - ZIP CODE: <u>771 WHITE HORSE LN</u> <u>O'Fallon 62269</u>	OFFICE: <u>Ward #2 - Alderperson</u> 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, 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 St. Clair ) SS.

I, Mary-Jeanne Hutchison being first duly sworn (or affirmed), say that I reside at 771 WHITE HORSE LN  
in the City, Village, Unincorporated Area of O'Fallon (if unincorporated, list municipality that  
provides postal service) Zip Code 62269 in the County of St. Clair, State of Illinois;  
that I am a qualified voter therein, that I am a candidate for election to the office of Alderperson - Ward 2 in  
the O'Fallon to be voted upon at the election to be held on Apr. 4, 2023 and that  
(Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
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 ballot for election to  
such office.

MJ Hutchison  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Mary Jeanne Hutchison before me, on 12-4-22  
(Name of Candidate) (insert month, day, year)

(SEAL)



Chloese  
(Notary Public's Signature)

ATTACH TO PETITION

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 )

I, Mary-Jeanne Hutchison, 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.

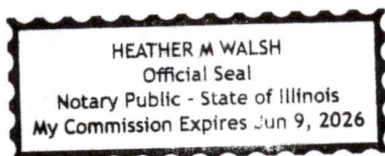
M. Hutchins  
(Signature of Candidate)

Signed and sworn to (or affirmed) by MARY-JEANNE HUTCHISON before me,  
(Name of Candidate)

on 12-4-22  
(insert month, day, year)

(Notary Public's Signature)

(SEAL)





## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 2nd Ward of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Mary-Jeanne Hutchison</u>	OFFICE: <u>Aldersperson Ward 2</u>
ADDRESS - ZIP CODE: <u>771 White Horse Ln</u> <u>O'Fallon</u> <u>62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>11/10/22</u> 1. <u>Ryan Stephens</u>	<u>Ryan Stephens</u>	<u>1013 Oxford Hill Rd.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>11/10/22</u> 2. <u>Lutane Szopa</u>	<u>Lutane Szopa</u>	<u>796 Greystone Pl</u>	<u>O'Fallon, IL</u>	
<u>11/10/22</u> 3. <u>Deborah Szopa</u>	<u>Deborah Szopa</u>	<u>756 Greystone Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>11/10/22</u> 4. <u>William J. Delonzo</u>	<u>William J. Delonzo</u>	<u>1051 Thornbury Place</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>11/10/22</u> 5. <u>Kathleen A. Daloz</u>	<u>Kathleen A. Daloz</u>	<u>1051 Thornbury Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>11/10/22</u> 6. <u>Dawn Weitlauf</u>	<u>Dawn Weitlauf</u>	<u>829 Cardiff Court</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>11/10/22</u> 7. <u>Hattie Johnson</u>	<u>Hattie Johnson</u>	<u>813 Cardiff Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>11/10/22</u> 8. <u>Robb Johnson</u>	<u>Robb Johnson</u>	<u>813 Cardiff Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>11/10/22</u> 9. <u>Jason Vahle</u>	<u>Jason Vahle</u>	<u>824 Cardiff Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>11/10/22</u> 10. <u>Lynae M Vahle</u>	<u>Lynae Vahle</u>	<u>824 Cardiff Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of IL )  
County of ST CLAIR ) SS.

I, MARY-JEANNE HUTCHISON (Circulator's Name) do hereby certify that I reside at 771 White Horse Ln in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of ST CLAIR, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

MJ Hutchison  
(Circulator's Signature)

Signed and sworn to (or affirmed) by

MJ Hutchison

(Name of Circulator)

before me, on

12-4-22

(Insert month, day, year)

(SEAL)



Churson  
(Notary Public's Signature)

SHEET NO. 1



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 2ND WARD of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Mary-Jeanne Hutchison</u>	OFFICE: <u>Alderperson - Ward 2</u>
ADDRESS - ZIP CODE: <u>771 WHITE HORSE LN 62269</u> <u>O'Fallon</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Tim Roberts</u>	<u>Tim Roberts</u>	<u>772 Whitehorse</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
2. <u>Kelly Roberts</u>	<u>Kelly Roberts</u>	<u>772 Whitehorse</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Anne Byrnes</u>	<u>Anne Byrnes</u>	<u>775 Whitehorse</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Steve T. Byrnes</u>	<u>Steve Byrnes</u>	<u>775 White Horse</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Lisa Camp</u>	<u>Lisa Camp</u>	<u>1017 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>John Goodwin</u>	<u>John Goodwin</u>	<u>1012 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Charles Camp</u>	<u>Charles Camp</u>	<u>1017 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Anne Goodwin</u>	<u>Anne Goodwin</u>	<u>1012 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
9. <u>Jana Stephens</u>	<u>Jana Stephens</u>	<u>1013 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Charles H. Stephens</u>	<u>Charles Stephens</u>	<u>1013 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of IL )  
County of ST. CLAIR )

SS.

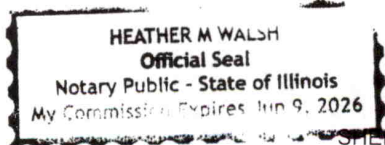
I, MARY-JEANNE HUTCHISON (Circulator's Name) do hereby certify that I reside at 771 WHITE HORSE LN, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of ST. CLAIR, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

MJ Hutchison  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Mary Jeanne Hutchison before me, on 12-4-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)

SHEET NO. 2



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 2ND WARD of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Mary-Seanne Hutchison</u>	OFFICE: <u>Alderpersen - Ward 2</u>
ADDRESS - ZIP CODE: <u>771 White Horse Ln</u> <u>O'Fallon 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Kenda Wunder</u>	<u>Kenda Wunder</u>	<u>809 Greystone Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Guyon Wunder</u>	<u>GREGORY WUNDER</u>	<u>809 Greystone Pl</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
3. <u>Keely Wunder</u>	<u>Keely Wunder</u>	<u>809 Greystone Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Mary Cummins</u>	<u>Mary Cummins</u>	<u>1037 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Lisa York</u>	<u>Lisa York</u>	<u>1022 Thornbury Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>Leslie Cooley</u>	<u>Leslie Cooley</u>	<u>825 Greystone Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Tom Herring</u>	<u>Tom Herring</u>	<u>1029 Thornbury Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Lena Herring</u>	<u>Lena Herring</u>	<u>1029 Thornbury Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Garrett Herring</u>	<u>Garrett Herring</u>	<u>1029 Thornbury Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Patrick Cummins</u>	<u>Patrick Cummins</u>	<u>1037 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of IL  
County of ST CLAIR

SS.

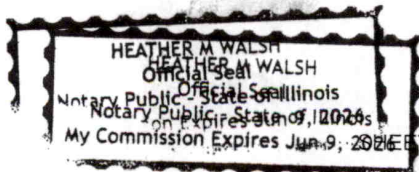
I, Mary-Seanne Hutchison (Circulator's Name) do hereby certify that I reside at 771 White Horse Ln in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of ST CLAIR, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

M Hutchison  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Mary Seanne Hutchison before me, on 12-4-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 2nd Ward of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on Apr 4, 2023 (date of election).

NAME: <u>Mary Joanne Hutchison</u>	OFFICE:
ADDRESS - ZIP CODE: <u>771 White Horse Ln</u> <u>O'Fallon 62269</u>	<u>Alderman - Ward 2</u>
A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term	

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>[Signature]</u>	<u>Terry Guttenman</u>	<u>820 Graystone Pl.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>[Signature]</u>	<u>Scott Guttenman</u>	<u>820 Graystone</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>[Signature]</u>	<u>Joan P. Houston</u>	<u>816 Greystone</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>[Signature]</u>	<u>KATHLEEN C. BREGER</u>	<u>1046 KINBIRD CT</u>	<u>O'FALLON, IL</u>	<u>St. Clair</u>
5. <u>[Signature]</u>	<u>ADLA E. REBER</u>	<u>1046 KINBIRD CT</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>[Signature]</u>	<u>Sandra Marston</u>	<u>813 White Horse Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>[Signature]</u>	<u>Mary Fries</u>	<u>1401 Keck Ridge Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>[Signature]</u>	<u>Rachel Roberts</u>	<u>772 White Horse Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>[Signature]</u>	<u>KAREN PFETTER</u>	<u>801 DEER CREEK RD</u>	<u>O'FALLON, IL</u>	<u>St. Clair</u>
10. <u>[Signature]</u>	<u>Dave Pfeifer</u>	<u>801 Deer Creek Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of IL )  
County of ST. CLAIR ) SS.

I, Mary Joanne Hutchison (Circulator's Name) do hereby certify that I reside at 771 White Horse Ln in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code 62269, County of St. Clair, State of IL) 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Mary Joanne Hutchison before me, on 12-8-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)

SHEET NO. 4



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 2ND of O'FALLON in the County of St. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Mary-Jeanne Hutchison</u>	OFFICE: <u>Aldersperson - Ward 2</u>
ADDRESS - ZIP CODE: <u>771 White Horse Ln</u> <u>O'Fallon</u> <u>62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>[Signature]</u>	<u>Garvin Gonzalez</u>	<u>906 Phillip Ct.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Rebecca Bagger</u>	<u>906 Phillip</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Todd D. Busser</u>	<u>906 Phillip Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Regan Hutchison</u>	<u>771 White Horse Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Robert Roberts</u>	<u>779 White Horse Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Delilah Roberts</u>	<u>779 White Horse Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>JAMES HAMPSHIRE</u>	<u>1043 THORBURY PL</u>	<u>O'FALLON, IL</u>	<u>ST CLAIR</u>
<u>[Signature]</u>	<u>Ann M Hampshire</u>	<u>1043 Thornbury Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Gregory Marston</u>	<u>813 White Horse Lane</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Wade C. Weithart</u>	<u>829 Cardiff Ct.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

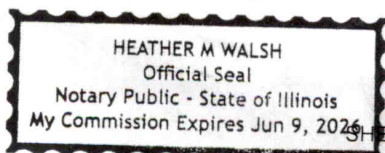
State of IL )  
County of St. CLAIR ) SS.

I, Mary-Jeanne Hutchison (Circulator's Name) do hereby certify that I reside at 771 White Horse Ln in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. CLAIR, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Mary-Jeanne Hutchison before me, on 12-4-21  
(Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)

SHEET NO. 5



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 2nd Ward of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on Apr. 4, 2023 (date of election).

NAME: <u>MARY-JEANNE HUTCHISON</u>	OFFICE: <u>Aldersperson - Ward 2</u>
ADDRESS - ZIP CODE: <u>771 WHITE HORSE LN</u> <u>O'Fallon</u> <u>62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>[Signature]</u>	<u>MARIAL FARNES</u>	<u>1019 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Gail Jorgenson</u>	<u>1009 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Charles Jorgenson</u>	<u>609 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Katie J Edwards</u>	<u>1016 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>SCOTT EDWARDS</u>	<u>1016 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Waldo Church</u>	<u>10250 Oxford Hill Rd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Tracey Cooley</u>	<u>825 Greystone Pl.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Jean Nesch</u>	<u>1405 Cedar Ridge Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Roger Nesch</u>	<u>1405 Cedar Ridge Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Tessa Nesch</u>	<u>1405 Cedar Ridge Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of IL )  
County of ST CLAIR ) SS.

I, Mary-Jeanne Hutchison (Circulator's Name) do hereby certify that I reside at 771 White Horse Ln, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of ST CLAIR, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Mary-Jeanne Hutchison before me, on 12-4-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)

SHEET NO. 6



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 2nd Ward of O'Fallon in the County of St Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Mary Jeanne Hutchison</u>	OFFICE: <u>Alderpersion - Ward 2</u>
ADDRESS - ZIP CODE: <u>771 White Horse Ln</u> <u>O'Fallon</u> <u>62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Kim Miller</u>	<u>Kim Miller</u>	<u>785 Greystone Place</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Bob Miller</u>	<u>Bob Miller</u>	<u>785 Greystone Place</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Maria Hostetter</u>	<u>Maria Hostetter</u>	<u>776 White Horse Ln.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Leslie J. Hostetter</u>	<u>Leslie J. Hostetter</u>	<u>776 White Horse Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Mary Jeanne Hutchison</u>	<u>Mary Jeanne Hutchison</u>	<u>771 White Horse Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. _____	_____	_____	_____, IL	_____
7. _____	_____	_____	_____, IL	_____
8. _____	_____	_____	_____, IL	_____
9. _____	_____	_____	_____, IL	_____
10. _____	_____	_____	_____, IL	_____

Received by

DEC 12 2022

  
City Clerk

State of IL )  
County of St. CLAIR ) SS.

I, Mary Jeanne Hutchison (Circulator's Name) do hereby certify that I reside at 771 White Horse Ln in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. CLAIR, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

M J Hutchison  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Mary Jeanne Hutchison before me, on 12-4-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Heather M Walsh  
(Notary Public's Signature)

SHEET NO. 7

This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

(COMPLETE BUT DO NOT DETACH)

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

Council Member (Aldenperson Ward 2)  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Jessica Lotz  
Name 903 Paige Lane  
Address OFallon IL 62269  
City State ZIP Code

**FILED**  
**DEC 08 2022**  
THOMAS HOLBROOK  
COUNTY CLERK  
1:17 P.M.  
(54)

© 2000 HAWKINS 2

STATEMENT OF CANDIDACY  
INDEPENDENT

Received by

DEC 12 2022

NAME: <u>Jessica Lotz</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>City of O'Fallon</u> <i>O'Fallon City Clerk</i>
ADDRESS - ZIP CODE: <u>903 Paige Lane</u> <u>O'Fallon, IL 62269</u>	OFFICE: <u>Aldersperson ward 2</u> <u>(Council member)</u> 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, 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 St. Clair ) SS.

I, Jessica Lotz being first duly sworn (or affirmed), say that I reside at 903 Paige Lane,  
in the City Village, Unincorporated Area of O'Fallon (if unincorporated, list municipality that  
provides postal service) Zip Code 62269 in the County of St. Clair, State of Illinois;  
that I am a qualified voter therein, that I am a candidate for election to the office of Aldersperson in  
the City of O'Fallon to be voted upon at the election to be held on April 4, 2023 and that  
(Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
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 ballot for election to  
such office.

Jessica Lotz  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Jessica Lotz before me, on 12/11/2022  
(Name of Candidate) (insert month, day, year)



Martha F. Stoffel  
(Notary Public's Signature)



ATTACH TO PETITION           

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 )

I, Jessica Lotz, 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.

Jessica Lopez  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Jessica Lotz before me,  
(Name of Candidate)  
on 12/11/2022.  
(insert month, day, year)

Martha F. Stoffel  
(Notary Public's Signature)

(SEAL)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Jessica Lotz</u>	OFFICE: <u>Alderman</u> <u>(Council member) Ward 2</u>
ADDRESS - ZIP CODE: <u>903 Paige Lane</u> <u>O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Patrick Stoffel</u>	Patrick Stoffel	908 Jordan	O'Fallon, IL	St. Clair
2. <u>Martha Stoffel</u>	Martha Stoffel	908 Jordan	O'Fallon, IL	St. Clair
3. <u>Susan Hursey</u>	Susan Hursey	1257 Tanglewood Tr	O'Fallon, IL	St. Clair
4. <u>Clara Honea</u>	Clara Honea	1257 Tanglewood Tr	O'Fallon, IL	St. Clair
5. <u>Kayla Kessler</u>	Kayla Kessler	1417 Cedar R.	O'Fallon, IL	St. Clair
6. <u>Eric C. Harris</u>	ERIC C. HARRIS	1417 CEDAR RIDGE DR	O'Fallon, IL	St. Clair
7. <u>Brianna DeLong</u>	Brianna DeLong	1226 Applewhite Rd.	O'Fallon, IL	St. Clair
8. <u>Jason DeLong</u>	Jason DeLong	1226 Applewhite Rd.	O'Fallon, IL	St. Clair
9. <u>Gwin Kessler</u>	GWIN KESSLER	1253 TANGLEWOOD	O'Fallon, IL	ST CLAIR
10. <u>Boy E. Kessler</u>	Boy E. Kessler	1253 TANGLEWOOD	O'Fallon, IL	ST CLAIR

State of IllinoisCounty of St. Clair

SS.

I, Martha Stoffel (Circulator's Name) do hereby certify that I reside at 908 Jordan, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Martha Stoffel  
(Circulator's Signature)

Signed and sworn to (or affirmed) by

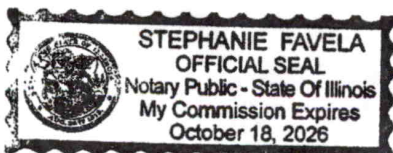
Martha Stoffel

before me, on

12/9/2022

(Name of Circulator)

(Insert month, day, year)



Stephanie Favela  
(Notary Public's Signature)

SHEET NO. 1



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Jessica Lotz</u>	OFFICE: <u>Aldersperson</u> <u>(Council member) Ward 2</u>
ADDRESS - ZIP CODE: <u>903 Paige Lane</u> <u>O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Glenn Robert Lotz</u>	Glenn Robert Lotz	953 Benjamin Dr	O'Fallon, IL	St. Clair
2. <u>Allyson Leigh Lotz</u>	Allyson Leigh Lotz	953 Benjamin Dr	O'Fallon, IL	St. Clair
3. <u>Ma Ann Scott</u>	Ma Ann Scott	937 May School Rd	O'Fallon, IL	St. Clair
4. <u>Janece G. Albers</u>	Janece G. Albers	932 Crabapple Ln	O'Fallon, IL	St. Clair
5. <u>Jennifer M Bellinger</u>	Jennifer M Bellinger	919 Victoria Ln	O'Fallon, IL	St. Clair
6. <u>Marcel Brown</u>	Marcel Brown	919 Victoria Ln	O'Fallon, IL	St. Clair
7. <u>Kevin Welch</u>	Kevin Welch	544 Highland View Dr	O'Fallon, IL	St. Clair
8. <u>Jamie Marie Trader</u>	Jamie Marie Trader	1414 Amberkat Ct	O'Fallon, IL	St. Clair
9. <u>Matthew Richard Trader</u>	Matthew Richard Trader	1414 Amberkat Ct	O'Fallon, IL	St. Clair

State of Illinois )  
County of St. Clair )

SS.

I, Jessica Lotz (Circulator's Name) do hereby certify that I reside at 903 Paige Lane in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Jessica Lotz  
(Circulator's Signature)

Signed and sworn to (or affirmed) by

Jessica Lotz  
(Name of Circulator)

before me, on 12/11/2022  
(Insert month, day, year)



Martha F. Stoffel  
(Notary Public's Signature)

SHEET NO. 2



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Jessica Lotz</u>	OFFICE: <u>Alderperson</u> <u>(Council member) Ward 2</u>
ADDRESS - ZIP CODE: <u>903 Paige Lane</u> <u>O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>Jeremy Charles Albers</u>	<u>Jeremy Charles Albers</u>	<u>932 Crabapple Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Nicholas Schmidt</u>	<u>Nicholas Schmidt</u>	<u>1525 N. Smiley</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Graig S. Loe</u>	<u>Graig S. Loe</u>	<u>903 Paige Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Anna Koch</u>	<u>Anna Koch</u>	<u>904 Victoria Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Josh P. Koch</u>	<u>Josh P. Koch</u>	<u>904 Victoria Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Kimberly Conway Suber</u>	<u>Kimberly Conway Suber</u>	<u>908 Victoria Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>David Michael Balch</u>	<u>David Michael Balch</u>	<u>908 Victoria Ln</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>John Douglas Grissom</u>	<u>John Douglas Grissom</u>	<u>705 Bob White</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Janet M. Grissom</u>	<u>Janet M. Grissom</u>	<u>705 Bob White</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of Illinois  
County of St. Clair

SS.

I, Jessica Lotz (Circulator's Name) do hereby certify that I reside at 903 Paige Lane, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Jessica Lotz  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Jessica Lotz before me, on 12/11/2022  
(Name of Circulator) (Insert month, day, year)

Martha F. Stoffel  
(Notary Public's Signature)





## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of Ofallon in the County of St Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Jessica Lotz</u>	OFFICE: <u>Aldersperson</u> <u>(Council member) Ward 2</u>
ADDRESS - ZIP CODE: <u>903 Paige Lane</u> <u>Ofallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Jessica Lotz</u>	<u>Jessica Lotz</u>	<u>903 Paige Lane</u>	<u>Ofallon</u> ,IL	<u>St Clair</u>
2.			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	

Received by

DEC 12 2022

  
City Clerk

State of Illinois )  
County of St Clair )

SS.

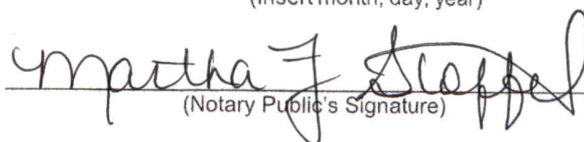
I, Jessica Lotz (Circulator's Name) do hereby certify that I reside at 903 Paige Lane, in the City/Village/Unincorporated Area of Ofallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.



(Circulator's Signature)

Signed and sworn to (or affirmed) by Jessica Lotz before me, on 12/11/2022  
(Name of Circulator) (Insert month, day, year)



(Notary Public's Signature)

SHEET NO. 4

This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

**(COMPLETE BUT DO NOT DETACH)**

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

Candidate for Alderperson Ward 3 City of O'Fallon  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Name Andrea Fohne  
Address 207 S. Augusta St.  
O'Fallon IL 62269  
City State ZIP Code

**FILED** *NA*  
**DEC 09 2022** *11:45 am*  
**THOMAS HOLBROOK**  
**COUNTY CLERK**





City of O'Fallon

## STATEMENT OF CANDIDACY

## INDEPENDENT

DEC 12 2022

NAME: Andrea Fohne	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE O'Fallon, Illinois
ADDRESS - ZIP CODE: 207 S. Augusta St., O'Fallon, IL 62269	OFFICE: Alderperson Ward 3 City of O'Fallon 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, 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 St. Clair ) SS.

I, Andrea Fohne being first duly sworn (or affirmed), say that I reside at 207 S. Augusta St.  
 in the O'Fallon, IL (if unincorporated, list municipality that  
 provides postal service) Zip Code 62269 in the County of St. Clair, State of Illinois;  
 that I am a qualified voter therein, that I am a candidate for election to the office of ward 3 Alderperson in  
 the O'Fallon, IL to be voted upon at the election to be held on 4-4-2023 and that  
 (Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
 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 ballot for election to  
 such office.

Andrea Fohne  
 (Signature of Candidate)

Signed and sworn to (or affirmed) by Andrea Fohne before me, \_\_\_\_\_ 12-09-2021  
 (Name of Candidate)



Susan L. Parkinson  
 (Notary Public's Signature)

(SEAL)

ATTACH TO PETITION

10 ILCS 5/7-10.1

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

**LOYALTY OATH**  
(OPTIONAL)

United States of America                     )  
  )  
State of Illinois                                )     SS.

I, Andrea Fohne, 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.

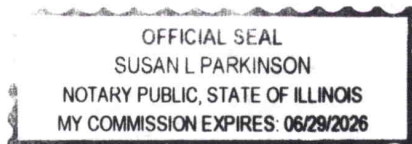
*A. Fohne*  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Andrea Fohne before me,  
(Name of Candidate)

on 12-09-22  
(insert month, day, year)

*Susan L. Parkinson*  
(Notary Public's Signature)

(SEAL)





## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Andrea Fonne</u>	OFFICE: <u>Alderperson</u>
ADDRESS - ZIP CODE: <u>207 S. Augusta St.</u> <u>O'Fallon, IL 62269</u>	<u>Ward #3 City of O'Fallon</u> A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Mary Carney</u>	<u>MARY CARNEY</u>	<u>701 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Heather Greco</u>	<u>Greco, Heather</u>	<u>610 S. Vine</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Guy Hemmick</u>	<u>Guy Hemmick</u>	<u>601 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>JANE Hemmick</u>	<u>JANE Hemmick</u>	<u>601 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Larry Shepherd</u>	<u>Larry S.</u>	<u>600 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>Robert S. Price</u>	<u>ROBERT S. PRICE</u>	<u>512 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Phyllis R. Price</u>	<u>Phyllis L. Price</u>	<u>512 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Keon Madden</u>	<u>Keon Madden</u>	<u>704 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Susan Madden</u>	<u>Susan Madden</u>	<u>704 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Scott Hubbard</u>	<u>Scott Hubbard</u>	<u>706 S. VINE</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of Illinois )  
County of Saint Clair ) SS.

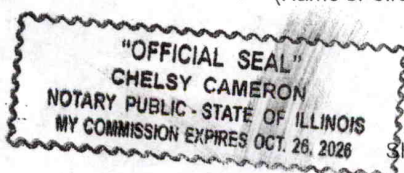
I, ROY CARNEY (Circulator's Name) do hereby certify that I reside at 701 S. VINE ST. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code 62269, County of St. Clair, State of Illinois) that I am 18 years of age or older (or 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by ROY A. CARNEY before me, on 12/10/2022  
(Name of Circulator) (Insert month, day, year)

[Signature]  
(Notary Public's Signature)

(SEAL)

SHEET NO. 1



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Andrea Fohne</u>	OFFICE: <u>Aldersperson</u>
ADDRESS - ZIP CODE: <u>207 S. Augusta St.</u> <u>O'Fallon, IL 62269</u>	<u>Ward #3 City of O'Fallon</u>
A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term	

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>Debra Fohne</u>	<u>Debra Fohne</u>	<u>414 E 3rd St</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>Gary Fohne</u>	<u>Gary Fohne</u>	<u>414 E. 3rd St.</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>Roy A. Carrey</u>	<u>ROY A. CARREY</u>	<u>741 S. VINE ST.</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>GARY AHLE</u>	<u>GARY AHLE</u>	<u>221 E. JEFFERSON</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>Tena Ahle</u>	<u>Tena Ahle</u>	<u>221 E. Jefferson</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>Valerie Hancock</u>	<u>VALERIE HANCOCK</u>	<u>312 E. WASHINGTON</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>Kirk Hancock</u>	<u>KIRK HANCOCK</u>	<u>206 E. 3RD ST</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>Caren Bacon</u>	<u>Caren Bacon</u>	<u>105 E Jackson</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>Bobby Bacon</u>	<u>BOBBY BACON</u>	<u>105 E. JACKSON</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>
<u>Peggy Bacon</u>	<u>Peggy Bacon</u>	<u>105 E. JACKSON</u>	<u>O'Fallon IL</u>	<u>St. Clair</u>

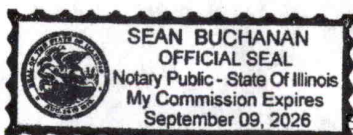
State of Illinois )  
County of Saint Clair ) SS.

I, Andrea Fohne (Circulator's Name) do hereby certify that I reside at 207 S. Augusta St. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

A. Fohne  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Andrea E Fohne before me, on December 11 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Sean Buchanan  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Andrea Fohne</u>	OFFICE: <u>Alderperson</u> <u>Ward #3 City of O'Fallon</u>
ADDRESS - ZIP CODE: <u>207 S. Augusta St.</u> <u>O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Roberta Springer</u>	<u>Roberta Springer</u>	<u>503 N. Lincoln Ave.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Suzanne M. Beebe</u>	<u>Suzanne M. Beebe</u>	<u>203 N. Vine St.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Michael Buchanan</u>	<u>Michael Buchanan</u>	<u>505 E. Kane St.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Tonica Heil</u>	<u>Tonica Heil</u>	<u>318 N. Cherry St.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Samantha Medeiros</u>	<u>Samantha Medeiros</u>	<u>204 Persimmon Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>Theodore Evans</u>	<u>Theodore Evans</u>	<u>204 Persimmon Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Marie Almeida</u>	<u>Marie Almeida</u>	<u>204 Persimmon Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Amanda Lambriak</u>	<u>Amanda Lambriak</u>	<u>203 S. Augusta St.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Nate Parker</u>	<u>NATE PARKER</u>	<u>206 S. Augusta St.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Alex Parker</u>	<u>Alex parker</u>	<u>206 S. August St</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of Illinois )County of Saint Clair ) SS.

I, Andrea Fohne (Circulator's Name) do hereby certify that I reside at 207 S. Augusta St. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

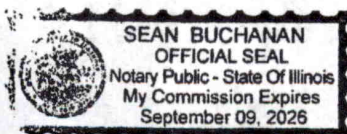
Code) 62269, County of St. Clair, State of Illinois that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of filing 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

A. Fohne  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Andrea E Fohne  
(Name of Circulator)

before me, on December 11 2022  
(Insert month, day, year)

(SEAL)



Sean Buchanan  
(Notary Public's Signature)

SHEET NO.

3



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Andrea Fohne</u>	OFFICE: <u>Alder person</u>
ADDRESS - ZIP CODE: <u>207 S. Augusta St.</u> <u>O'Fallon, IL 62269</u>	<u>Ward #3 City of O'Fallon</u>
A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term	

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Harold Gross</u>	<u>Harold Gross</u>	<u>505 S. Vine</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
2. <u>Judy Bugger</u>	<u>Judy Bugger</u>	<u>303 S. Augusta</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
3. <u>Barbara Bright</u>	<u>Barbara Bright</u>	<u>105 E. Adams St.</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
4. <u>Kele Wood</u>	<u>Kele Wood</u>	<u>103 E. Adams</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
5. <u>Robert C. Schmidt</u>	<u>ROBERT C SCHMIDT</u>	<u>106 E. ADAMS</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
6. <u>Lisbeth Brown</u>	<u>LISBETH BROWN</u>	<u>212 W. Washington</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
7. <u>Stephen Brown</u>	<u>Stephen Brown</u>	<u>212 W. Washington</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
8. <u>Ronald Cavins</u>	<u>RONALD CAVINS</u>	<u>109 E. JEFFERSON</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
9. <u>Adam Taulbee</u>	<u>Adam Taulbee</u>	<u>502 W. JEFFERSON</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>
10. <u>Logan Dominick</u>	<u>Logan Dominick</u>	<u>203 S. Augusta</u>	<u>O'Fallon</u> <sup>IL</sup>	<u>St. Clair</u>

State of Illinois  
County of Saint Clair

SS.

DEC 12 2022

City Clerk  
O'Fallon, IL

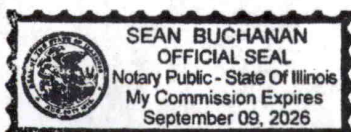
I, Andrea Fohne (Circulator's Name) do hereby certify that I reside at 207 S. Augusta St. in the City Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

A. Fohne  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Andrea E Fohne before me, on December 11 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Sean Buchanan  
(Notary Public's Signature)

SHEET NO. 4



This will be returned to you  
When statement is filed in the  
Office of the County Clerk.


(COMPLETE BUT DO NOT DETACH)

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

Alderman Ward #3 OFallon IL  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Name Vern Malake  
Address 419 E. Adams St  
OFallon IL 62269  
City State ZIP Code

FILED *ut*  
DEC 07 2022 *10:11 PM*  
THOMAS HOLBROOK  
COUNTY CLERK 

## STATEMENT OF CANDIDACY

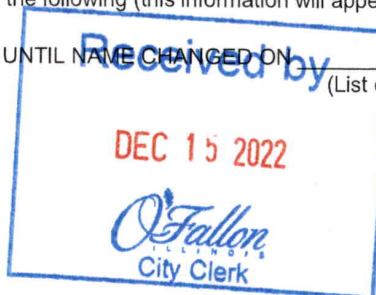
## INDEPENDENT

NAME: <u>VERN MALARE</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>O'FALLON, ILLINOIS</u>
ADDRESS - ZIP CODE: <u>419 E ADAMS ST</u> <u>O'FALLON, IL 62269</u>	OFFICE: <u>WARD 3 ALDERMAN</u>  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, 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 ST. CLAIR ) SS.



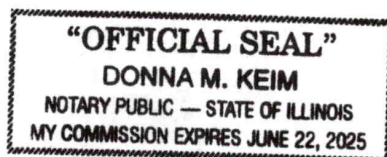
I, \_\_\_\_\_ being first duly sworn (or affirmed), say that I reside at 419 E ADAMS ST,  
 in the City, Village, Unincorporated Area of O'FALLON (if unincorporated, list municipality that  
 provides postal service) Zip Code 62269 in the County of ST. CLAIR, State of Illinois;  
 that I am a qualified voter therein, that I am a candidate for election to the office of WARD 3 ALDERMAN in  
 the O'FALLON, O'FALLON ST. CLAIR IL to be voted upon at the election to be held on APRIL 4, 2023 and that  
 (Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
 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 ballot for election to  
 such office.

Vern Malare  
 (Signature of Candidate)

Signed and sworn to (or affirmed) by Vernell Malare before me, on 12-7-22  
 (Name of Candidate) (insert month, day, year)

(SEAL)



Donna M. Keim  
 (Notary Public's Signature)



ATTACH TO PETITION

10 ILCS 5/7-10.1

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

**LOYALTY OATH**  
(OPTIONAL)

United States of America                     )  
  )  
State of Illinois                                )     SS.

I, Vern Malare, 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.

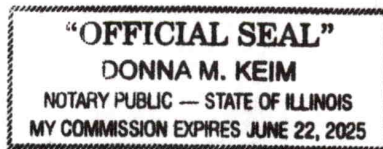
Vern Malare  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Vernell Malare before me,  
(Name of Candidate)

on 12-7-22  
(insert month, day, year)

Donna M. Keim  
(Notary Public's Signature)

(SEAL)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the TOWNSHIP of O'FALLON in the County of ST. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the CONSOLIDATED Election to be held on APRIL 4, 2023 (date of election).

NAME: <u>VERN MALARE</u>	OFFICE: <u>WARD 3 ALDERMAN</u>
ADDRESS - ZIP CODE: <u>419 E ADAMS ST</u> <u>O'FALLON IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>BCU Donat</u>	<u>William Donat</u>	<u>314 E 4TH</u>	<u>O'Fallon IL</u>	<u>ST. CLAIR</u>
2. <u>Valerie Nephew</u>	<u>Valerie Nephew</u>	<u>305 E 4th</u>	<u>O'Fallon IL</u>	<u>ST. CLAIR</u>
3. <u>Ruth Hurdley</u>	<u>Ruth Hurdley</u>	<u>309 E 4th</u>	<u>O'Fallon IL</u>	<u>ST. CLAIR</u>
4. <u>Kevin Holden</u>	<u>Kevin Holden</u>	<u>315 E 4th</u>	<u>O'Fallon IL</u>	<u>ST. CLAIR</u>
5. <u>Derek Donat</u>	<u>Derek Donat</u>	<u>312 E 4th</u>	<u>O'Fallon IL</u>	<u>ST. CLAIR</u>
6. <u>Thomas C Halliday</u>	<u>Thomas C Halliday</u>	<u>405 E 3rd</u>	<u>O'Fallon IL</u>	<u>ST. CLAIR</u>
7. <u>Susan Rushing</u>	<u>Susan Rushing</u>	<u>514 E Washington</u>	<u>O'Fallon IL</u>	<u>ST. CLAIR</u>
8. <u>Galyn Rushing</u>	<u>Galyn Rushing</u>	<u>514 E Washington</u>	<u>O'Fallon IL</u>	<u>ST. CLAIR</u>
9. <u>Valerie Hancock</u>	<u>VALERIE HANCOCK</u>	<u>312 E. WASHINGTON</u>	<u>O'FALLON</u>	<u>ST. CLAIR</u>
10. <u>Opal Malare</u>	<u>OPAL MALARE</u>	<u>419 E ADAMS ST</u>	<u>O'FALLON</u>	<u>ST. CLAIR</u>

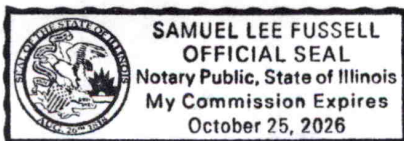
State of ILLINOIS )  
County of ST. CLAIR ) SS.

I, VERN MALARE (Circulator's Name) do hereby certify that I reside at 419 E ADAMS ST, in the City/Village/Unincorporated Area of O'FALLON (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of ST. CLAIR, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Vern Malare  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Vern Malare before me, on Dec. 14, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Samuel Lee Fussell  
(Notary Public's Signature)

SHEET NO. 1044



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the TOWNSHIP of O'FALLON in the County of ST. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the CONSOLIDATED Election to be held on APRIL 4, 2023 (date of election).

NAME: <u>VERN MALARE</u>	OFFICE: <u>WARD 3 ALDERMAN</u>
ADDRESS - ZIP CODE: <u>419 E ADAMS ST</u> <u>O'FALLON IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Janet R. Verbeck</u>	<u>Janet R. Verbeck</u>	<u>4104 S. Augusta</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
2. <u>Darius G. Montan</u>	<u>DARIUS G. MONTAN</u>	<u>401 S. Augusta</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
3. <u>Virginia C. Dinges</u>	<u>Virginia C. Dinges</u>	<u>405 S. Augusta St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
4. <u>Rebecca Pitts</u>	<u>Rebecca Pitts</u>	<u>407 S. Augusta St.</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
5. <u>Chris Walker-Am</u>	<u>Chris Walker-Am</u>	<u>501 S. Augusta St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
6. <u>Charles E. Clifton Jr.</u>	<u>Charles E. Clifton Jr.</u>	<u>507 S. Augusta St.</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
7. <u>Patricia A. Clark</u>	<u>PATRICIA CLARK</u>	<u>503. Augusta St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
8. <u>Thomas L. Clark</u>	<u>Thomas L. Clark</u>	<u>503. Augusta St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
9. <u>Dorothy Falk</u>	<u>DOROTHY FALK</u>	<u>408 E. THIRD ST.</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
10. <u>Don Hollenback</u>	<u>DON HOLLENBACK</u>	<u>500 FONTAINE BLVD</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>

State of ILLINOIS )

SS.

County of ST. CLAIR )I, VERN MALARE (Circulator's Name) do hereby certify that I reside at 419 E ADAMS ST, in theCity/Village/Unincorporated Area of O'FALLON (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of ST. CLAIR, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Vern Malare  
(Circulator's Signature)

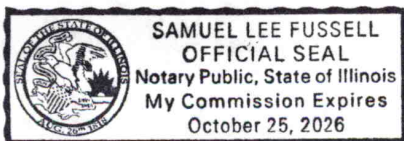
Signed and sworn to (or affirmed) by

Vern Malare  
(Name of Circulator)

before me, on

Dec. 14, 2022  
(Insert month, day, year)

(SEAL)



Samuel Lee Fussell  
(Notary Public's Signature)

SHEET NO. 2044



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the TOWNSHIP of O'FALLON in the County of ST. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the CONSOLIDATED Election to be held on APRIL 4, 2023 (date of election).

NAME: <u>VERN MALARE</u>	OFFICE: <u>WARD 3 ALDERMAN</u>
ADDRESS - ZIP CODE: <u>419 E ADAMS ST</u> <u>O'FALLON IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Terry M. Lysakowski</u>	<u>Terry M. Lysakowski</u>	<u>507 E. Adams St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
2. <u>Paul E. Claussen</u>	<u>PAUL E. CLAUSSEN</u>	<u>516 E. ADAMS</u>	<u>O'FALLON, IL</u>	<u>ST. CLAIR</u>
3. <u>Linda R. Claussen</u>	<u>Linda R. Claussen</u>	<u>516 E. Adams St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
4. <u>Steven Lilly</u>	<u>Steven Lilly</u>	<u>508 E. Adams</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
5. <u>Lisa Lilly</u>	<u>Lisa Lilly</u>	<u>508 E Adams</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
6. <u>Lorraine Smith</u>	<u>Lorraine</u>	<u>420 E Adams</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
7. <u>Cody Graves</u>	<u>Cody Graves</u>	<u>418 E Adams St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
8. <u>Sean Stephenson</u>	<u>Sean Stephenson</u>	<u>414 E Adams St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
9. <u>Julia Baird</u>	<u>Julia Baird</u>	<u>412 E Adams St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
10. <u>Norman Baird III</u>	<u>Norman Baird</u>	<u>412 E Adams St</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>

State of ILLINOIS )

SS.

County of ST. CLAIR )

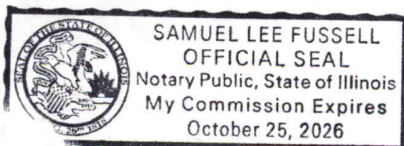
I, VERN MALARE (Circulator's Name) do hereby certify that I reside at 419 E ADAMS ST, in the City/Village/Unincorporated Area of O'FALLON (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of ST. CLAIR, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Vern Malare  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Vern Malare before me, on Dec 14, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Samuel Lee Fussell  
(Notary Public's Signature)

SHEET NO. 3 of 4



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the TOWNSHIP of O'FALLON in the County of ST. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the CONSOLIDATED Election to be held on APRIL 4, 2023 (date of election).

NAME: <u>VERN MALARE</u>	OFFICE: <u>WARD 3 ALDERMAN</u>
ADDRESS - ZIP CODE: <u>419 E ADAMS ST</u> <u>O'FALLON IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>Mary I. Konieczny</u>	<u>MARY I. KONIECZNY</u>	<u>601 S. Augusta</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Brennan Crow</u>	<u>Brennan Crow</u>	<u>605 S. Augusta</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Kelley Feeman</u>	<u>Kelley Feeman</u>	<u>607 S. Augusta</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>DAVE</u>	<u>DAVE FEEMAN</u>	<u>607 S. AUGUSTA ST</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Lillian Piller</u>	<u>LILLIAN PILLER</u>	<u>201 S. Augusta</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Mary T. Herbert</u>	<u>MARY T. HERBERT</u>	<u>606 S. Augusta</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>James Dwyer</u>	<u>JAMES DWYER</u>	<u>604 S. Augusta St</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Renae Cavillet</u>	<u>RENAE CAVILLET</u>	<u>508 S. Augusta St</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>Sharon Bridell</u>	<u>SHARON BRIDELL</u>	<u>506 S. Augusta St</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>MIKE THOLE</u>	<u>MIKE THOLE</u>	<u>406 S. AUGUSTA ST</u>	<u>O'FALLON, IL</u>	<u>ST. CLAIR</u>

State of ILLINOIS )  
County of ST. CLAIR )

SS.

Received by

DEC 15 2022

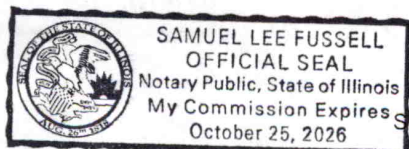
O'Fallon  
City Clerk

I, VERN MALARE (Circulator's Name) do hereby certify that I reside at 419 E ADAMS ST, in the City/Village/Unincorporated Area of O'FALLON, (If unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of ST. CLAIR, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Vern Malare  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Vern Malare before me, on Dec 14, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Samuel Lee Fussell  
(Notary Public's Signature)

SHEET NO.

4 of 4

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

ALDERMAN WARD 4 O'FALLON  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

MATTHEW "GREGG" GILLHAM  
Name  
30th AMHERST DR  
Address  
O'FALLON IL 62269  
City State ZIP Code

of your S  
Interests,  
Illinois G  
Statemen

**FILED**  
**DEC 09 2012**  
**THOMAS HOLBROOK**  
**COUNTY CLERK**

DMB  
2:45 PM

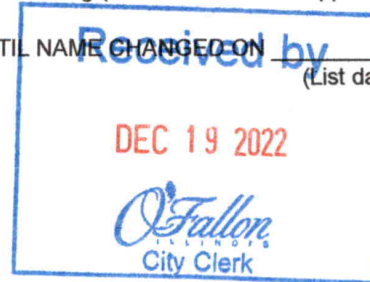


## STATEMENT OF CANDIDACY

## NONPARTISAN

NAME: <u>Matthew "Gilly" Gilreath</u>	OFFICE: <u>Alderman</u> A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term
ADDRESS - ZIP CODE: <u>304 Amhurst Drive 62269</u>	CITY, VILLAGE OR SPECIAL DISTRICT: <u>O'Fallon - Ward 4</u>

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 St. Clair ) SS.

I, Matthew "Gilly" Gilreath being first duly sworn (or affirmed), say that I reside at  
304 Amhurst Drive, in the City, Village, Unincorporated Area of O'Fallon  
 (if unincorporated, list municipality that provides postal service) Zip Code 62269, in the County of  
St. Clair, State of Illinois; that I am a qualified voter therein, that I am a candidate for Nomination/  
Election to the office of Alderman in the City of O'Fallon - Ward 4  
 (Name of City, Village or Special District)

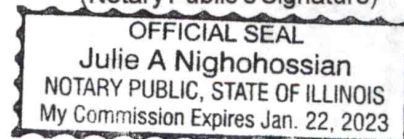
to be voted upon at the election to be held on April 4<sup>th</sup>, 2023 (date of election) and that I am legally qualified  
 to hold such office and that I have filed (or I will file before the close of the petition filing period) a Statement of Economic Interests  
 as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for  
 Nomination/Election to such office.

(Signature of Candidate)

Signed and sworn to (or affirmed) by Matthew "Gilly" Gilreath before me, on 12-16-2022  
 (Name of Candidate) (insert month, day, year)

(SEAL)

(Notary Public's Signature)



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

10 ILCS 5/7-10.1

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

**LOYALTY OATH**  
(OPTIONAL)

United States of America                     )  
   )  
State of Illinois                                 )       SS.

I, Matthew "Gilly" Gilreath, 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 MATTHEW "GILLY" GILREATH before me,  
(Name of Candidate)

on 12-16-2022  
(insert month, day, year)

  
(Notary Public's Signature)

(SEAL)





## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4<sup>th</sup>, 2023 (date of election).

NAME: <u>Matthew "Gilly" Gilreath</u>	OFFICE: <u>Alderman - Ward 4</u>
ADDRESS - ZIP CODE: <u>304 Amhurst Drive, 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Brandon Guss</u>	Brandon Guss	203 Westminster Ave	O'Fallon, IL	St. Clair
2. <u>Nathan Hubbard</u>	Nathan Hubbard	701 E. 3 <sup>rd</sup> Street	O'Fallon, IL	St. Clair
3. <u>Autymn Hubbard</u>	Autymn Hubbard	701 E 3rd	O'Fallon, IL	St. Clair
4. <u>Deborah Hubbard</u>	Deborah Hubbard	411 Westminster	O'Fallon, IL	St. Clair
5. <u>Steve Newcomb</u>	Steve Newcomb	1306 PINEHURST DR	O'Fallon, IL	ST. CLAIR
6. <u>Kathleen Newcomb</u>	Kathleen Newcomb	1306 PINEHURST DR	O'Fallon, IL	ST. CLAIR
7. <u>Matthew Nordme</u>	Matthew Nordme	8415 Braeswood Estates	O'Fallon, IL	St. Clair
8. <u>Michael Horsey</u>	Michael Horsey	241 Scott Troy Rd	O'Fallon, IL	St. Clair
9. <u>Marsha A. Cremer</u>	Marsha A. Cremer	508 Westfield Dr	O'Fallon, IL	St. Clair
10. <u>George Cremer</u>	George Cremer	508 Westfield Dr	O'Fallon, IL	St. Clair

State of Illinois )  
County of St. Clair ) SS.

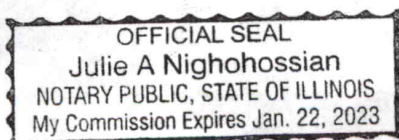
I, Matthew "Gilly" Gilreath (Circulator's Name) do hereby certify that I reside at 304 Amhurst Drive, in the O'Fallon City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Matthew "Gilly" Gilreath before me, on Dec 12, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)

SHEET NO. 1



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4<sup>th</sup>, 2023 (date of election).

NAME: <u>Matthew "Gilly" Gilreath</u>	OFFICE: <u>Alderman - Ward 4</u>
ADDRESS - ZIP CODE: <u>304 Amhurst Drive, 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Janice M. Gilreath</u>	Janice M Gilreath	15 Vanderbilt Pl	O'Fallon, IL	St. Clair
2. <u>Kathryn A. Gilreath</u>	Kathryn A. Gilreath	304 Amhurst	O'Fallon, IL	St. Clair
3. <u>Ronald B. Gilreath</u>	RONALD B. GILREATH	15 VANDERBILT PL	O'Fallon, IL	ST. CLAIR
4. <u>Judith Huffman</u>	Judith Huffman	1137 Creekside Ct	O'Fallon, IL	St. Clair
5. <u>Carolyn Mata</u>	Carolyn Mata	504 Rebecca Dr	O'Fallon, IL	St. Clair
6. <u>Amanda Bryant</u>	<del>Amanda Bryant</del>	508 Rebecca Dr	O'Fallon, IL	St. Clair
7. <u>Colleen Bennett</u>	Colleen Bennett	1507 Princeton Dr.	O'Fallon, IL	St. Clair
8. <u>Scott Bennett</u>	Scott Bennett	1507 Princeton Dr	O'Fallon, IL	St. Clair
9. <u>John Antone</u>	John Antone	1103 Princeton Dr	O'Fallon, IL	St. Clair
10. <u>Kimberly Antone</u>	Kimberly Antone	1103 Princeton Dr.	O'Fallon, IL	St. Clair

State of Illinois )  
County of St. Clair ) SS.

I, Matthew "Gilly" Gilreath (Circulator's Name) do hereby certify that I reside at 304 Amhurst Drive, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Matthew "Gilly" Gilreath before me, on December 12, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4<sup>th</sup>, 2023 (date of election).

NAME: <u>Matthew "Gilly" Gilreath</u>	OFFICE: <u>Alderman - Ward 4</u>
ADDRESS - ZIP CODE: <u>304 Amhurst Drive, 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Angelica Haymon</u>	<u>Angelica Haymon</u>	<u>301 Westminster</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Emi Reilly</u>	<u>Emi Reilly</u>	<u>312 Whitehall Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Sean Reilly</u>	<u>Sean Reilly</u>	<u>312 Whitehall Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Charlene Longley</u>	<u>Charlene Longley</u>	<u>1204 Southview Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>R. McNaughton</u>	<u>R. McNaughton</u>	<u>327 Agnes Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>E. McNaughton</u>	<u>E. McNaughton</u>	<u>327 Agnes Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Sarah Atterberg</u>	<u>Sarah Atterberg</u>	<u>805 E. 3rd St B</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Harry Klaus</u>	<u>Harry Klaus</u>	<u>1303 DeSoto Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Donna Klaus</u>	<u>Donna Klaus</u>	<u>1303 DeSoto Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Jane Stump</u>	<u>Jane Stump</u>	<u>602 Dartmouth</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of Illinois )  
County of St. Clair ) SS.

I, Matthew "Gilly" Gilreath (Circulator's Name) do hereby certify that I reside at 304 Amhurst Drive in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by MATTHEW "GILLY" GILREATH before me, on 12-19-2022  
(Name of Circulator) (Insert month, day, year)

[Signature]  
(Notary Public's Signature)

(SEAL)



SHEET NO

3



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4<sup>th</sup>, 2023 (date of election).

NAME: <u>Matthew "Gilly" Gilreath</u>	OFFICE: <u>Alderman - Ward 4</u>
ADDRESS - ZIP CODE: <u>304 Amhurst Drive, 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Adrienne Miller</u>	Adrienne Miller	401 Matthew Dr.	O'Fallon, IL	St. Clair
2. <u>Renée Jantz</u>	Renée Jantz	1034 Edgewood Dr.	O'Fallon, IL	St. Clair
3. <u>Elizabeth R. Lilly</u>	Elizabeth R. Lilly	1402 DeSoto Dr.	O'Fallon, IL	St. Clair
4. <u>Brooke Williams</u>	Brooke Williams	1025 Hawthorne Pl	O'Fallon, IL	St. Clair
5. <u>Kathryn E. Lewis</u>	Kathryn E. Lewis	1403 DeSoto Dr	O'Fallon, IL	St. Clair
6. <u>Patricia A. McCollum</u>	Patricia A. McCollum	1520 PRINCE TON DR	O'Fallon, IL	St. Clair
7. <u>Gary K. Berger</u>	Gary K. Berger	2 Vanderbilt Pl	O'Fallon, IL	St. Clair
8. <u>Bob Bianchi</u>	Bob Bianchi	10 Vanderbilt Pl	O'Fallon, IL	St. Clair
9. <u>Mary Rogers</u>	Mary Rogers	13 Vanderbilt Pl	O'Fallon, IL	St. Clair
10. <u>Joni Leininger</u>	Joni Leininger	930 Shadow Ridge Crossing	O'Fallon, IL	St. Clair

State of Illinois )  
County of St. Clair ) SS.

I, JANIE M. GILREATH (Circulator's Name) do hereby certify that I reside at 15 VANDERBILT PL in the City/Village/Unincorporated Area of O'FALLON (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Janie M. Gilreath  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Janie Gilreath before me, on Dec 12, 2022  
(Name of Circulator) (Insert month, day, year)



Julie A. Nighohossian  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION


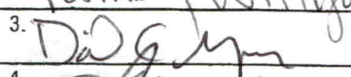

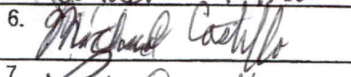
We, the undersigned, qualified voters in the city of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4<sup>th</sup>, 2023 (date of election).

NAME: Matthew "Gilly" Gilreath	OFFICE: Alderman - Ward 4
ADDRESS - ZIP CODE: 304 Amhurst Drive, 62269	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. 	MATTHEW GORENATH	304 AMHURST DR	O'FALLON, IL	ST. CLAIR
2. Tammy Willgosh	Tammy Willgosh	1410 S. Yale Dr.	O'Fallon, IL	St. Clair
3. 	Daniel Meyer	203 Harvard Dr	O'Fallon, IL	St. Clair
4. 	Jennifer Meyer	203 Harvard Dr	O'Fallon, IL	St. Clair
5. Kathleen Hohnein	KATHLEEN Hohnein	206 WESTMINSTER	O'FALLON, IL	St. Clair
6. 	Michael Castillo	308 Amhurst dr	O'Fallon, IL	St. Clair
7. Leah Castillo	Leah Castillo	308 Amhurst dr.	O'Fallon, IL	St. Clair
8.			, IL	
9.			, IL	
10.			, IL	

State of Illinois  
County of St. Clair

33.

I, Kaitlyn Gilreath (Circulator's Name) do hereby certify that I reside at 309 Amburst Drive, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

*Kaitlin A. Inada*  
(Circulator's Signature)

(Circulator's Signature)

Signed and sworn to (or affirmed) by Kaitlyn G. Greath before me, on 12/19/2022  
(Name of Circulator) (Insert month, day, year)

(Insert month, day, year)

(SEAL)



SHEET NO.

5

(Notary Public's Signature)

## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4<sup>th</sup>, 2023 (date of election).

NAME: <u>Matthew "Gilly" Gilreath</u>	OFFICE: <u>Alderman - Ward 4</u>
ADDRESS - ZIP CODE: <u>304 Amhurst Drive, 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Rax Burke</u>	<u>Rax Burke</u>	<u>302 Westminister</u>	<u>O'Fallon</u> IL	<u>ST. CLAIR</u>
2. <u>Patricia Burke</u>	<u>Patricia Burke</u>	<u>302 Westminister</u>	<u>O'Fallon</u> IL	<u>ST. CLAIR</u>
3. <u>Ramela Aylor</u>	<u>Ramela Aylor</u>	<u>401 Westminister</u>	<u>O'Fallon</u> IL	<u>ST. CLAIR</u>
4. <u>St. Wakefield</u>	<u>St. Wakefield</u>	<u>1106 N Yale</u>	<u>O'Fallon</u> IL	<u>ST. CLAIR</u>
5. <u>Brent Wakefield</u>	<u>BRENT WAKEFIELD</u>	<u>1106 N YALE</u>	<u>O'FALLON</u> IL	<u>ST. CLAIR</u>
6.			IL	
7.			IL	
8.			IL	
9.			IL	
10.			IL	

State of Illinois )  
County of St. Clair ) SS.

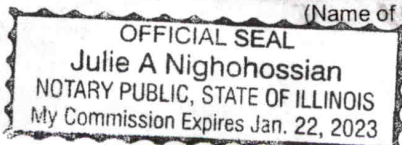
I, Matthew "Gilly" Gilreath (Circulator's Name) do hereby certify that I reside at 304 Amhurst Drive in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by Matthew "Gilly" Gilreath before me, on December 12, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



(Notary Public's Signature)

SHEET NO. 6



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the city of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the consolidated Election to be held on April 4<sup>th</sup>, 2023 (date of election).

NAME: <u>Matthew "Gilly" Gilreath</u>	OFFICE: <u>Alderman - Ward 4</u>
ADDRESS - ZIP CODE: <u>304 Amhurst Drive, 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>[Signature]</u>	<u>Patrick Mahoney</u>	<u>7 Vanderbilt Pl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>[Signature]</u>	<u>M. Aylor-Burr</u>	<u>406 Westminister</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>[Signature]</u>	<u>Rocky Aylor</u>	<u>401 Westminister Ave.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Carl A. Huffman</u>	<u>CARL A. HUFFMAN</u>	<u>1137 CREEKSIDE CT</u>	<u>O'FALLON, IL</u>	<u>ST. CLAIR</u>
5. <u>Thomas G. Lewis</u>	<u>Thomas G. Lewis</u>	<u>1403 DeSoto Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>[Signature]</u>	<u>Bradley A. Lewis</u>	<u>311 Agnes Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. _____	_____	_____	_____, IL	_____
8. _____	_____	_____	_____, IL	_____
9. _____	_____	_____	_____, IL	_____
10. _____	_____	_____	_____, IL	_____

Received by

DEC 19 2022

O'Fallon  
City ClerkState of IllinoisCounty of St. Clair

SS.

I, Matthew "Gilly" Gilreath (Circulator's Name) do hereby certify that I reside at 304 Amhurst Drive in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by MATTHEW "GILLY" GILREATH before me, on 12-19-2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



(Notary Public's Signature)

SHEET NO

7

This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

(COMPLETE BUT DO NOT DETACH)

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

Candidate Alderperson Ward 4 City of O'Fallon  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Todd Roach  
Name  
923 Dartmouth Dr.  
Address  
O'Fallon IL 62269  
City State ZIP Code

**FILED**

DEC 05 2022

THOMAS HOLBROOK  
COUNTY CLERK

10:30  
12/5/22  
TH





## STATEMENT OF CANDIDACY

## INDEPENDENT

NAME: <u>Todd Roach</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>O'Fallon</u>
ADDRESS - ZIP CODE: <u>923 Dartmouth Drive</u> <u>62269</u>	OFFICE: <u>Alderson Ward 4</u> <u>City of O'Fallon</u> A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

Received by

DEC 12 2022

O'Fallon  
City Clerk

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 Saint Clair ) SS.

I, Todd Roach being first duly sworn (or affirmed), say that I reside at 923 Dartmouth Dr.  
in the City Village, Unincorporated Area of O'Fallon (if unincorporated, list municipality that  
provides postal service) Zip Code 62269 in the County of Saint Clair, State of Illinois;  
that I am a qualified voter therein, that I am a candidate for election to the office of Alderson Ward 4 in  
the City of O'Fallon to be voted upon at the election to be held on April 4, 2023 and that  
(Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
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 ballot for election to  
such office.

(Signature of Candidate)

Signed and sworn to (or affirmed) by Todd Roach before me, on Dec 9th 2022  
(Name of Candidate) (insert month, day, year)

(SEAL)



(Notary Public's Signature)

ATTACH TO PETITION           

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

## LOYALTY OATH

(OPTIONAL)

United States of America )  
 )  
State of Illinois ) SS.

I, Todd Roach, 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 Ladd Knoch before me,  
(Name of Candidate)

on Dec 9th 2022  
(insert month, day, year)

(Notary Public's Signature)

SAMANTHA JENKINS  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Sep 20, 2025

SAMANTHA JENKINS  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Sep 20, 2025



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of Saint Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on APRIL 4, 2023 (date of election).

<b>NAME:</b> Todd Roach	<b>OFFICE:</b> Alderson Ward 4 City of O'Fallon
<b>ADDRESS - ZIP CODE:</b> 923 Dartmouth Drive O'Fallon, IL 62269	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <i>[Signature]</i>	Joseph LORING	1013 Matthew Dr	O'Fallon, IL	Saint Clair
2. <i>[Signature]</i>	Shelley Loring	1013 Matthew Dr.	O'Fallon, IL	Saint Clair
3. <i>[Signature]</i>	RENEE LORING	901 MONTEREY	O'Fallon, IL	Saint Clair
4. <i>[Signature]</i>	KEITH HAUKAPP	800 MONTEREY	O'Fallon, IL	Saint Clair
5. <i>[Signature]</i>	MARY ROSE GRANT	802 Monterey	O'Fallon, IL	Saint Clair
6. <i>[Signature]</i>	William Grant	802 Monterey	O'Fallon, IL	Saint Clair
7. <i>[Signature]</i>	William Grant	800 Monterey	O'Fallon, IL	Saint Clair
8. <i>[Signature]</i>	Patty SERGOTH	909 HOLLIDAY DR.	O'Fallon, IL	Saint Clair
9. <i>[Signature]</i>	Kim Corner	517 Rebecca	O'Fallon, IL	Saint Clair
10. <i>[Signature]</i>	Frank Shewmaker	1405 S. Yale	O'Fallon, IL	Saint Clair

State of Illinois )County of Saint Clair )

SS.

I, Todd Roach (Circulator's Name) do hereby certify that I reside at 923 Dartmouth Dr. in the

City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

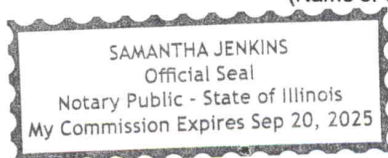
Code) 62269, County of Saint Clair, State of Illinois that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

*[Signature]*  
(Circulator's Signature)

(5)

Signed and sworn to (or affirmed) by Todd Roach before me, on Dec 9th 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



*[Signature]*  
(Notary Public's Signature)

SHEET NO. 1

Suggested  
Revised March 2020  
SBE No. P-3

## INDEPENDENT CANDIDATE PETITION



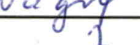







We, the undersigned, qualified voters in the City of O'Fallon in the County of Saint Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on APRIL 4, 2023 (date of election).

<b>NAME:</b> Todd Roach	<b>OFFICE:</b> Alderperson Ward 4 City of O'Fallon
<b>ADDRESS – ZIP CODE:</b> 923 Dartmouth Drive O'Fallon, IL 62269	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. 	Chris Hartman	1026 Timber Creek Ln	O'Fallon, IL	Saint Clair
2. 	GORDON WAGNER	1053 Wood Way	O'Fallon, IL	Saint Clair
3. 	Catina Frisbee	1049 Woods Way	O'Fallon, IL	Saint Clair
4. 	Kathryn Wondolowski	1050 Woods Way	O'Fallon, IL	Saint Clair
5. 	E. L. PONS	1042 Woods Way	O'Fallon, IL	Saint Clair
6. 	BARBARA SCHMIDT	1042 Woods Way	O'Fallon, IL	Saint Clair
7. 	Henrietta Bellina	1034 Woods Way	O'Fallon, IL	Saint Clair
8. 	Linda Ketchens	1022 Woods Way	O'Fallon, IL	Saint Clair
9. 	Fred Boeh	1005 Woods Way	O'Fallon, IL	Saint Clair
10. 	Gary Willett	1009 Timber Creek	O'Fallon, IL	Saint Clair

State of Illinois  
County of Saint Clair

SS.

I, Todd Roach (Circulator's Name) do hereby certify that I reside at 923 Dartmouth Dr., in the

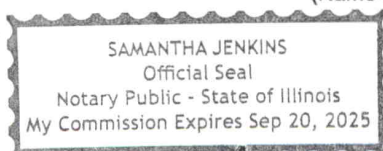
City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of Saint Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by Todd Roach before me, on Dec 9th/2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



(Notary Public's Signature)

SHEET NO. 2



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of Saint Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on APRIL 4, 2023 (date of election).

<b>NAME:</b> Todd Roach	<b>OFFICE:</b> Alderperson Ward 4 City of O'Fallon
<b>ADDRESS - ZIP CODE:</b> 923 Dartmouth Drive O'Fallon, IL 62269	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Todd Roach</u>	<u>TODD ROACH</u>	<u>1304 DORAL CT</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
2. <u>Jackie Roach</u>	<u>JACKIE ROACH</u>	<u>923 Dartmouth</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
3. <u>Tina Kelly</u>	<u>Tina Kelly</u>	<u>1041 Timber Creek Ln</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
4. <u>Jacqueline Hammond</u>	<u>Jacqueline Hammond</u>	<u>1018 Timber Creek</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
5. <u>Jan Chandaris</u>	<u>Jan Chandaris</u>	<u>1014 Dartmouth</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
6. <u>Jan Chandaris</u>	<u>Jan Chandaris</u>	<u>1014 Dartmouth</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
7. <u>Sheila Kelly</u>	<u>Sheila Kelly</u>	<u>1041 Timber Creek Ln</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
8. <u>Jaime Cotto</u>	<u>Jaime Cotto</u>	<u>1030 Timber Creek Ln</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
9. <u>Erin Cotto</u>	<u>Erin Cotto</u>	<u>1030 Timber Creek Ln</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
10. <u>Julie Hartman</u>	<u>Julie Hartman</u>	<u>1026 Timber Creek Ln</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>

State of Illinois )  
 County of Saint Clair )

SS.

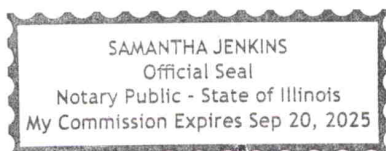
I, Todd Roach (Circulator's Name) do hereby certify that I reside at 923 Dartmouth Dr. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of Saint Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
 (Circulator's Signature)

Signed and sworn to (or affirmed) by Todd Roach before me, on Dec 9th 2022  
 (Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
 (Notary Public's Signature)

SHEET NO. 3

## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of Saint Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on APRIL 4, 2023 (date of election).

NAME: Todd Roach	OFFICE: Alderpersn Ward 4 City of O'Fallon
ADDRESS - ZIP CODE: 923 Dartmouth Drive O'Fallon, IL 62269	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Deborah Willett</u>	<u>Deborah Willett</u>	<u>1009 Timber Creek</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
2. <u>Pam Stapan</u>	<u>Pam Stapan</u>	<u>1014 Timber Creek</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
3. <u>James McDonald</u>	<u>James McDonald</u>	<u>1021 Timber Creek</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
4. <u>John R. Smith</u>	<u>John R. Smith</u>	<u>1025 Timber Creek</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
5. <u>Paul D'Amico</u>	<u>Paul D'Amico</u>	<u>1042 Timber Creek</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
6. <u>Sherry D'Amico</u>	<u>Sherry D'Amico</u>	<u>1042 Timber Creek</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
7. <u>Loren Miller</u>	<u>Loren Miller</u>	<u>1037 Timber Creek</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
8. <u>Patricia Paulus</u>	<u>Patricia Paulus</u>	<u>1114 Colong St</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
9. <u>John R. Bechtoldt</u>	<u>John Bechtoldt</u>	<u>1418 S. Yale Dr.</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
10. <u>Michael Skerbecz</u>	<u>Michael Skerbecz</u>	<u>215 Whitall Dr.</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>

State of Illinois )  
County of Saint Clair ) SS.

I, Todd Roach (Circulator's Name) do hereby certify that I reside at 923 Dartmouth Dr. in the

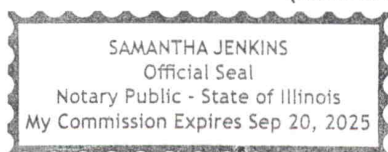
City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of Saint Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Todd Roach before me, on Dec 9th 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)

SHEET NO. 4



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of Saint Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on APRIL 4, 2023 (date of election).

<b>NAME:</b> Todd Roach	<b>OFFICE:</b> Alderperson Ward 4 City of O'Fallon
<b>ADDRESS - ZIP CODE:</b> 923 Dartmouth Drive O'Fallon, IL 62269	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <i>[Signature]</i>	JULIA SKRABACZ	215 Whitehall Dr.	O'Fallon, IL	Saint Clair
2. <i>[Signature]</i>	HERBERT A. GRACEN	1304 Doran Ct.	O'Fallon, IL	Saint Clair
3. <i>[Signature]</i>	Walter Leninsky	507 DARTMOUTH DR	O'Fallon, IL	Saint Clair
4. <i>[Signature]</i>	Robert E. White	1303 Doran Ct.	O'Fallon, IL	Saint Clair
5. <i>[Signature]</i>	Leslie A. White	1303 Doran Ct.	O'Fallon, IL	Saint Clair
6. <i>[Signature]</i>	Stephanie Smallheer	917 Monterey Dr	O'Fallon, IL	Saint Clair
7. <i>[Signature]</i>	Matt Smallheer	917 Monterey Dr	O'Fallon, IL	Saint Clair
8. <i>[Signature]</i>	Craig Vara	1037 Timber Creek	O'Fallon, IL	Saint Clair
9. <i>[Signature]</i>			O'Fallon, IL	Saint Clair
10. <i>[Signature]</i>			O'Fallon, IL	Saint Clair

State of Illinois )  
County of Saint Clair )

SS.

I, Todd Roach (Circulator's Name) do hereby certify that I reside at 923 Dartmouth Dr. in the

City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

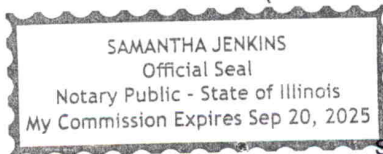
Code) 62269, County of Saint Clair, State of Illinois that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by Todd Roach  
(Name of Circulator)

before me, on Dec 9th 2022  
(Insert month, day, year)

(SEAL)



(Notary Public's Signature)

SHEET NO. 5

## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of Saint Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on APRIL 4, 2023 (date of election).

NAME: Todd Roach	OFFICE: Alderpersion Ward 4 City of O'Fallon
ADDRESS - ZIP CODE: 923 Dartmouth Drive O'Fallon, IL 62269	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <i>C. Mauer Feuerhelm</i>	C. Mauer Feuerhelm	1033 Woods Way	O'Fallon, IL	Saint Clair
2. <i>Len Feuerhelm</i>	Len Feuerhelm	2035 Woods Way	O'Fallon, IL	Saint Clair
3. <i>Sean Feuerhelm</i>	Sean Feuerhelm	1033 Woods Way	O'Fallon, IL	Saint Clair
4. <i>Liz Lee</i>	Liz Lee	1006 Edgewood Dr.	O'Fallon, IL	Saint Clair
5. <i>Mike Lee</i>	Mike Lee	1006 Edgewood Dr.	O'Fallon, IL	Saint Clair
6. <i>James Hammond</i>	James Hammond	1018 Dartmouth Dr.	O'Fallon, IL	Saint Clair
7.			O'Fallon, IL	Saint Clair
8.			O'Fallon, IL	Saint Clair
9.			O'Fallon, IL	Saint Clair
10.			O'Fallon, IL	Saint Clair

State of Illinois )  
County of Saint Clair )

SS.

Received by

DEC 12 2022



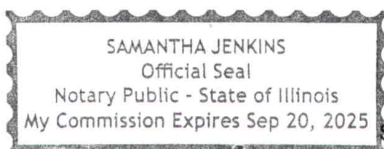
I, Todd Roach (Circulator's Name) do hereby certify that I reside at 923 Dartmouth Dr. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of Saint Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by Todd Roach before me, on Dec 9th 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



(Notary Public's Signature)

SHEET NO. 6



This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

(COMPLETE BUT DO NOT DETACH)

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

Alderman City of O'Fallon  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

ARON HUDSON  
Name  
6809 Ridge Pointe Dr  
Address  
O'Fallon IL 62269  
City State ZIP Code

DEC 15 2022

THOMAS HOLBROOK  
COUNTY CLERK

2:43pm  
BC



## STATEMENT OF CANDIDACY

## INDEPENDENT

Received by

DEC 19 2022

NAME: <u>ARON HUDSON</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>O'Fallon</u> <u>O'Fallon</u> City Clerk
ADDRESS - ZIP CODE: <u>6809 Ridge Pointe Dr.</u>	OFFICE: <u>Alderman ward 5</u>  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, 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)

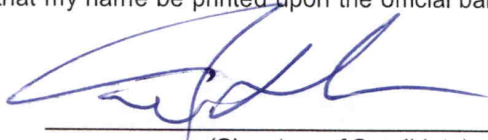
STATE OF ILLINOIS )

County of ST. CLAIR )

SS.

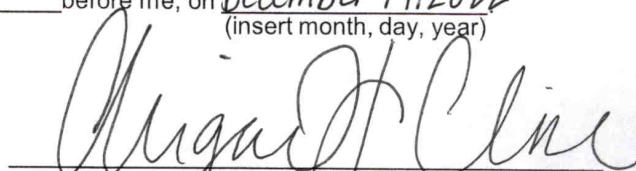
I, ARON HUDSON being first duly sworn (or affirmed), say that I reside at 6809 Ridge Pointe Dr.  
 in the City, Village, Unincorporated Area of O'Fallon (if unincorporated, list municipality that  
 provides postal service) Zip Code 62269 in the County of ST. CLAIR, State of Illinois;  
 that I am a qualified voter therein, that I am a candidate for election to the office of Alderman in  
 the O'Fallon to be voted upon at the election to be held on 4/4/23 and that  
 (Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
 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 ballot for election to  
 such office.

  
 (Signature of Candidate)

Signed and sworn to (or affirmed) by Aaron Hudson before me, on December 19, 2022  
 (Name of Candidate) (insert month, day, year)

(SEAL)


  
 (Notary Public's Signature)



ATTACH TO PETITION


10 ILCS 5/7-10.1

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

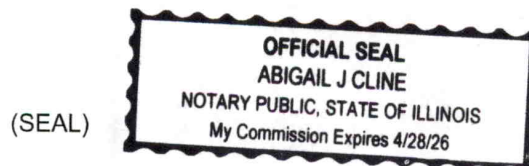
**LOYALTY OATH**  
(OPTIONAL)

United States of America                     )  
  )  
State of Illinois                                )     SS.

I, Aaron Hudson, 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 Aaron Hudson before me,  
(Name of Candidate)  
on December 19, 2022  
(insert month, day, year)



  
(Notary Public's Signature)

## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the \_\_\_\_\_ Election to be held on April 4, 2023 (date of election).

NAME: <u>Aaron Hudson</u>	OFFICE: <u>Alderman - ward 5</u>
ADDRESS - ZIP CODE: <u>6809 Ridge Pointe Dr</u> <u>O'Fallon IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	IL	COUNTY
<u>Jennifer Hudson</u>	<u>Jennifer Hudson</u>	<u>6809 Ridge Pointe Dr.</u>	<u>O'Fallon</u>	<u>IL</u>	<u>St. Clair</u>
<u>Sharon Serafini</u>	<u>Sharon Serafini</u>	<u>6808 Norfolk Dr</u>	<u>O'Fallon</u>	<u>IL</u>	<u>St. Clair</u>
<u>Dan Serafini</u>	<u>Dan Serafini</u>	<u>6808 Norfolk Dr.</u>	<u>O'Fallon</u>	<u>IL</u>	<u>St. Clair</u>
<u>Kathryn McDowell</u>	<u>Kathryn McDowell</u>	<u>6805 Ridge Point Dr.</u>	<u>O'Fallon</u>	<u>IL</u>	<u>St. Clair</u>
<u>Daniel McDowell</u>	<u>Daniel McDowell</u>	<u>6805 Ridge Pointe Dr</u>	<u>O'Fallon</u>	<u>IL</u>	<u>St. Clair</u>
<u>Frederick Brown</u>	<u>Frederick Brown</u>	<u>6813 Ridge Pointe Dr</u>	<u>O'Fallon</u>	<u>IL</u>	<u>St. Clair</u>
<u>Cleveland Dixon</u>	<u>CLEVELAND DIXON</u>	<u>101 FAMOUS</u>	<u>O'Fallon</u>	<u>IL</u>	<u>ST. CLAIR</u>
<u>Rhonda Dixon</u>	<u>Rhonda Dixon</u>	<u>11 11</u>	<u>11</u>	<u>IL</u>	<u>11</u>
<u>Jeremy Sparks</u>	<u>Jeremy Sparks</u>	<u>94 meadowbrook Dr</u>	<u>O'Fallon</u>	<u>IL</u>	<u>IL</u>
<u>Jennifer Sparks</u>	<u>Jennifer Sparks</u>	<u>94 meadowbrook Dr</u>	<u>O'Fallon</u>	<u>IL</u>	<u>IL</u>

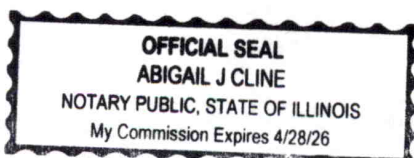
State of IL )  
County of St. Clair ) SS.

I, Aaron Hudson (Circulator's Name) do hereby certify that I reside at 6809 Ridge Pointe Dr in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Aaron Hudson before me, on December 19th, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)

SHEET NO. 1

[Signature]  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the \_\_\_\_\_ Election to be held on April 4, 2023 (date of election).

NAME: <u>Aaron Hudson</u>	OFFICE: <u>Alderman - ward 5</u>
ADDRESS - ZIP CODE: <u>6809 Ridge Pointe Dr</u> <u>O'Fallon IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>[Signature]</u>	AARON FREIDENBERG	913 Stonebriar Drive	O'Fallon, IL	St. Clair
2. <u>[Signature]</u>	Deborah L. Berg	916 Stone Briar Dr.	O'Fallon, IL	St. Clair
3. <u>[Signature]</u>	Rylee E. Berg	916 Stone Briar Dr	O'Fallon, IL	St. Clair
4. <u>[Signature]</u>	MARK W LITIS	6824 Ridge PT DR	O'Fallon, IL	St. Clair
5. <u>[Signature]</u>	Jill SMITH	6816 Ridge Pt Dr.	O'Fallon, IL	St. Clair
6. <u>[Signature]</u>	MELAN BACK	6808 Ridge Pointe Dr.	O'Fallon, IL	St. Clair
7. <u>[Signature]</u>	Megan Fuentes	917 Starbridge Trail	O'Fallon, IL	St. Clair
8. <u>[Signature]</u>	Joan Weaving	6900 Ridge Pointe	O'Fallon, IL	St. Clair
9. <u>[Signature]</u>	Heather Suelter	6801 Ridge Pointe	O'Fallon, IL	St. Clair
10. <u>[Signature]</u>	CAROL SUELTER	6801 Ridge Pointe	O'Fallon, IL	St. Clair

State of IL )  
County of St. Clair )

SS.

I, Aaron Hudson (Circulator's Name) do hereby certify that I reside at 6809 Ridge Pointe Dr. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

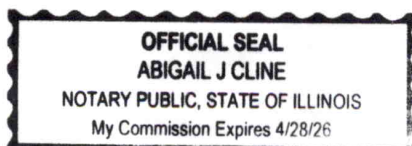
Signed and sworn to (or affirmed) by

Aaron Hudson  
(Name of Circulator)

before me, on

December 19, 2022  
(Insert month, day, year)

(SEAL)



[Signature]  
(Notary Public's Signature)

SHEET NO. 2



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the \_\_\_\_\_ Election to be held on April 4, 2023 (date of election).

NAME: <u>Aaron Hudson</u>	OFFICE: <u>Alderman - ward 5</u>
ADDRESS - ZIP CODE: <u>6809 Ridge Pointe Dr</u> <u>O'Fallon IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Cathy Rue</u>	<u>CATHY RUE</u>	<u>710 POWELL Dr.</u>	<u>O'Fallon</u> , IL	<u>ST. CLAIR</u>
2. <u>Eric Buck</u>				
3. <u>SPB</u>	<u>Eric Buck</u>	<u>6808 Ridge Pointe Dr</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
4. <u>J Conrad</u>	<u>Kelly Conrad</u>	<u>6804</u>	<u>"</u> , IL	<u>"</u>
5. <u>Kelly Conrad</u>	<u>Kelly Conrad</u>	<u>"</u>	<u>"</u> , IL	<u>"</u>
6. <u>Matthew Wilson</u>	<u>Matthew Wilson</u>	<u>900 Stone Briar Drive</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
7. <u>Ryan Duncan</u>	<u>Ryan Duncan</u>	<u>916 Sturbridge Trail</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
8. <u>Jennifer Hugen</u>	<u>Jennifer Hugen</u>	<u>921 Stone Briar Dr</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
9. <u>Neil Hugen</u>	<u>Neil Hugen</u>	<u>921 Stone Briar</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
10. <u>Julia Porfiriya</u>	<u>Julia Porfiriya</u>	<u>913 Stone Briar</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>

State of IL )  
County of St. Clair )

SS.

Received by

DEC 19 2022

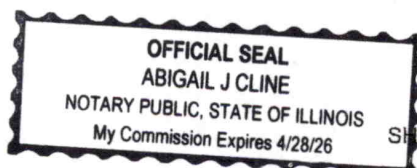
O'Fallon  
City Clerk

I, Aaron Hudson (Circulator's Name) do hereby certify that I reside at 6809 Ridge Pointe Dr. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, State of IL 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by Aaron Hudson  
(Name of Circulator)

before me, on December 19, 2022  
(Insert month, day, year)

(SEAL)

SHEET NO. 3

(Notary Public's Signature)



This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

**(COMPLETE BUT DO NOT DETACH)**

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

Ward 6 Alderperson, O'Fallon, IL.  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Thomas Voree  
Name  
334 Alador Dr.  
Address  
O'Fallon, IL 62269  
City State ZIP Code

**FILED**

**OCT 07 2022**

**THOMAS HOLBROOK  
COUNTY CLERK**

**12:12**

**JH**

STATEMENT OF CANDIDACY  
INDEPENDENT

NAME: <u>Thomas Vorce</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>O'Fallon</u> <i>O'Fallon City Clerk</i>
ADDRESS - ZIP CODE: <u>334 Aladar Drive</u> <u>O'Fallon, IL 62269</u>	OFFICE: <u>Aldersperson, Ward 6</u> 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, 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 St. Clair ) SS.

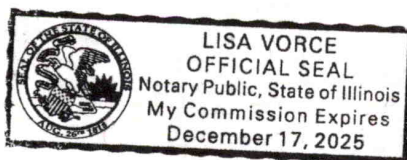
I, Thomas Vorce being first duly sworn (or affirmed), say that I reside at 334 Aladar Drive  
in the O'Fallon Village, Unincorporated Area of O'Fallon (if unincorporated, list municipality that  
provides postal service) Zip Code 62269 in the County of St. Clair, State of Illinois;  
that I am a qualified voter therein, that I am a candidate for election to the office of Aldersperson, Ward 6 in  
the O'Fallon to be voted upon at the election to be held on April 4, 2023 and that  
Name of City, Village, Township, County, District or State (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
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 ballot for election to  
such office.

(Signature of Candidate)

Signed and sworn to (or affirmed) by Thomas Vorce before me, on 12-13-22  
(Name of Candidate) (insert month, day, year)

(SEAL)



Lisa Vorce  
(Notary Public's Signature)

12/13/2022Commission expires 12/17/2025



ATTACH TO PETITION

10 ILCS 5/7-10.1

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

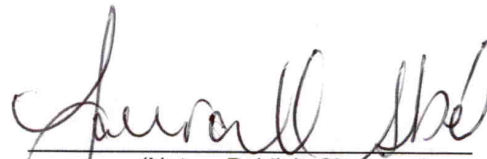
**LOYALTY OATH**  
(OPTIONAL)

United States of America                     )  
  )  
State of Illinois                                )     SS.

I, Thomas Vorce, 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 Thomas Vorce before me,  
(Name of Candidate)  
on 12-9-22  
(insert month, day, year)

  
(Notary Public's Signature)

(SEAL)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 6th Ward of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Thomas Vore</u>	OFFICE: <u>Council Member - Ward 6</u>
ADDRESS - ZIP CODE: <u>334 Aladar Dr. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Thomas Vore</u>	<u>LISA VOREE</u>	<u>334 Aladar Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Julia Kang</u>	<u>Julia Kang</u>	<u>1109 S. Walnut</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Barry Payne</u>	<u>Barry Payne</u>	<u>1202 S Walnut</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Ted Hoffken</u>	<u>Ted Hoffken</u>	<u>330 Aladar Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Nancy Kuehn</u>	<u>Nancy Kuehn</u>	<u>321 Aladar Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>Rosa Proch</u>	<u>Rosa Proch</u>	<u>1018 S. Walnut St</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Alan Chu</u>	<u>Alan Chu</u>	<u>135 Pierce Blvd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Robert Miller</u>	<u>Robert Miller</u>	<u>135 Pierce Blvd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Rebecca Berkman</u>	<u>Rebecca Berkman</u>	<u>530 Aladar Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Matthew Proch</u>	<u>Matthew Proch</u>	<u>1018 S. Walnut St.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of ILLINOIS )  
County of St. Clair )

SS.

I, Thomas Vore (Circulator's Name) do hereby certify that I reside at 334 Aladar Drive, in the

City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Thomas Vore

(Circulator's Signature)

Signed and sworn to (or affirmed) by Thomas Vore before me, on 12-9-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Laura K. Abel  
(Notary Public's Signature)

SHEET NO. 1



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 6th Ward of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Thomas Vore</u>	OFFICE: <u>Council Member - Ward 6</u>
ADDRESS - ZIP CODE: <u>334 Aladar Dr. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Charles Doolin</u>	<u>Charles Doolin</u>	<u>329 Aladar</u>	<u>O'Fallon, IL</u>	<u>Saint Clair</u>
2. <u>Melanie Akoro</u>	<u>Melanie Akoro</u>	<u>325 Aladar</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Carol Johnson</u>	<u>Carol Johnson</u>	<u>321 Griffin Gate</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Ralph Washington</u>	<u>Ralph Washington</u>	<u>318 Griffin Gate</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Kim Fleming</u>	<u>Kim Fleming</u>	<u>511 ALADAR DR</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>Kim Fleming</u>	<u>Kim Fleming</u>	<u>624 Shamrock</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Kim Fleming</u>	<u>Kim Fleming</u>	<u>509 Aladar Drive</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Thomas Vore</u>	<u>Thomas Vore</u>	<u>334 Aladar Drive</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Carl Roeser</u>	<u>CARL ROESER</u>	<u>1118 Alysheba Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Walter Lytle</u>	<u>Walter Lytle</u>	<u>322 Aladar Drive</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of ILLINOIS )  
County of St. Clair ) SS.

I, Thomas Vore (Circulator's Name) do hereby certify that I reside at 334 Aladar Drive, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, 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, no more than 90 days preceding the last day of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Thomas Vore  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Thomas Vore before me, on 12-9-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)

SHEET NO. 2

Laura K Abel  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 6th Ward of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Thomas Vorce</u>	OFFICE: <u>Council Person - Ward 6</u>
ADDRESS - ZIP CODE: <u>334 Aladar Dr., O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Nunfa Van Zanten</u>		<u>612 Granite Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Iris Matias</u>		<u>610 Granite Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Sahn Kim</u>		<u>156 Erika St O'Fallon</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Robert Aguila</u>		<u>624 Titan Dr. O'Fallon</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Sarah Sheersley</u>		<u>627 Titan Dr O'Fallon</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>J. White</u>		<u>629 Titan Dr O'Fallon</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Brad Magno</u>	<u>BRAD MAGNO</u>	<u>636 Titan Dr, O'Fallon</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Keela Decker</u>	<u>Keela Decker</u>	<u>645 Titan Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Shirley Haley</u>		<u>702 Michael St O'Fallon</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Shirley Haley</u>	<u>Shirley Haley</u>	<u>736 Granite Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of Illinois )County of St. Clair )

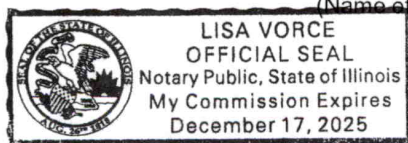
SS.

I, Thomas Vorce (Circulator's Name) do hereby certify that I reside at 334 Aladar Drive, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Thomas Vorce  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Thomas Vorce before me, on 12-13-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Lisa Vorce 12/13/2022  
(Notary Public's Signature)  
Commission expires 12/17/2025



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 6th Ward of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Thomas Vorce</u>	OFFICE: <u>Council Person - Ward 6</u>
ADDRESS - ZIP CODE: <u>334 Aladar Drive, O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Winfred Stoykline</u>		<u>748 Granite Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Connie Cohen</u>		<u>730 Granite</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Rosanne Nelson</u>	<u>Rosanne Nelson</u>	<u>12015 Walnut</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Janet L. Houser</u>	<u>Houser</u>	<u>456 Longleaf</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>P. Casey</u>	<u>P. Casey</u>	<u>471 Ponderosa</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>Janet Todd</u>	<u>Janet Todd</u>	<u>471 Ponderosa #13</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Rebecca McGinnis</u>	<u>Rebecca McGinnis</u>	<u>501 Ponderosa Ave Apt 1</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Amy R. Rilmann</u>	<u>Amy Rilmann</u>	<u>501 Ponderosa Ave Apt 1.5</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Melissa Blaws</u>	<u>Melissa Blaws</u>	<u>525 Ponderosa #6</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Jared Morling</u>	<u>Jared Morling</u>	<u>525 Ponderosa #7</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of Illinois )County of St. Clair )

SS.

I, Thomas Vorce (Circulator's Name) do hereby certify that I reside at 334 Aladar Drive, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

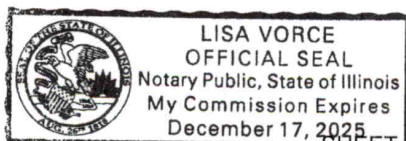
Code) 62269, County of St. Clair, State of Illinois that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of filing 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.



(Circulator's Signature)

Signed and sworn to (or affirmed) by Thomas Vorce before me, on 12-13-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)

SHEET NO. 4


(Notary Public's Signature)

12/13/2022My commission expires 12/17/25



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the 6th Ward of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Thomas Vore</u>	OFFICE: <u>Council Member - Ward 6</u>
ADDRESS - ZIP CODE: <u>334 Aladar Dr. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Madison Vore</u>	<u>Madison Vore</u>	<u>334 Aladar Drive</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>John Hedeman</u>	<u>John Hedeman</u>	<u>501 Pierce Blvd</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Cameron Rethig</u>	<u>Cameron Rethig</u>	<u>636 Aladar Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>James W Campbell</u>	<u>James W Campbell</u>	<u>224 Evergreen</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5.			, IL	
6.			, IL	
7.			, IL	
8.			, IL	
9.			, IL	
10.			, IL	

Received by

DEC 13 2022

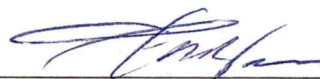
O'Fallon  
City Clerk

State of ILLINOIS )  
County of St. Clair )

SS.

I, Thomas Vore (Circulator's Name) do hereby certify that I reside at 334 Aladar Drive, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

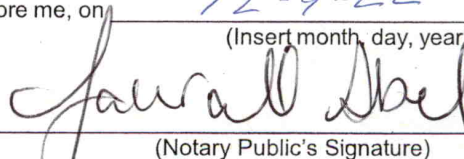
Code) 62269, County of St. Clair, State of Illinois that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, no more than 90 days preceding the last day of filing 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.



(Circulator's Signature)

Signed and sworn to (or affirmed) by Thomas Vore before me, on 12-9-22  
(Name of Circulator) (Insert month, day, year)

(SEAL)

(Notary Public's Signature)

SHEET NO. 5



This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

(COMPLETE BUT DO NOT DETACH)

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

CITY OF O'FALLON COUNCIL MEMBER  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

ERIC R. VAN HOOK  
Name  
500 LAKE VISTA WAY  
Address  
O'FALLON IL 62269  
City State ZIP Code

FILED

OCT 19 2022

THOMAS HOLBROOK  
COUNTY CLERK

11:16 A.M.

SH



STATEMENT OF CANDIDACY  
INDEPENDENT

Received by

DEC 12 2022

NAME: <u>ERIC R. VAN HOOK</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>O'FALLON ST. CLAIR IL</u>
ADDRESS - ZIP CODE: <u>500 LAKE VISTA WAY</u> <u>O'FALLON, IL 62269</u>	OFFICE: <u>COUNCIL MEMBER WARD 7</u> <u>(2 YEAR TERM)</u> A Full Term is sought, unless an unexpired term is stated here: <u>2</u> year unexpired term

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 ST. CLAIR ) SS.

I, ERIC VAN HOOK being first duly sworn (or affirmed), say that I reside at 500 LAKE VISTA WAY  
in the City, Village, Unincorporated Area of O'FALLON (if unincorporated, list municipality that  
provides postal service) Zip Code 62269 in the County of ST. CLAIR, State of Illinois;  
that I am a qualified voter therein, that I am a candidate for election to the office of WARD 7 COUNCIL MEMBER in  
the O'FALLON to be voted upon at the election to be held on APRIL 04-2023 and that  
(Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
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 ballot for election to  
such office.

Eric R. Van Hook  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Eric R. Van Hook before me, on 12/12/22  
(Name of Candidate) (insert month, day, year)

(SEAL)



Leah Wilson  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the CITY of O'FALLON in the County of ST. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the CONSOLIDATED Election to be held on APRIL 4, 2023 (date of election).

NAME: <u>ERIC R. VAN HOOK</u>	OFFICE: <u>COUNCIL MEMBER WARD 7</u> <u>(2 YRS TERM)</u> A Full Term is sought, unless an unexpired term is stated here: <u>2</u> year unexpired term
ADDRESS - ZIP CODE: <u>500 LAKE VISTA WAY</u> <u>O'FALLON, IL 62269</u>	

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Elizabeth A. Wunder</u>	<u>Elizabeth A. Wunder</u>	<u>308 ORANGE JEWEL</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
2. <u>Dan Wunder</u>	<u>DAN WUNDER</u>	<u>308 ORANGE JEWEL</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
3. <u>Stacy Hawkins</u>	<u>STACY HAWKINS</u>	<u>1406 GAMBIER TER. CT.</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
4. <u>Elizabeth R. Walker</u>	<u>ELIZABETH WALKER</u>	<u>900 Chevalier Ln</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
5. <u>Ronald L. Walker</u>	<u>Ronald Walker</u>	<u>900 Chevalier Ln</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
6. <u>Robert Schmidtke</u>	<u>Robert Schmidtke</u>	<u>1192 Tazewell Dr.</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
7. <u>Michelle Schmidtke</u>	<u>Michelle Schmidtke</u>	<u>1192 Tazewell Dr.</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
8. <u>Timothy S. Gaffney</u>	<u>Timothy S. Gaffney</u>	<u>1112 Hightower Pl. Dr.</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
9. <u>Ben Parker</u>	<u>Ben Parker</u>	<u>1316 MERRIAM PKY</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>
10. <u>Vicki Parker</u>	<u>Vicki Parker</u>	<u>1316 MERRIAM PKY</u>	<u>O'FALLON IL</u>	<u>ST. CLAIR</u>

State of ILLINOIS )  
County of ST. CLAIR ) SS.

I, ERIC R. VAN HOOK (Circulator's Name) do hereby certify that I reside at 500 LAKE VISTA WAY, in the City/Village/Unincorporated Area of O'FALLON (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of ST. CLAIR, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Eric R. Van Hook  
(Circulator's Signature)

Signed and sworn to (or affirmed) by ERIC R. VAN HOOK before me, on 12/12/22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Leah Wilson  
(Notary Public's Signature)

SHEET NO. 01



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the CITY of O'FALLON in the County of ST. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the CONSOLIDATED Election to be held on APRIL 4, 2023 (date of election).

NAME: <u>ERIC R. VAN HOOK</u>	OFFICE: <u>COUNCIL MEMBER WARD 7</u> <u>(2YRS TERM)</u>
ADDRESS - ZIP CODE: <u>500 LAKE VISTA WAY</u> <u>O'FALLON, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>2</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Tracy Carney</u>	<u>Tracy Carney</u>	<u>1117 Macintosh Ct</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
2. <u>Michael Carney</u>	<u>MICHAEL CARNEY</u>	<u>1117 Macintosh Ct</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
3. <u>Amy Smith</u>	<u>Amy Smith</u>	<u>1104 Macintosh Ct</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
4. <u>Eric Van Hook</u>	<u>ERIC VAN HOOK</u>	<u>500 LAKE VISTA WAY</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
5. <u>Laura Van Hook</u>	<u>LAURA VAN HOOK</u>	<u>500 LAKE VISTA WAY</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
6. <u>James Ford</u>	<u>JAMES FORD</u>	<u>1300 Ashton Falls Dr</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
7. <u>Brandie Koller</u>	<u>Brandie Koller</u>	<u>1300 Ashton Falls Dr.</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
8. <u>Matthew Blomberg</u>	<u>MATTHEW BLOMBERG</u>	<u>412 FLAGSTONE PASS DR.</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
9. <u>Therese Blomberg</u>	<u>Therese Blomberg</u>	<u>412 Flagstone Pass Dr.</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>
10. <u>Mark Berry</u>	<u>Mark Berry</u>	<u>1335 Ashton Falls Dr</u>	<u>O'Fallon, IL</u>	<u>ST. CLAIR</u>

State of ILLINOIS )  
County of ST. CLAIR ) SS.

I, ERIC R. VAN HOOK (Circulator's Name) do hereby certify that I reside at 500 LAKE VISTA WAY in the City/Village/Unincorporated Area of O'FALLON (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of ST. CLAIR, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Eric R. Van Hook  
(Circulator's Signature)

Signed and sworn to (or affirmed) by ERIC R. VAN HOOK before me, on 12/22/22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Leah Wilson  
(Notary Public's Signature)

SHEET NO. 02



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the CITY of O'FALLON in the County of ST. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the CONSOLIDATED Election to be held on APRIL 4, 2023 (date of election).

NAME: <u>ERIC R. VAN HOOK</u>	OFFICE: <u>COUNCIL MEMBER WARD 7</u> <u>(2 YRS TERM)</u>
ADDRESS - ZIP CODE: <u>500 LAKE VISTA WAY</u> <u>O'FALLON, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>2</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Melissa Berry</u>	MELISSA BERRY	1335 ASHTON FALLS DR.	O'FALLON, IL	ST. CLAIR
2. <u>Calvin Mejr</u>	CALVIN MEJR	1324 TIMBER RIDGE TRAIL	O'FALLON, IL	ST. CLAIR
3. <u>Michael Force</u>	Michael Force	501 Lake Vista Way	O'FALLON, IL	ST. CLAIR
4. <u>Melissa Rativa</u>	Melissa Rativa	501 Lake Vista Way	O'FALLON, IL	ST. CLAIR
5. <u>Jeffery Parrish</u>	Jeffery Parrish	501 Lake Vista Way	O'FALLON, IL	ST. CLAIR
6. <u>Joseph Kollin</u>	Joseph Kollin	704 Lonefellow Drive	O'FALLON, IL	ST. CLAIR
7. <u>Lisa Ann Vainier-Goff</u>	Lisa Ann Vainier-Goff	1112 Hightower Pl	O'FALLON, IL	ST. CLAIR
8. <u>Jonathan Nolan</u>	Jonathan Nolan	624 Royal Crest Way	O'FALLON, IL	ST. CLAIR
9. <u>Megan Nolan</u>	Megan Nolan	624 Royal Crest Way	O'FALLON, IL	ST. CLAIR
10. <u>Michael Maszys</u>	MICHAEL MASZYS	604 Willowbrook Way	O'FALLON, IL	ST. CLAIR

State of ILLINOIS )

SS.

County of ST. CLAIR )

I, ERIC R. VAN HOOK (Circulator's Name) do hereby certify that I reside at 500 LAKE VISTA WAY, in the City/Village/Unincorporated Area of O'FALLON (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of ST. CLAIR, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Eric R. Van Hook  
(Circulator's Signature)

Signed and sworn to (or affirmed) by ERIC R. VAN HOOK before me, on 12/12/22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Leah Wilson  
(Notary Public's Signature)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the CITY of O'FALLON in the County of ST. CLAIR and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the CONSOLIDATED Election to be held on APRIL 4, 2023 (date of election).

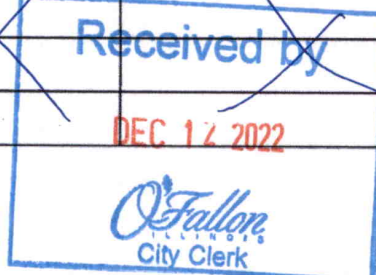
NAME: <u>ERIC R. VANHOOK</u>	OFFICE: <u>COUNCIL MEMBER WARD 7</u> <u>(2 YEAR TERM)</u> A Full Term is sought, unless an unexpired term is stated here: <u>2</u> year unexpired term
ADDRESS - ZIP CODE: <u>500 LAKE VESTA WAY</u> <u>O'FALLON IL 62269</u>	

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Lisa Mojzis</u>	<u>Lisa Mojzis</u>	<u>604 Willowbrook Way</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
2. <u>Ed Thomas</u>	<u>ED THOMAS</u>	<u>505 Lake Vista Way</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
3. <u>Adam Weber</u>	<u>ADAM WEBER</u>	<u>1313 TIMBER RIDGE DR</u>	<u>O'FALLON</u> , IL	<u>St. Clair</u>
4. <u>Paul Jung</u>	<u>PAUL JUNG</u>	<u>569 Lake Vista Way</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
5. <u>Arena M. Cheney</u>	<u>Arena Cheney</u>	<u>1320 Timber Ridge Dr</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
6. <u>Linh Bui</u>	<u>Linh Bui</u>	<u>1332 Timber Ridge</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
7. <u>[Signature]</u>	<u>[Signature]</u>	<u>Trace</u>	<u>[Signature]</u> , IL	<u>[Signature]</u>
8. <u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u> , IL	<u>[Signature]</u>
9. <u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u> , IL	<u>[Signature]</u>
10. <u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u> , IL	<u>[Signature]</u>



State of ILLINOIS )  
County of ST. CLAIR ) SS.

I, ERIC R. VANHOOK (Circulator's Name) do hereby certify that I reside at 500 LAKE VESTA WAY in the City/Village/Unincorporated Area of O'FALLON (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of ST. CLAIR, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Eric R. Vanhook  
(Circulator's Signature)

Signed and sworn to (or affirmed) by ERIC R. VANHOOK before me, on 12/12/22  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Leah Wilson  
(Notary Public's Signature)

SHEET NO. 04



This will be returned to you  
When statement is filed in the  
Office of the County Clerk.

**(COMPLETE BUT DO NOT DETACH)**

Receipt is hereby acknowledged  
of your Statement of Economic  
Interests, filed pursuant to the  
Illinois Governmental Ethics Act.  
Statement was filed as of this date.

Council Member - Ward 7 - City of O'Fallon  
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Nathan L Parchman  
Name  
1100 Hollander Ct  
Address  
O'Fallon IL 62269  
City State ZIP Code

**FILED**

**DEC 13 2022**

**THOMAS HOLBROOK  
COUNTY CLERK**

© 2001 HAWK 2

STATEMENT OF CANDIDACY  
INDEPENDENT

Received by

DEC 12 2022


NAME: <u>Nathan L Parchman</u>	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE <u>City of O'Fallon</u>
ADDRESS - ZIP CODE: <u>1100 Hollander Ct. O'Fallon, IL 62269</u>	OFFICE: <u>Council Member - Ward 7</u> A Full Term is sought, unless an unexpired term is stated here: <u>4</u> year unexpired term

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 Clinton ) SS.

I, Nathan L Parchman being first duly sworn (or affirmed), say that I reside at 1100 Hollander Ct.  
in the City, Village, Unincorporated Area of O'Fallon (if unincorporated, list municipality that  
provides postal service) Zip Code 62269 in the County of St. Clair, State of Illinois;  
that I am a qualified voter therein, that I am a candidate for election to the office of Council Member - Ward 7 in  
the City of O'Fallon to be voted upon at the election to be held on April 4, 2023 and that  
(Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)  
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 ballot for election to  
such office.

  
(Signature of Candidate)

Signed and sworn to (or affirmed) by Nathan L. Parchman before me, on 9.23.22  
(Name of Candidate) (insert month, day, year)

(SEAL)


  
(Notary Public's Signature)



ATTACH TO PETITION

10 ILCS 5/7-10.1

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

**LOYALTY OATH**  
(OPTIONAL)

United States of America                     )  
  )  
State of Illinois                                )     SS.

I, Nathan L Parchman, 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 Nathan L Parchman before me,  
(Name of Candidate)

on 9.23.22  
(insert month, day, year)

  
(Notary Public's Signature)

(SEAL)



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Nathan L Parchman</u>	OFFICE: <u>Council Member - Ward 7</u>
ADDRESS - ZIP CODE: <u>1100 Hollander Ct. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>4</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Megan Stuppi</u>	<u>Megan Stuppi</u>	<u>1014 Carnegie Knolls Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>William Chaplain</u>	<u>William Chaplain</u>	<u>1025 Carnegie Knolls Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Rachel Gotshell</u>	<u>Rachel Gotshell</u>	<u>1029 Carnegie Knolls Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Dennis Wilson</u>	<u>Dennis Wilson</u>	<u>1006 Carnegie Knolls Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Bret Huber</u>	<u>Bret Huber</u>	<u>1019 Carnegie Knolls Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>Kim Huber</u>	<u>Kim Huber</u>	<u>1018 Carnegie Knolls Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>JESSE BARNES</u>	<u>JESSE BARNES</u>	<u>1442 ARBORGREEN TR</u>	<u>O'FALLON, IL</u>	<u>St. CLAIR</u>
8. <u>Jeanie Barnes</u>	<u>Jeanie Barnes</u>	<u>1442 ArborGreen Tr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9. <u>Brad Gotshell</u>	<u>Brad Gotshell</u>	<u>1029 Carnegie Knolls Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
10. <u>Daniel Stuppi</u>	<u>Daniel Stuppi</u>	<u>1014 Carnegie Knolls Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

State of Illinois )  
County of St. Clair ) SS.

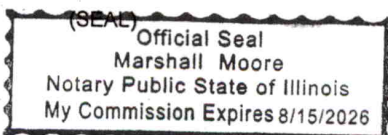
I, Daniel Stuppi (Circulator's Name) do hereby certify that I reside at 1014 Carnegie Knolls Dr, in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Daniel Stuppi  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Daniel Stuppi before me, on December 5<sup>th</sup>, 2022  
(Name of Circulator) (Insert month, day, year)

Marshall Moore  
(Notary Public's Signature)



SHEET NO. 1



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Nathan L Parchman</u>	OFFICE: <u>Council Member - Ward 7</u>
ADDRESS - ZIP CODE: <u>1100 Hollander Ct. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>4</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>[Signature]</u>	<u>Shanaynn Tyler</u>	<u>1411 Gambier Terrace Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair 62269</u>
<u>[Signature]</u>	<u>DARREY TYLER</u>	<u>1411 GAMBIER TERRACE CT</u>	<u>O'FALLON, IL</u>	<u>ST. CLAIR 62269</u>
<u>[Signature]</u>	<u>Stephen Jungler</u>	<u>509 Lake Vista Way</u>	<u>O'Fallon, IL</u>	<u>St. Clair County</u>
<u>[Signature]</u>	<u>Shirley Jungler</u>	<u>509 Lake Vista Way</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>JOHN DAVID CHURCH</u>	<u>1422 ARBOR GREEN TRL</u>	<u>O'FALLON, IL</u>	<u>ST. CLAIR</u>
<u>[Signature]</u>	<u>Shelbe Treat</u>	<u>1418 Arbor Green Trl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Tyler Treat</u>	<u>1418 Arbor Green Trl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Jamie Shafer</u>	<u>1431 Arbor Green Trl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Jeffery Shafer</u>	<u>1431 Arbor Green Trl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
<u>[Signature]</u>	<u>Ashley Roberts</u>	<u>915 Moorfield Park Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>

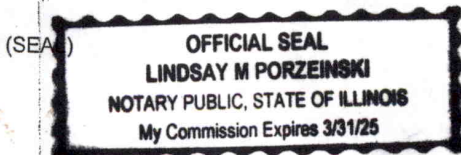
State of Illinois )  
County of St. Clair ) SS.

I, Nathan L Parchman (Circulator's Name) do hereby certify that I reside at 1100 Hollander Ct. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]

(Circulator's Signature)

Signed and sworn to (or affirmed) by Nathan L Parchman before me, on December 9th, 2022  
(Name of Circulator) (Insert month, day, year)



[Signature]  
(Notary Public's Signature)

SHEET NO. 2



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Nathan L Parchman</u>	OFFICE: <u>Council Member - Ward 7</u>
ADDRESS - ZIP CODE: <u>1100 Hollander Ct. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>4</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>[Signature]</u>	<u>LUKE ROBERTS</u>	<u>915 Moorfield Park</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>[Signature]</u>	<u>Jennifer Sibit</u>	<u>902 Moorfield Park Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>[Signature]</u>	<u>TED DODD</u>	<u>515 Alder Ridge Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>[Signature]</u>	<u>Steve Porzeinski</u>	<u>516 Alder Ridge Dr.</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>[Signature]</u>	<u>Lindsay Porzeinski</u>	<u>516 Alder Ridge Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>[Signature]</u>	<u>Danielle White</u>	<u>1331 Timber Ridge Trl</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>[Signature]</u>	<u>Terrek White</u>	<u>1331 Timber Ridge Trl</u>	<u>O'Fallon, IL</u>	<u>ST CLAIR</u>
8. _____	_____	_____	_____, IL	_____
9. _____	_____	_____	_____, IL	_____
10. _____	_____	_____	_____, IL	_____

State of Illinois )  
County of Clinton ) SS.

I, Nathan L Parchman (Circulator's Name) do hereby certify that I reside at 1100 Hollander Ct. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]

(Circulator's Signature)

Signed and sworn to (or affirmed) by Nathan L Parchman before me, on December 9th, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Carol Elaine Garner  
(Notary Public's Signature)

SHEET NO. 3



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Nathan L Parchman</u>	OFFICE: <u>Council Member - Ward 7</u>
ADDRESS - ZIP CODE: <u>1100 Hollander Ct. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>4</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>[Signature]</u>	<u>Nicole Parchman</u>	<u>1100 Hollander Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>[Signature]</u>	<u>Robert Malletts</u>	<u>1101 Hollander Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>[Signature]</u>	<u>Lisa Malletts</u>	<u>1101 Hollander Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. _____	_____	_____	_____, IL	_____
5. _____	_____	_____	_____, IL	_____
6. _____	_____	_____	_____, IL	_____
7. _____	_____	_____	_____, IL	_____
8. _____	_____	_____	_____, IL	_____
9. _____	_____	_____	_____, IL	_____
10. _____	_____	_____	_____, IL	_____

State of Illinois )  
County of Clinton ) SS.

I, Nathan L Parchman (Circulator's Name) do hereby certify that I reside at 1100 Hollander Ct. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]

(Circulator's Signature)

Signed and sworn to (or affirmed) by Nathan L Parchman before me, on December 9th, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Carol Elaine Garner

(Notary Public's Signature)

SHEET NO. 4

## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Nathan L Parchman</u>	OFFICE: <u>Council Member - Ward 7</u>
ADDRESS - ZIP CODE: <u>1100 Hollander Ct. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>4</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot)  
FORMERLY KNOWN AS \_\_\_\_\_ UNTIL NAME CHANGED ON \_\_\_\_\_

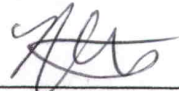
(List all names during last 3 years)

(List date of each name change)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
<u>Jacqueline Sommer</u>	<u>Jacqueline Sommer</u>	<u>521 Still Hollow Run</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
<u>Ryan Sommer</u>	<u>RYAN SOMMER</u>	<u>521 Still Hollow Run</u>	<u>O'Fallon</u> , IL	<u>St. Clair</u>
			, IL	
4.			, IL	
5.			, IL	
6.			, IL	
7.			, IL	
8.			, IL	
9.			, IL	
10.			, IL	

State of Illinois )  
County of Clinton ) SS.

I, Nathan L Parchman (Circulator's Name) do hereby certify that I reside at 1100 Hollander Ct. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.



(Circulator's Signature)

Signed and sworn to (or affirmed) by Nathan L Parchman before me, on December 9th, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)



Carol Elaine Garner  
(Notary Public's Signature)

SHEET NO. 5



## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Nathan L Parchman</u>	OFFICE: <u>Council Member - Ward 7</u>
ADDRESS - ZIP CODE: <u>1100 Hollander Ct. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>4</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>Courtney Sackany</u>	<u>Courtney Sackany</u>	<u>1164 Tazewell Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
2. <u>Nicholas Sackany</u>	<u>Nicholas Sackany</u>	<u>1164 Tazewell Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
3. <u>Kristi Doolittle</u>	<u>Kristi Doolittle</u>	<u>329 Dewitt Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
4. <u>Jared Doolittle</u>	<u>Jared Doolittle</u>	<u>329 Dewitt Ct</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
5. <u>Ben Orris</u>	<u>Ben Orris</u>	<u>346 Vermillion Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
6. <u>Sara Orris</u>	<u>Sara Orris</u>	<u>346 Vermillion Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
7. <u>Rebecca Rudolph</u>	<u>Rebecca Rudolph</u>	<u>331 Vermillion Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
8. <u>Brandon Rudolph</u>	<u>Brandon Rudolph</u>	<u>331 Vermillion Dr</u>	<u>O'Fallon, IL</u>	<u>St. Clair</u>
9.			<u>IL</u>	
10.			<u>IL</u>	

State of Illinois )  
County of Clinton ) SS.

I, Nathan L Parchman (Circulator's Name) do hereby certify that I reside at 1100 Hollander Ct. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269, County of St. Clair, 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

[Signature]  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Nathan L Parchman before me, on December 12, 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)

**OFFICIAL SEAL**  
**CAROL ELAINE GARNER**  
Notary Public, State of Illinois  
My Commission Expires 09-27-2025

Carol Elaine Garner  
(Notary Public's Signature)

SHEET NO. 6

## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of St. Clair and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the Consolidated Election to be held on April 4, 2023 (date of election).

NAME: <u>Nathan L. Parchman</u>	OFFICE: <u>Council Member - Ward 7</u>
ADDRESS - ZIP CODE: <u>1100 Hollander Ct. O'Fallon, IL 62269</u>	A Full Term is sought, unless an unexpired term is stated here: <u>4</u> year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. <u>David Goodwin</u>	David Goodwin	1327 Timber Ridge Trace Dr.	O'Fallon, IL	St. Clair
2. <u>Brandy Goodwin</u>	Brandy Goodwin	1327 Timber Ridge Trace Dr.	O'Fallon, IL	St. Clair
3. <u>Mark Murray</u>	MARK Murray	1335 Timber Ridge Trace Dr.	O'Fallon, IL	St. Clair
4. <u>Jill Murray</u>	Jill Murray	1335 Timber Ridge Trace Dr.	O'Fallon, IL	St. Clair
5. <u>David A. Cherry</u>	David A. Cherry	1326 Timber Ridge Dr.	O'Fallon, IL	St. Clair
6. <u>Latisha A. Smith</u>	Latisha A. Smith	1302 Timber Ridge Dr.	O'Fallon, IL	St. Clair
7. <u>Brian D. Smith</u>	Brian D. Smith	1302 Timber Ridge Dr.	O'Fallon, IL	St. Clair
8. _____	_____	_____	IL	_____
9. _____	_____	_____	IL	_____
10. _____	_____	_____	IL	_____

Received by

DEC 12 2022

O'Fallon  
City Clerk

State of Illinois )  
County of St. Clair )

SS.

I, Derrek White (Circulator's Name) do hereby certify that I reside at 1331 Timber Ridge Trace Dr. in the City/Village/Unincorporated Area of O'Fallon (if unincorporated, list municipality that provides postal service) (Zip

Code) 62269 County of St. Clair 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 of 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 registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

Derrek White  
(Circulator's Signature)

Signed and sworn to (or affirmed) by Derrek White before me, on 10 Dec 2022  
(Name of Circulator) (Insert month, day, year)

(SEAL)

OFFICIAL SEAL  
CAROL ELAINE GARNER  
Notary Public, State of Illinois  
My Commission Expires 09-27-2025

SHEET NO.

7

Carol Elaine Garner  
(Notary Public's Signature)