This will be returned to you When statement is filed in the Office of the County Clerk. (COMPLETE BUT DO NOT DETACH)

Alderman Ward 7 O'Felon IC (office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Dennis	Muyleart		
Name	Picketts ct		
Address O'Calla	. IL	67269	
City	State	ZIP Code	-

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.

@ CUNION CWILLABEL>2

FILED Mt DEC 052022 11:45au THOMAS HOLBROOK COUNTY CLERK

10 ILCS 5/10-5, 10-5.1	ATTACH TO PETITION	Suggested Revised March 2020 SBE No. P-1B
	STATEMENT OF CANDIDACY	Received by DEC 12 2022
NAME: Dennis Muyleart		HP, COUNTY DISTRICT OF STATE ST. CHUIF ALFORINO'S
ADDRESS-ZIP CODE: 1524 Picketts ct O'Fallon IL 62269		- Ward 1 in unexpired term is stated here:year unexpired term
FORMERLY KNOWN AS	SS. first duly sworn (or affirmed), say that I resid	(List date of each name change)
provides postal service) Zip Code <u>62269</u> that I am a qualified voter therein, that I am a contract the <u>Crty of D'Fallon</u> Name of City, Village, Township, County, Distri I am legally qualified (including being the holder to hold such office and that I have filed (or I will required by the Illinois Governmental Ethics A	candidate for election to the office of <u>Add</u> to be voted upon at the election to be ict or State) r of any license that may be an eligibility requi Il file before the close of the petition filing pe	e held on <u>April 4</u> 2023 and that (date of election) rement for the office to which I seek election) eriod) a Statement of Economic Interests as
such office.	Dris Muyleart before me (Name of Candidate)	(Signature of Candidate) e, on $\frac{Dcc}{(insert month, day, year)}$
(SEAL) JO ANN DOV NOTARY PUBLIC STATE MY COMMISSION EXPIRES	E OF ILLINOIS	Notary Public's Signature)

10 ILCS 5/7-10.1

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

LOYALTY OATH (OPTIONAL)

SS.

City of O'Fallon DEC 1 2 2022

City Clerk

O'Fallon, IL

United States of America State of Illinois

1. Dennis Muyleart _____, 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 Dennis Mu before me. (Name of Candidate)

on Dec 05 2022 (insert month, day, year)

"OFFICIAL SEAL" JO ANN DOWNS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES NOV. 7, 2023

(Notary Public's Signature)

(SEAL)

X_BIND HERE X

Suggested Revised March 2020 SBE No. P-3

and

INDEPENDENT CANDIDATE PETITION

in the County of St. clair

We, the undersigned, q	qualified voters i	n the	City	of	OFal	lon
					11 200	

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 April 4, 2023 (date of election). Election to be held on _

NAME: Dennis Muyleart ADDRESS - ZIP CODE: 1524 PICKetts ct. O'Fallon IL 62269

OFFICE: Alderman - Ward 1

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 UNTIL NAME CHANGED ON

(List all f	names during last 3 years)	(List date of each name char	ige)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. All Holen	JII Holan	145 Picketts Run	D'Follon "	st. clai
2. Chren 7	-Gwenthitee	141 Picketts Run	O'Fallon "	st. clai
ARUSAN	Venkata Kolli	146 PICKetts Run	O'Fallon "	st. Clai
4. (urta) alla	Curris Dallas	150 PICKETTS RUN	O'Fallon "	st. clai
5.0	Im Frazee	154 Pickons RUN	O'Fallon "L	st. clair
6.	Cindy Frazes	154 PicKETTS RUN	O'Fallon "IL	st. clair
· 22 9, 22/1/4	Karl Klingler	162 Picketta Run	O'Fallon "	st. clai
8. Finderly balen	Kim Baken	1535 Picketts 4	O'Fallon "	St. clai
9. Cult Dats	CINCY BARS	153] Picketts Ct	O'Fallon "	st. clai
10. Dolene Schmitt	Darley Sch math	FatoRioketts ct	O'Fallon "	st. clai
unty of <u>Sl. clair</u>	ss. DEC 1			
Vennis Muyleast y/Village/Unincorporated Area of C	Circulator's Name) do hereby D'Fallon O'Fallo	on, IL (if unincorporated, list municipa	ality that provides pos	, in th stal service) (
de) 62769, County of SE. Gage and qualified to vote in Illinois), that are than 90 days preceding the last day	of filing of the petitions and are	es, and that the signatures on this sh	eet were signed in m	y presence,
ning were at the time of signing the per pective residences are correctly stated	l, as above set forth.		~	
ining were at the time of signing the pe	I, as above set forth.	Q.M.	2	

Signed and sworn to (or affirmed) by Denniz Muyleart

(Name of Circulator)

Dec before me, on

05 Zo Z' (Insert month, day, year) 20 22

(Notary Public Signature)

(SEAL)

JO ANN DOWNS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES NOV. 7, 2023 SHEET NO

"OFFICIAL SEAL"

X_BIND HERE X

Suggested Revised March 2020 INDEPENDENT CANDIDATE PETITION SBE No. P-3 st. clair CIty O'Fallon We, the undersigned, qualified voters in the of in the County of 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: OFFICE: Dennis Muy Alderman - Ward 1 ADDRESS - ZIP CODE: 1524 Picketts ct. O'Fallon IL A Full Term is sought, unless an unexpired term is stated here: ____ 62269 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'SPRINTED STREET ADDRESS OR CITY, TOWN OR (VOTER'S SIGNATURE) COUNTY VILLAGE NAME (optional) **RR NUMBER** Jonathon TRAM D'Follon St. clair ist hen SINKING SDRINGS .IL OFallon st. clair Innes ina 3 ,IL enke 0 Fallon Summedin St. Clair 4 IL. O'Fallon st. clair .IL O'Fallun St. clair 6 Fallon st. clair O'Fallon 8 11 O'Fallon 9 O'Fallon 10 ,IL 1 O'Fallon S Clai ILLINOIS State of SS. sł. Clair County of 1. Dennis eart (Circulator's Name) do hereby certify that I reside at 1524 picletts in the City/Village/Unincorporated Area of D'Fall (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of St.

Clair , State of TLL DOIC 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.

before me, on

(Circulator's Signature)

2022

Signed and sworn to (or affirmed) by

(SEAL)

Dennis (Name of Circulator)

05 (Insert month, day, year) (Notary Public's Signature)

"OFFICIAL SEAL" JO ANN DOWNS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES NOV. 7, 2023

2 SHEET NO.

X_BIND HERE X

Suggested Revised March 2020 SBE No. P-3

and

st. clair

INDEP	ENDENT	CANDIDAT	E PE	TITION

We, the undersigned, qualified voters in the <u>City</u> of <u>O'Fallon</u> in the County of

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 <u>Consolidated</u> Election to be held on <u>April 4, 2023</u> (date of election).

NAME: OFFICE: Dennis Alderman - Ward 1 ADDRESS - ZIP CODE 1524 Picketts O Fallon IL A Full Term is sought, unless an unexpired term is stated here: 62269 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 ______

	mes during last 3 years)	(List date of each name chan	ige)	
NAME (VOTER'S SIGNATURE)	VOTER'SPRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
how ythe	ROBERT &, M-REFU	105 FAIRWOONH. U.Spl	D'Follon "	st. clai
Charla Morton	Charla J. Morton	105 Fairwood Hills Rd	O'Fallon "	st. clai
Jord form	Jacob Roseke	1566 PEACH OTHER KD	O'Fallon "	st. Clu
Deanna Coselle	Dennha losely	1506 Plach BrunkRD	0'Fallon "	st. clai
(produce Strateric)	2 Candyce Jupitar	SFI North Cherry St	O'Fallon "L	st. clai
Debrah July I	Deborah upi	te 1523 Parketsch	O'Fallon "L	st. clai
Kuch Maller	Ruth Allen	1520 Pickuts ct	O'Fallon "	st. cla
That of our	mark Alleh	1520 Picketts Ct.	O'Fallon "	St. cla
	Hone Marie Ferrow		O'Fallon "	st. cla
Edward Furrow	m	0' fallon, 12 62869	O'Fallon "	st. clai

ss. Received by

(Circulator's Name) do hereby certify that Preside at 1524 Nay ea- 1 in the Fallon City/Village/Unincorporated Area of (if unincorporated, list municipality that provides postal service) (Zip

Code) (7761, County of <u>A. Charr</u>, State of <u>Charrence</u> 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.

3

before me, on

(Circulator's Signature)

202

Signed and sworn to (or affirmed) by

clair

(Name of Circulator)

SHEET NO

(Insert month, day, year) (Notary Public's Signature)

(SEAL)

County of

JO ANN DOWNS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES NOV. 7, 2023

"OFFICIAL SEAL"

This will be returned to you When statement is filed in the Office of the County Clerk. (COMPLETE BUT DO NOT DETACH)

(office or position of employment for which this statement is filed)

		OR HAND PRINT	
MAry	LEANNE	= Hutchison	5-
Name 71 Wh	TE -	terse hr	
Address O'fallon	IL	62265	
City	State	ZIP Code	

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.

FILED MA DEC 0 2 2022 2205pm THOMAS HOLBROOK COUNTY CLERK

·

STATEMENT OF CANDIDACY INDEPENDENT DEC 12 2022 DEC 12 DEC 12 2022 DEC 12 2024 <	10 ILCS 5/10-5, 10-5.1	TO PETITION	Suggested
INDEPENDENT OFFUL MARY-JEANNG HUSCH:SIN OFFUS: ADDRESS - ZP CODE: OFFICE: OFFICE: OFFICE: OFFICE: OFFICE: OFFICE: OFFICE: Ward #2 - Alder factor IT WOWN AS			Receiver March 2020 SBE No. P-1B
NAME: CITY, VILLAGE, TOWNSHIP COUNTY, DISTRECTION TE MARY-JeanNE Hutch:Sin O'FAIDN_TL ADDRESS-ZP CODE: O'FAIDN_TL TI White Hoesseln O'FAIDN_TL O'FAUDN BADGA ATH Tem is sought, unless a unspected tem is taked here:year unspected tem 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	STATEMENT	OF CANDIDACY	DEC 1 2 2022
MARY-JeanNS Hutch:Sin O'FANON, TL ADDRESS-ZP CODE: O'FANON, TL TI White Horssell O'FANON, TL ADDRESS-ZP CODE: O'FANON, TL TI White Horssell O'FANON, TL ADDRESS-ZP CODE: O'FANON, TL O'FANON, TE Horssell O'FAULON O'FANON, TL O'FAULON O'FANON, TL O'FAULON O'FAULON, TL O'FAULON O'FAULON, TL O'FAULON O'FAULON, TL O'FAULON O'FAULON, TL I'required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot) FORMERLY KNOWN AS (List all names during last 3 years) TATE OF ILLINOIS) OUTON SS. Mary-Jeanne Hydrhish SS. Mary-Jeanne Hydrhish SS. Mary Jeanne Hydre Hydraw Hydres (I uninocryporat	INDE	PENDENT	OFallon
ADDRESS-ZP CODE: OFFICE: ADDRESS-ZP CODE: OFFICE: Wand #2 - Alder farson AFull Term is sought, unless an unsequined term is stated there:year unsequined 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		CITY, VILLAGE, TOWNSHIP	COUNTY, DISTRIC ConSTATE
ADDRESS - ZIP CODE: OFFICE: Wand #2 - Adder faces of Market Area of Lobarda If required pursuants to 10 ILCS 517-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot) FORMERLY KNOWN AS	Mary-JeanNE Hutchison	O'FAMON_	Th
AFull Term is acquired, unless an unergened term is stated here:year unergened 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 	ADDRESS – ZIP CODE:	OFFICE:	
(List all names during last 3 years) UNTL NAME CHANGED ON (List date of each name change) TATE OF ILLINOIS (List all names during last 3 years) UNTL NAME CHANGED ON (List date of each name change) TATE OF ILLINOIS (List all names during last 3 years) SS. Mary Joanne Hutchicon being first duly sworn (or affirmed), say that I reside at <u>TTIUNTE Horse 4</u> the City, Village, Unincorporated Area of <u>O'PAllon</u> (if unincorporated, list municipality that ovides postal service) Zip Code <u>babla</u> in the County of <u>St. Clair</u> State of Illinois; at I am a qualified voter therein, that I am a candidate for election to the office of <u>Addor parson - UADD</u> in a <u>O'FFANON</u> to be voted upon at the election to be held on <u>Apr. 4</u> , <u>3003</u> and that the Gity, Village, Township, County, District or State) m legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election 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 a quired by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to ch office. (SEAL) HEATHER M MALSH (Notary Public's Signature) (SEAL) HEATHER M MALSH Notary Public's Signature) (SEAL)		Ward #	2 - Alderperson
FORMERLY KNOWN AS (List all names during last 3 years) TATE OF ILLINOIS) SS. Mary Jeans Hutchics being first duly sworn (or affirmed), say that I reside at 771 UhiTE Hoise4 the City, Village, Unincorporated Area of 0' Falloa (if unincorporated, list municipality that ovides postal service) Zip Code (2026) in the County of 5t · Clair State of Illinois; at I am a qualified voter therein, that I am a candidate for election to the office of Ader parson - UARDA is State of Illinois; at Clip, Village, Township, County, District or State) to be voted upon at the election to be held on Apr. 4, 2003 and that me of City, Village, Township, County, District or State) to be voted upon at the election filing period) a Statement of Economic Interests a nulled by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to ch office. (Signature of Candidate) (Insert month, day, year) (SEAL) HEATHER MWALSH official Seal Seal Seal Seal Seal Seal Seal Se	O'Fallon Ledrig	A Full Term is sought, unless an u	nexpired term is stated here: year unexpired term
TATE OF ILLINOIS bounty of <u>St. Claic</u>) SS. <u>Mary Jeanne Hutchican</u> being first duly sworn (or affirmed), say that I reside at <u>771 OhnTE Horse4</u> the City, Village, Unincorporated Area of <u>O'Fallon</u> (if unincorporated, list municipality that ovides postal service) Zip Code <u>bable</u> in the County of <u>St. Clair</u> (if unincorporated, list municipality that ovides postal service) Zip Code <u>bable</u> in the County of <u>St. Clair</u> (if unincorporated, list municipality that at I am a qualified voter therein, that I am a candidate for election to the office of <u>Ader person - UARDA</u> is <u>a</u> <u>O'Fallon</u> to be voted upon at the election to be held on <u>Apr. 4, 2023</u> and that me of City, Village, Township, County, District or State) m legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election 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 a quired by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to ch office. (Signature of Candidate) (Signature of Candidate) (StaL) HEATHER M WALSH Official Seal Notary Public's Signature) (SEAL)	If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete	the following (this information w	vill appear on the ballot)
TATE OF ILLINOIS bounty of <u>St. Claic</u>) SS. <u>Mary Jeanne Hutchican</u> being first duly sworn (or affirmed), say that I reside at <u>771 OhnTE Horse4</u> the City, Village, Unincorporated Area of <u>O'Fallon</u> (if unincorporated, list municipality that ovides postal service) Zip Code <u>bable</u> in the County of <u>St. Clair</u> (if unincorporated, list municipality that ovides postal service) Zip Code <u>bable</u> in the County of <u>St. Clair</u> (if unincorporated, list municipality that at I am a qualified voter therein, that I am a candidate for election to the office of <u>Ader person - UARDA</u> is <u>a</u> <u>O'Fallon</u> to be voted upon at the election to be held on <u>Apr. 4, 2023</u> and that me of City, Village, Township, County, District or State) m legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election 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 a quired by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to ch office. (Signature of Candidate) (Signature of Candidate) (StaL) HEATHER M WALSH Official Seal Notary Public's Signature) (SEAL)	FORMERLY KNOWN AS	UNTIL NAME CHANGED ON _	(List data of each name change)
(SEAL) (SEAL) (MARY - Jeans + Gutchics) (SS. (Interreption of Candidate) (SS. (SS.) (Interreption of Candidate) (SEAL) (SEAL) (SEAL) (SEAL) (SS.) (Interreption of Candidate) (Interreption of Candidate) (Interreption of Candidate) (Interreption of Candidate) (SS.) (SEAL) (SEAL) (SS.) (S	(List all names during last 5 years)		(List date of each hame change)
(SEAL)	TATE OF ILLINOIS)		
Marry Jeanne Hutchics being first duly swom (or affirmed), say that I reside at	ounty of St. Claire) SS.		
the City, Village, Unincorporated Area of <u>O'FAllon</u> (if unincorporated, list municipality that ovides postal service) Zip Code <u>Lobolog</u> in the County of <u>St. Clare</u> State of Illinois: at I am a qualified voter therein, that I am a candidate for election to the office of <u>Adec person - UARD 3</u> in a <u>O'FANON</u> to be voted upon at the election to be held on <u>Apr. 4</u> , 2003 and that date of election) and that ime of City, Village, Township, County, District or State) m legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election 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 a quired by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to ch office. (Signature of Candidate) (SEAL) <u>HEATHER MWALSH</u> (Notary Public's Signature) (SEAL) <u>HEATHER MWALSH</u> Notary Public's Signature)			
the City, Village, Unincorporated Area of <u>O'FAllon</u> (if unincorporated, list municipality that ovides postal service) Zip Code <u>Lobolog</u> in the County of <u>St. Clare</u> State of Illinois: at I am a qualified voter therein, that I am a candidate for election to the office of <u>Adec person - UARD 3</u> in a <u>O'FANON</u> to be voted upon at the election to be held on <u>Apr. 4</u> , 2003 and that date of election) and that ime of City, Village, Township, County, District or State) m legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election 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 a quired by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to ch office. (Signature of Candidate) (SEAL) <u>HEATHER MWALSH</u> (Notary Public's Signature) (SEAL) <u>HEATHER MWALSH</u> Notary Public's Signature)	Mary Joans Hutchign being first duly sworn (or	affirmed) say that I reside a	+ 771 WHITE HOISEL
(SEAL)			
at I am a qualified voter therein, that I am a candidate for election to the office of Adder person - WARDA is to be voted upon at the election to be held on Apr. 4, 2023 and that the of City, Village, Township, County, District or State) in the election to be held on Apr. 4, 2023 and that (date of election) and that (date of election) Imme of City, Village, Township, County, District or State) in the election to be held on Apr. 4, 2023 and that (date of election) Imme of City, Village, Township, County, District or State) in the election to be held on Apr. 4, 2023 and that (date of election) Imme of City, Village, Township, County, District or State) in the election to be held on Apr. 4, 2023 (date of election) Imme of City, Village, Township, County, District or State) and that (date of election) Immediate of the period of the period of any license that may be an eligibility requirement for the office to which I seek election 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 a quired by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to the office. igned and sworn to (or affirmed) by Mary Jean Heather Marksh (Name of Candidate) Imme of Candidate) (SEAL) HEATHER MALSH Official Seal Notary Public - State of Illinois Imme of Illinois (SEAL) HEATHER MALSH Official Seal Illinois (Notary Public 'S Signature)			
(SEAL) (SEAL) (SEAL) (SEAL) (SEAL) (SEAL) (b Fallow) (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon the office to which I seek election (insert month, day, year) (to be voted upon at the election to be held on Apr. 4, 2023 (to be voted upon the office to which I seek election (insert month, day, year) (to tary Public's Signature)			
(date of election) (date of election) (date of election) m legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election 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 a quired by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election t ch office. igned and sworn to (or affirmed) by Mary Jeans Hutching before me, on 12-4-235 (Name of Candidate) (SEAL) HEATHER M WALSH Official Seal Notary Public - State of Illinois (SEAL)			
(SEAL) (SEAL) (SEAL) (SEAL) (SEAL) (SEAL) (SEAL) (Sean)	eto be voted ame of City. Village. Township. County. District or State)	upon at the election to be he	eld on <u>Apr. 4, 3023</u> and that (date of election)
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 a quired by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election the office. ich office. Image: Control of Condidate) igned and sworn to (or affirmed) by			
(SEAL) (SEAL) (SEAL) (Seal)			
(SEAL) (SEAL)			
(SEAL) (SEAL) (SEAL) (Signature of Candidate) (Name of Candidate) HEATHER M WALSH Official Seal Notary Public - State of Illinois		quest that my name be prir	tted upon the official ballot for election to
(SEAL) (SEAL)	ich office.	mall	lel
(SEAL) (SEAL)		IVCHG	Signature of Candidate)
(SEAL) HEATHER M WALSH Official Seal Notary Public - State of Illinois		0 (0	
Official Seal Notary Public - State of Illinois	Signed and sworn to (or affirmed) by Mary Jeanne (Name of Candida	ate)	$\frac{12-4-23}{(\text{insert month, day, year})}$
Official Seal Notary Public - State of Illinois		MI-	
Official Seal Notary Public - State of Illinois	(SEAL)		tary Public's Signature)
	Official Seal	(140	
		1	

10 ILCS 5/7-10.1

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

LOYALTY OATH (OPTIONAL)

SS.

United States of America

State of Illinois

MARY-Jeanne Hutchison

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.

andidate)

, do swear (or affirm) that I am a citizen of the

Signed and sworn to (or affirmed) by MARY-Jeanne (Name of Ca before me,

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

(Notary Public's Signature)

(SEAL)



	10 ILCS 5/10-3, 10-4, 10-5.1	XBIND	HEREX		Suggested
		INDEPENDENT CAN	DIDATE PETITION	Re	vised March 2020 SBE No. P-3
	We, the undersigned, qualified voters in	the 2NO WARD of	O'FARIN in the C	ounty of St. Cl	Hir and
	State of Illinois, do hereby petition that th	e following named person shall b			
	to be voted for at the Consolidation	D_Election to be held on	pri 1 4, 2023 (date of ele		
	Mary Jeanne H	utchison	OFFICE:		
	ADDRESS - ZIP CODE:		Alderpers	on-Wa	d2
	771 White He O'FALLOW	62269	A Full Term is sought, unless an unexpired to	erm is stated here ve	ar unexpired term
		1, complete the following (this information	will appear on the ballot)	ya	
	(List all na	mes during last 3 years)	CHANGED ON(List date of each name cha	ange)	
	VAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
"(10	a Ryan Stephens	Ryan Stephens	1013 Oxford Hill Rd.	Ofallon "	St. Clair
(1/10/	and the men	Lutine Szopa	796 Greystone PI	OFallon "	
alcol	m longy	NERVAL JESPA	756 GREYSTONE PI	OFAllow 2"1	ST. Chin
nlid	, 5. /	William J. Dzlonzo	1051 Thornbury Place	O'Fallon "L	5t. Clair
whe	6. Maria Malars	KATHIGEN A. DALVE	1051 Thorn bury PI	O'FAILON "IL	St. Clain.
uc	· Dawn weitland	DAWN Weitlauf	829 CARDIAF COUNT	O'FALLON "	st.cuain
v	8. DUCO	Hattie Johnson	813 Cardiffet	O'Fallon "	St. Clair
uc	C Karos on	Robb Johnson	813 Cavdiff Ct	O'Fallon "	St. Clair
	10. 1	JASON VAHLE	824 CARDIFF CT	SFAMON"	ST. CLAIR
	14 hypae M Jahl	LYNAE VAHUE	824 CALINIFF CT.	& FALLON "	ST. CLAIR
	punty of ST CLAIR)) SS.			
)			
I, _	MARY-BANNetfutchism (Circulator's Name) do hereby ce	rtify that I reside at 771 What	5 Horso LI	V, in the
	y/Village/Unincorporated Area of		(if unincorporated, list municipa	lity that provides pos	tal service) (Zip
of a	de) 62266, County of 57 Cl age and qualified to vote in Illinois), that I re than 90 days preceding the last day o	am a citizen of the United States	that I am 1 s, and that the signatures on this she	8 years of age or old eet were signed in my	er (or 17 years / presence, not
sigi	re than 90 days preceding the last day o ning were at the time of signing the petit pective residences are correctly stated, a	ion registered votors of the nell	enuine and that to the best of my ki tical division in which the candidate	nowledge and belief is seeking elective of	the persons so office, and their
			malle	-	
			(Circulator	's Signature)	(1)
Sigr	ned and sworn to (or affirmed) by	J Hutchison	hafam	-4-25	
		(Name of Circulator)		t month, day, year)	
	(SEAL)	eal munis	- CILIDILA	h	
	Notary Public - St My Commission Expl	ate of Illinois res Jun 9, 202	(Notary Publi	c's Signature)	
		SHEET NO.	<u> </u>		

X_BIND HERE_X

Suggested Revised March 2020 SBE No. P-3

and

in the County of St. Clair

INDEPENDENT	CANDIDATE	PETITION

We, the undersigned, qualified voters in the ______ Ward of O'Fallow

State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified Election to be held on April 4, 2023 to be voted for at the Conco (date of election). NAME: OFFICE: dehison ary-Alderperson-Ward 2 ADDRESS - ZIP CODE: 171 WHITE Fallo 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 PRINTED STREET ADDRESS OR CITY, TOWN OR COUNTY (VOTER'S SIGNATURE) VILLAGE **RR NUMBER** NAME (optional) 10 20 FAllow 2 nr 3 4 nes .11 100 OI 60 0 8 DI 0 42 Oxford 013 State of SS. AIR County of L (Circulator's Name) do hereby certify that I reside at _771 WhITE HORSE CN chison in the City/Village/Unincorporated Area of O'FALON (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of STCLAR IL , State of 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 pefore me, on (Name of Circulator) (Insert month, day, year) HEATHER M WALSH (SEAL) **Official Seal** Notary Public - State of Illinois (Notary Public's Signature) Commission Expires Jun 9, 2026 ET NO

10 ILCS 5/10-3, 10-4, 10-5.1	X_BIND F	HEREX		Suggested
	INDEPENDENT CAN	DIDATE PETITION	Rev	ised March 2020 SBE No. P-3
We, the undersigned, qualified voters in t	he 2ND WARD of	0 Fallon in the Co	unty of St. Cl	ofiv and
State of Illinois, do hereby petition that the			ction to the office her	einafter specified
to be voted for at the Canter	Election to be held on	pril 4, 2023 (date of ele	ction).	
MARY-SEANNE H	uteh's	OFFICE:		
ADDRESS - ZIP CODE:		Alderpersen	- Ward	5
771 White Horce		A Full Term is sought, unless an unexpired te	rm is stated here: vea	ar unexpired term
If required pursuant to 10 ILCS 5/10-5.1,	complete the following (this information) co	
FORMERLY KNOWN AS	UNTIL NAME ues during last 3 years)	CHANGED ON (List date of each name cha	nge)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
"14/2 Kinda Winden	Kenda Wunder	809 Greystone R	O'Fallon"	St, Clair
" huyoy Winler	GREGORY WUNDER	809 GREATSTONEPL	O'FALLON "	ST. CLAIR
Kalyunder	Keely wunder	809 Graystonepl	o'Fallon"	St. Claur
- 1 Jary Cumpins	Mary Cummins	1037 Oxford Hills	1 O'fallon	St. Claur
1/15/22 LISA York	Lisayon	1022 Thornbury 11	Ofallon "	Stole
" " Leste Cooley	Uslie Cooley	825 Graystone PI	Ofallon"	St. Clair
H I Altan	TODO HERK.M	1029 Thornbury PI	O FALLOU "	St. Clair
" " Amaplen	Lena Herring	1029 Thombury PI	DFallon"	St. Clair
10-11-11-11-10-10-10-10-10-10-10-10-10-1	Garrett Herring	1029 Thombury Pl	O'Fallon	St. Clair
" " Tatul C. Cumi	Patrick Cummins	1037 Oxford Hill Rd	O' FAllow"	st. Clair
State of)) SS.			
County of <u>STCLAIR</u>)			
		ertify that I reside at 71 Whit	te Horse LA	, in the
City/Village/Unincorporated Area of O'F		(if unincorporated, list municipa	ality that provides pos	tal service) (Zip
Code) 26 4, County of STCC of age and qualified to vote in Illinois), that I more than 90 days preceding the last day o signing were at the time of signing the petiti respective residences are correctly stated, a	am a citizen of the United State f filing of the petitions and are g ion registered voters of the poli	es, and that the signatures on this sh	nowledge and heliof	y presence, not
		Mutches	's Signature)	
Signed and sworn to (or affirmed) by	V Seanne Hutchism	before me, on	4 - 27 rt month, day, year)	
1-			(
Notary Public	WALSH Bean WALSH The Smallinois The Staten of 12024s		lic's Signature)	
My Commission	xpires Jun.9; 292 ET NO.	3		

10 ILCS 5/10-3, 10-4, 10-5.1	X_BIND	HEREX		Suggested
	INDEPENDENT CAN	IDIDATE PETITION	Rev	ised March 2020 SBE No. P-3
We, the undersigned, qualified voters in	the 2 wd WARD of	0'Follon in the Co	unty of St. CLP	iR and
State of Illinois, do hereby petition that the	e following named person shall b	e an Independent Candidate for ele	ction to the office here	einafter specified
to be voted for at the Consolidated	Election to be held on	pr 4, 2023 (date of ele	ction).	
NAME: Mary Joanne H	rutchisa	OFFICE:		
ADDRESS-ZIP CODE: 271 WhITE Hor	se LN	Alderperson	- Ward 2	-
O' Fallon	62269	A Full Term is sought, unless an unexpired te	rm is stated here: yea	r unexpired term
If required pursuant to 10 ILCS 5/10-5. FORMERLY KNOWN AS	1, complete the following (this information UNTIL NAME	will appear on the ballot) E CHANGED ON		
(List all na	mes during last 3 years) VOTER'S PRINTED	(List date of each name cha	nge) CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
10/1 u/22 A	Serry Guttema	820 Graphone Pl.	OFalls IL	St. Class
" " Ton the	Scott Gicterman	820 Great true	O'F4161"	St. Char
" " Joan P. Houston	JOAN P. Houston	816 Greystone	O'FAllON "	St. CLAIR
1 11 tothe Brege	KANHLBENC Breger	1046 KINOBKOCT	O'FALLON"	St. Clair
" "Adriting	ADLA, REEDER	1046KINABIRD 27	O'Fr/lyn "	St. CIAIR-
" " Mah Muster	Sondra Marston	813 White Horse La	o Fallon"	stClair
1 " Mary J. Fries	Mary Fries	1401 Keck Ridge D	r O'Fallsh	St. Clair
" " "Mayne Male	Ruchel Roberts	772 White Horse Ln	O'Fallon IL	St. Clair
" Kenny Freque	KAREN PFETFER	801 DEER CREEK AND	O'FALLON"	St. CLAIR
" " Dane Office	Dave Pfeifer	BUI Deer Creek Rd	O'Fallon	StClair
State of)) SS.			
County of STCLAIR) 33.			
1. Mary-Jeanne Hutchicon	(Circulator's Name) do hereby c	ertify that I reside at 77 Whit	B HORSE LN	, in the
City/Village/Unincorporated Area of	OFOLION	(if unincorporated, list municip	ality that provides pos	stal service) (Zip
Code (2369, County of St C(A) of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet respective residences are correctly stated,	ition registered voters of the po	genuine and that to the best of my h	nowledge and belief	the persons so
· · · · · · · · · · · · · · · · · · ·		Matutches	m	
		(Circulato	r's Signature)	
Signed and sworn to (or affirmed) by	ay-Juin Hutch.		9-22	
	(Name of Circulator)		rt month, day, year)	
	al Spear	Juna	JV I	
	State or illinois pires Jun 9, 2026 SHEET NO.	4	lic's Signature)	

.

26

 r_{ij}

÷

X_BIND HERE_X

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters	s in the $2ND$ of	0 FALLON in the Co	ounty of St. CC	AIR and
State of Illinois, do hereby petition tha				einafter specified
to be voted for at the Consolid	Election to be held on <u>R</u>	pr. 1 4, 2023 (date of ele	ction).	
NAME Mary-Jeanne	Hutchison	OFFICE:		
ADDRESS - ZIP CODE:		Alderperson	1 - Ward	2
721 WhITE	Horse LN	A Full Term is sought, unless an unexpired to		
	10-5.1, complete the following (this information UNTIL NAME	will appear on the ballot) E CHANGED ON		
(List a	all names during last 3 years)	(List date of each name cha	1	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
11/16/22	- Gavin Gonzalez	906 Phillip (+.	O'Fallon"	St. Clair
1 11 2. Juneura 134	1 Rebecca Bagge	r 906 Phillip	O'Fallon	Sh Clair
10 11 3	Told > Busser	906Ph: llip C+	O'fallon "	St.Clair
" " kep forthing	Regar Hutchison	771 White Horse Ln	O'Fallon"	St. Clai
10/18/22hobert Roberts	Robert Roberts	779 White HORSE LN	Ofallow"	st, CLAAR
10/18/22 (1) horbert	Pelilan Roberts	779 White Horse LN	C'Fallon "	St.Clair
10/18/2 - OFA	JAMES HAMPSHIRE	1043 THORNBURY PL	O'FALLON !!	ST CLAIR
10/18/22 Am 1	Ann M + ampshin	1043 Thombury PI	O'Fallon "	St. Clair
10/18/32 / 2 / m	Gregory Marston	813 White Horse Lane	O'Fallon "	St. Clair
10/18/20 Wedec. hler	Wade c. Weitleut	829 Cardiff Ct.	O'Fallon".	St. Clair
State of	∑)) SS.			
County of St. CLAIR) 33.			
1. Mary Jeanne Hutch!	Circulator's Name) do hereby c	ertify that I reside at 771 Wh	NTE HORSE L	N, in the
City/Village/Unincorporated Area of	O'Fallor	(if unincorporated, list municip	ality that provides po	stal service) (Zip
Code) of age and qualified to vote in Illinois), to more than 90 days preceding the last of signing were at the time of signing the respective residences are correctly stat	hat I am a citizen of the United State day of filing of the petitions and are petition registered voters of the po	es, and that the signatures on this sh genuine and that to the best of my	knowledge and belie	ny presence, not f the persons so
		Mg Hutel (Circulate	r's Signature)	
Signed and sworn to (or affirmed) by	Mary Scanne Hetch	lin-before me, on [J ·	-4-21	
	(Name of Circulator)	(Inse	ert month, day, year)	
	THER M WALSH Official Seal	liters	h	
Notary Put	on Expires Jun 9, 2029HEET NO	.5 (Notary Put	olic's Signature)	

10 ILCS 5/10-3, 10-4, 10-5.1			Rev	Suggested vised March 2020 SBE No. P-3
We, the undersigned, qualified voters in t	the 2nd WArp of	O'Fallon in the Co	unty of 5+. Cl	Air and
State of Illinois, do hereby petition that the	1		ction to the office her	einafter specified
to be voted for at the Consolid Hed	Election to be held on A	pr. 4, 2023 (date of ele	ction).	
ADDRESS-ZIP CODE:		OFFICE: Alderperson	n-Ward	.2-
771 WMTE Horse	LN 62269	A Full Term is sought, unless an unexpired te	rm is stated here: yea	ar unexpired term
If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS	complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		
(List all nan NAME (YOTER'S SIGNATURE)	nes during last 3 years) VOTER'S PRINTED NAME (optional)	(List date of each name cha STREET ADDRESS OR RR NUMBER	nge) CITY, TOWN OR VILLAGE	COUNTY
ALAB (ent	MARIAT Farnes	1019 Oford Hill Cd	O'Fallen "	st. Clair
2. Delo por comos	Gai Jorgenson	10.9 Oxford Hillk	d ofallow	St. Clair
Charlengen (harles Jordensof	609 Deford HillRd	072/102"	St. Clair
4. Katu J Educal	Kanie J Edwards	1016 Oxford Hill Rd	O'Fallon	St. Clair
5. Satt Edunds	SUTT EDWARDS	10 16 0x ford that Rd	o Fallen "	St. Clair
Waldo Church	Waldo Chard	10250-45A441R	D'Fallsi	St. Clai
7. Tracy looks	Tracey Cooley	825 Greystone Pl.	O'Fallon"	Sh Clair
"Jean nesch	Jean nesch	1405 Cedar Ridget		St. Clai
9. Joy Nesch	Rogy North	1405 aday Ridgebr	0'Fallon"	Stelair
10. Jesser Nesen	Tessa Nesch	1405 Cedar Ridge Dr.	O'Fallon "	st. clair
State of County of)) SS.)	U		
MARY barris Hetchim (ertify that I reside at 771 What	5 HORSE LI	, in the
City/Village/Unincorporated Area of		(if unincorporated, list municip		
Code) 3269, County of STCLA of age and qualified to vote in Illinois), that I nore than 90 days preceding the last day of igning were at the time of signing the petil espective residences are correctly stated, a	of filing of the petitions and are tion registered voters of the po	genuine and that to the best of my l	knowledge and belie	t the persons sc
		Mg Authe (Circulate	Sign ature)	1
Signed and sworn to (or affirmed) by	(Name of Circulator)	M_before me, on(1).	- 4 - J J ert month, day, year)	
(SEAL) HEATHER M W Official Se Notary Public - Star	eal te of Illinois	(Notary Plut	Dlic's Signature)	
My Commission Expire	S JUN 9, 2020	le		

We, the undersigned, qualified voters in the State of Illinois, do hereby petition that the foll to be voted for at the Consoliding MAME: Mary-Jeanne Hutt ADDRESS - ZIP CODE: 71 White Horke O'FAHON If required pursuant to 10 ILCS 5/10-5.1, con FORMERLY KNOWN AS (List all names of NAME (VOTER'S SIGNATURE) 2. Dor Niker 3. Multiplication 4. Consoliding	lowing named person shall be Election to be held on Ap ehison LN Le JJG 9 nplete the following (this information	O'Fau e an Indepe aril 4, 3 OFFICE: A A Full Term is will appear on CHANGED OF STRE 785 (785 (785 (776)	in the Co endent Candidate for elec 2023 (date of elec Compension s sought, unless an unexpired te the ballot)	unty of <u>Sf Cl</u> ction to the office her ction). <u>n - Warz</u> <u>rm is stated here:yea</u> <u>nge)</u> <u>CITY, TOWN OR</u> <u>VILLAGE</u> <u>Ö'Fallon</u> , ^{IL} <u>O'Fallon</u> , ^{IL} <u>O'Fallon</u> , ^{IL} <u>O'Fallon</u> , ^{IL}	county St. Cla St. Cla
State of Illinois, do hereby petition that the foll to be voted for at the Consolided MAME: Mary-Jeanne Hutt ADDRESS - ZIP CODE: 771 White Horce O'FAllon If required pursuant to 10 ILCS 5/10-5.1, con FORMERLY KNOWN AS (List all names of NAME (VOTER'S SIGNATURE) 2. Der Niller 3. Multituter 4. Cellie Hart Leall Mary Frant Leall 6. 7.	lowing named person shall be Election to be held on A ehison LN LO LO LO LN LO LN LN LN LN LN LN LN LN LN LN	e an Indeper aril 4, 3 OFFICE: A A Full Term is will appear on CHANGED OF STRE 785 (785 (785 (776)	endent Candidate for elec <u>2023</u> (date of elec <u>1000000000000000000000000000000000000</u>	rm is stated here:yer nge) CITY, TOWN OR VILLAGE O'Fallon I O'Fallon I O'Fallon I O'Fallon	county St. Cla St. Cla
State of Illinois, do hereby petition that the foll to be voted for at the Consolided MAME: Mary-Jeanne Hitt ADDRESS - ZIP CODE: 721 WHITE Horce O'FAHON If required pursuant to 10 ILCS 5/10-5.1, con FORMERLY KNOWN AS (List all names of NAME (VOTER'S SIGNATURE) 2. Der Miller 3. Multituter 4. Consolider 4. Cons	lowing named person shall be Election to be held on A ehison LN LO LO LO LN LO LN LN LN LN LN LN LN LN LN LN	e an Indeper aril 4, 3 OFFICE: A A Full Term is will appear on CHANGED OF STRE 785 (785 (785 (776)	endent Candidate for elec <u>2023</u> (date of elec <u>1000000000000000000000000000000000000</u>	rm is stated here:yer nge) CITY, TOWN OR VILLAGE O'Fallon I O'Fallon I O'Fallon I O'Fallon	county St. Cla St. Cla
to be voted for at the Consolided NAME: Mary-Jeanne Hitte ADDRESS - ZIP CODE: 771 White Horce O'FAHON If required pursuant to 10 ILCS 5/10-5.1, con FORMERLY KNOWN AS (List all names of NAME (VOTER'S SIGNATURE) 1 2. Dif Niter 3. Multitude 4. Multitude 6. 7.	Election to be held on A ehison LN Ledde 9 nplete the following (this information UNTIL NAME during last 3 years) VOTER'SPRINTED NAME (optional) Kim Miller bob miller Marta Hosteller Esure T. Hosteller	A Full Term is will appear on CHANGED OF STRE 785 (785 (776)	2023 (date of ele Ldurperse: s sought, unless an unexpired te the ballot) N (List date of each name cha EET ADDRESS OR RR NUMBER Crcy Stone Place Arey Stone Place White Hose Lu	rm is stated here:yes nge) CITY, TOWN OR VILLAGE Õ'Fallon,"L Õ'Fallon,"L O'Fallon,"L O'Fallon,"L O'Fallon,"L	county St. Cla St. Cla St. Cla
NAME: Mary-Jeanne Hute ADDRESS - ZIP CODE: 771 White Horce O'FAHON If required pursuant to 10 ILCS 5/10-5.1, con FORMERLY KNOWN AS (List all names of NAME (VOTER'S SIGNATURE) 1 1 1 1 1 1 1 1 1 1 1 1 1	ehison LN Ledde 9 nplete the following (this information UNTIL NAME during last 3 years) VOTER'S PRINTED NAME (optional) Kim Miller bob miller Marta Hosteller Esure J. Hosteller	OFFICE: A Full Term is will appear on CHANGED OF STRE 785 (785 (785 (776)	Ldurperses s sought, unless an unexpired te the ballot) N (List date of each name cha EET ADDRESS OR RR NUMBER Creystone Place areystone Place White Hose La	n - Ware rm is stated here:yee nge) CITY, TOWN OR VILLAGE Ö'Fallon ^{,IL} O'Fallon ^{,IL} O'Fallon ^{,IL} O'Fallon ^{,IL} O'Fallon ^{,IL}	county St. Cla St. Cla St. Cla
771 White Horse O'FAllon If required pursuant to 10 ILCS 5/10-5.1, con FORMERLY KNOWN AS (List all names of NAME (VOTER'S SIGNATURE) NAME (VOTER'S	Le 2269 nplete the following (this information UNTIL NAME during last 3 years) VOTER'SPRINTED NAME (optional) Kim Miller Bob miller Marta Hosteller Esure J. Hostelle	A Full Term is will appear on CHANGED OF STRE 785 (785 (785 (776)	s sought, unless an unexpired te the ballot) N	rm is stated here: yer nge) CITY, TOWN OR VILLAGE Ö'Fallon ^{,IL} O'Fallon ^{,IL} O'Fallon ^{,IL} O'Fallon ^{,IL}	county St. Cla St. Cla St. Cla
C'FALON If required pursuant to 10 ILCS 5/10-5.1, com FORMERLY KNOWN AS (List all names of NAME (VOTER'S SIGNATURE) 1 2. 0 1 1 1 1 1 1 1 1 1 1 1 1 1	Le 2269 nplete the following (this information UNTIL NAME during last 3 years) VOTER'SPRINTED NAME (optional) Kim Miller Bob miller Marla Hosteller Esure J. Hostelle	VILL APPEAR ON CHANGED ON STRE 785 (785 (776)	the ballot) N (List date of each name cha EET ADDRESS OR RR NUMBER Crcy stone Place arey stone Place White Horse Lu White Horse Lu	O'Fallon O'Fallon O'Fallon O'Fallon O'Fallon O'Fallon UFallon	COUNTY St. Cla St. Cla St. Cla St. Cla
FORMERLY KNOWN AS (List all names of NAME (VOTER'S SIGNATURE) 1 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	UNTIL NAME during last 3 years) VOTER'S PRINTED NAME (optional) Kim Miller bob miller Marla Hosteller Esure J. Hostelle	CHANGED OF STRE 785 (785 (776)	N (List date of each name cha EET ADDRESS OR RR NUMBER Ercystone Place areystone Place White Horse Lu Uhite Horse Lu	O'Fallon" O'Fallon" O'Fallon" O'Fallon" O'Fallon" O'Fallon"	St.Cl. St.Cla St.Cla St.Cla
NAME (VOTER'S SIGNATURE)	VOTER'SPRINTED NAME (optional) Kim Miller bos miller Marla Hostetler Esure J. Hostetler	785 (EET ADDRESS OR RR NUMBER Ercystone Place areystone Place White Horse Lr Uhite Horse Lr	O'Fallon" O'Fallon" O'Fallon" O'Fallon" O'Fallon" O'Fallon"	St.Cl. St.Cla St.Cla St.Cla
(VOTER'S SIGNATURE) 2. Jun Miller 3. Mulu Hashith 4. Cerlie Ant La Mary frant flesh M 6. 7.	NAME (optional) Kim Miller bos miller Marla Hostefler Esure J. Hostefler	785 (RR NUMBER Ercystone Place areystone Place White Horse LN White Horse LN	VILLAGE D'Fallon ^{IL} O'Fallon ^{IL} O'Fallon ^{IL} O'Fallon ^{IL}	St.Cla St.Cla St.Cla St.Cla
3. Mulut pstither 4. Celie Ant la Alaufanne tester M 7.	bos miller Marla Hostetler Esue J. Hostetle	785 (areystone Place White Horse Lr White Horse Lri	O'Fallon" O'Fallon" O'Fallon"	St.Cla St.Cla St.Cla
3. Mulut pstither 4. Celie Ant la Alary families la Mary 7.	bos miller Marla Hostetler Esue J. Hostetle	785 (areystone Place White Horse Lr White Horse Lri	O'Fallon" O'Fallon" O'Fallon"	St.Cla St.Cla St.Cla
4. Celie Ant 4 Elary france tester M 7.	Varla Hostetler Esue J. Hostetle	776	White Horse Los	O'Fallon"	St.Cla St.Cla
7.	ESLIE J. Hostetle Avy-Launattuthic	776	White Horse Las White Horse Ch	1	St.Co
7.	Avy-Launnetkithisc	7710	UNITE HORSE CA	O'Fallon "	SICIA
7.					StCLA
	and the second sec	and the second		,IL	
		1. Art	Received	by ^{,IL}	an this is a
8.	100			,IL	and the second
9.			DEC 12 2	.IL	1000
10.			O'T-1	,IL	
ate of TL)			City Clerk		
ounty of St. CIAIR	SS.				
					1. Sec. 91
	culator's Name) do hereby ce				
ity/Village/Unincorporated Area of 01 Fr		-	incorporated, list municip		
age and qualified to vote in Illinois), that I am	, State of	es, and that	that I am the signatures on this sh	18 years of age or of neet were signed in n	lder (or 17 yea ny presence, r
ore than 90 days preceding the last day of fil gning were at the time of signing the petition	ing of the petitions and are greatered voters of the pol	genuine and	d that to the best of my I	knowledge and belie	f the persons
spective residences are correctly stated, as a	bove set forth.	-			
			In a Hutch	usal	1 A A
M L .	1 di		U (Circulato	r's Signature)	
gned and sworn to (or affirmed) by Mary	Leanne Hutchith	before	e me, on	9-22	1.1.1
Janan	(Name of Circulator)			ert month, day, year)	
(SEAL) HEATHER M WA			Und	bh	
Notary Public - State My Commission Expires	e of Illinois	7	(Notary Put	olic's Signature)	

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

(COMPLETE BUT DO NOT DETACH)

(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Jessica	LOTZ	· · · · · · · · · · · · · · · · · · ·	4 PS 38 /1
Name 903 P	aiore Lo	ine	
ofallon	iL	brzich	
City	State	ZIP Code	

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.

FILED THOMAS HOLBROOK O CURION CARE 2

	н - <u>э</u>	
10 ILCS 5/10-5, 10-5.1	ATTACH TO PETITION	Suggested Revised March 2020 SBE No. P-1B
	STATEMENT OF CANDIDACY	Received by
	INDEPENDENT	DEC 1.2 2022
NAME: LESSICA LOTZ	City of Of	P, COUNTY, DISTRICT OF STATE
ADDRESS-ZIP CODE: 903 Paige Lane OFAILONLIL 62269	OFFICE: Alderper (LLDWNCI) Mer A Full Term is sought, unless ar	SCM WAYA 2- NDER) 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)
	UNTIL NAME CHANGED ON during last 3 years)	
STATE OF ILLINOIS) County of St. Clair)	SS.	
I, DESSILA LOTZ being	g first duly sworn (or affirmed), say that I reside	e at <u>903 Paige (ane</u> , (if unincorporated, list municipality that
provides postal service) Zip Code	in the County of St Clair	, State of Illinois;
	a candidate for election to the office of Alde	
City of All-Allow	to be voted upon at the election to be	
I am legally qualified (including being the hold	ler of any license that may be an eligibility requir	ement for the office to which I seek election)
	will file before the close of the petition filing per	
	Act and I hereby request that my name be pr	
such office.	Jin	Signature of Candidate)
Signed and sworn to (or affirmed) by	(Name of Candidate)	, on $\frac{12/(1)(2022)}{(\text{insert month, day, year})}$
(SEQIFFICIAL SEAL MARTHA F STOFFEL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 4/9/2025	Mart	ha 7 Storfer lotary Public's Signature

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.

)

JUSSILA LOTZ ١. , 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.

0551

nature of Candidate)

Signed and sworn to (or affirmed) by

(Name of Candidate

before me.

on (insert month, day, year)

otary Public's

(SEAL)

OFFICIAL SEAL MARTHA F STOFFEL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 4/9/2025

10 ILCS 5/10-3, 10-4, 10-5.1	XBIND H	IEREX		Suggested
	INDEPENDENT CAN	DIDATE PETITION	Rev	ised March 2020 SBE No. P-3
We, the undersigned, qualified voters in t	he City of	O'FAILON in the Cou	unty of St.C.O	ir and
State of Illinois, do hereby petition that the				
to be voted for at the CONSOL CLOPEC	Election to be held on	pn14,2023 (date of elec	ction).	
NAME: JESSILA LD+Z		OFFICE: Alderperson		
ADDRESS-ZIP CODE: 903 Paig		(Council member))Ward 2	
	n. 11 62269	A Full Term is sought, unless an unexpired te	rm is stated here: yea	r unexpired term
If required pursuant to 10 ILCS 5/10-5.1. FORMERLY KNOWN AS	complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		
(List all nam	voter's printed	(List date of each name char STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
Tatut stift	Patrick Stoffel	908 Jordan	O'Fallon "	St. Clair
2 Maitha Stoffel	Martha Stoffel	908 Jordan	OFallon	St. Chair
Jugan Hursey	Susan Hursey	1257 Tanglewood Tr	OFallon "	St. Clair
- Can Honea	Clara Honea	1257 Tanglewood Tr	O'Fallon"	St. Clair
Nay Danklsrut	V Kay Mapkesre	Hev 14 17 Cedar R.	Fallon	I. Clair
- Cul Han	ERIC C. LARRIS	1417 CEDAR RIDGE DR	OFALLON	ST. CLAIR
Brieanna Leo	Brieanna Dolong	1226 Applewhite Rd.	O'Fallon "	St. Clair
" Jos Derma O	Juson Dalong	122 Byplestile Rd	o Fallon	st. Clar
Dwn Jasl	GWIN KessLer	1253 TANChewson	O FALLON"	STCLAIR
Goy E. Josset	BoyE. Kessler	1253 TANGLEWOOD	OFALLON	STOLAIR
State of <u>IUNDIS</u>)) SS.			
County of St. Clair)			
Martha Stoffel	(Circulator's Name) do hereby c	vertify that I reside at 908 Jo	rdan	, in the
	allon	(if unincorporated, list municip	ality that provides po	stal service) (Zip
of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet	I am a citizen of the United State of filing of the petitions and are ition registered voters of the po	genuine and that to the best of my l	neet were signed in m knowledge and belie	Ty presence, not
respective residences are correctly stated,	as above set forth.	Mautha &	Stoffel ir's Signatyre	2
Signed and sworn to (or affirmed) by \mathcal{M}	(Name of Circulator)	before me, on 12/9/	2022 ert month, day, year)	
STEPHANIE FAVELA OFFICIAL SEAL Notary Public - State Of Illinois My Commission Expires October 18, 2026	SHEET NO	(Inse Haphanie (Notaly Put	auch auch Dic's Signature)	

10 ILCS 5/10-3, 10-4, 10-5.1	XBIND	HEREX		Suggested
	INDEPENDENT CAN	DIDATE PETITION	Rev	ised March 2020 SBE No. P-3
We, the undersigned, qualified voters in t	he City of	O'Fallon in the Cou	unty of St. Clo	ir and
State of Illinois, do hereby petition that the	•			
to be voted for at the <u>Consolidated</u>	Election to be held on	pri] 4, 2023 (date of elec	ction).	
NAME: JESSICA LOTZ		OFFICE: Alderperson (COUNCI MEMBER		
ADDRESS-ZIP CODE: 903 Paig	elane	(COUNCI I MEMBER)Wara 7	
O'Fallon, IL 62269 A Full Term is sought, unless an unexpired term is stated here:year unexpired te				
If required pursuant to 10 ILCS 5/10-5.1 FORMERLY KNOWN AS	complete the following (this informationUNTIL NAME	will appear on the ballot) CHANGED ON		
(List all nan NAME	Nes during last 3 years)	(List date of each name char STREET ADDRESS OR	nge) CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
2 Man Oly	GlennRobertoty	953 Benjamin Pr	ofallon "	StClair
3. mar all	Allyson leigh otcy	953 Benjamin Dr	ofallon "	Stelair
401 011	Mai Ann Scott	93/Moye School Rd	OFallon "	Stalair
Junea aller	Janece G. Albers		ofallon "	Staar
Jugm 48	Jennifer MBellinge	919 Victoriala	OFallon "	stclair
Mul Pn	Marcel Brown	919 Vicioria Ln	OFAILON"	Stanir
R AND	KEVIS WELCH	544 Highbard New Dr	OFalles "	SI Chair
a time Harif hader			,IL	
formie Marine havele	Jamie Morie Iracler	1414 Amber leaf Ct	O Fallm "	St Clair
the fulla	Mattlew Richard Trade	1414 Amberleif CT	ofellan	St clu/
State of <u>IUNDIS</u> County of St. CLAIV)) SS.)			
)essica Lotz	(Circulator's Name) do hereby c	certify that I reside at 903 Pui	helano	, in the
City/lillage/Unincorporated Area of DF	a 110m	(if unincorporated, list municip	•	
Code) <u>Lottling</u> , County of <u>H. C. Uu</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet respective residences are correctly stated,	, State of I am a citizen of the United State of filing of the petitions and are ition registered voters of the po	that I am es, and that the signatures on this sh genuine and that to the best of my I	18 years of age or old neet were signed in m	der (or 17 years by presence, not
		Jumin for	Signature)	
Signed and sworn to (or affirmed) by	JESSICA LOTZ (Name of Circulator)	before me, on 12/11	12022 ert month, day, year)	
OFFICIAL SEAL (SEAL) WARTNA F STOFFEL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 4/9/2025	SHEET NO.	2 Martha - (Notary Py)	olic's Signature	D

10 ILCS 5/10-3, 10-4, 10-5.1	XBIND F	IEREX		Suggested
	INDEPENDENT CAN	DIDATE PETITION	Rev	vised March 2020 SBE No. P-3
We, the undersigned, qualified voters in	the City of [D'Fallon in the Co	unty of St.C.O	ir and
State of Illinois, do hereby petition that the	•			
to be voted for at the CONSOLIDATED	Election to be held on A	0114,2023 (date of elec	ction).	
JESSILA LOTZ		OFFICE: Aldenperson		
ADDRESS-ZIP CODE: 903 Pai	gelane	(Council member)	Wava 2	
O'Fallor	n, IL 62269	A Full Term is sought, unless an unexpired te	rm is stated here: yea	ar unexpired term
FORMERLY KNOWN AS		will appear on the ballot) CHANGED ON		
(List all nar NAME (VOTER'S SIGNATURE)	Noter Street Str	(List date of each name char STREET ADDRESS OR	CITY, TOWN OR	COUNTY
Nortek S SIGNATORE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
2 mit la Dali to	LEADING AND AS FAIDORS	932 Crubapple Lh	D Fallon	STUDIY
3. GSB	Nicholas Schmidt	1525N. Smiley	OFALLA IL	St. Clair
4 CONT	RDig Ktch	903 Paige LN	OFALLON IL	ST. CUAIR
5. Jun m Dark	Am Krh	904 Victoria In	OF Mart	Stabin
6. Josh P. Koch	Josh P. Koch	904 Victoria In	Pallon "	Stalair
7. KalBabrock	Kimberly Conway Bub	way gog Victoria La	O'Fullon"	St.C.c.
8. Pail Whele Bal	LDavid Michad Bab		O'Fallon "	St-Clair
9. Chile Wought Stin	John Penglas Ginsson	705 BOBWhite	OFAIION "	Stelair
Jon Maios	Janet M Grissom	705 BOBMite	ofallon "	Stolair
State of IWINDIS)) SS.			
County of St. Clair)			
		ertify that I reside at 903 Pai	ollane	, in the
CITAVillage/Unincorporated Area of DF4		(if unincorporated, list municipation)		
Code) <u>Letter</u> , County of <u>State</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet respective residences are correctly stated,	ition registered voters of the pol	denuine and that to the best of my k	nowledge and helief	f the norsons so
		Jemcafot (Citevilate	Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Inse	2027 rt month, day, year)	
OFFICIAL SEAL (SEAL) MARTINA F STOFFEL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 4/9/2025	SHEET NO.	3 Martha (Notary Pyte	Stol	Fel

10 ILCS 5/10-3, 10-4, 10-5.1	XBIND	HEREX			Suggested
	INDEPENDENT CAN	DIDATE PETITI	ON	Rev	vised March 2020 SBE No. P-3
We, the undersigned, qualified voters in	the City of	oFallon	in the Co	unty of St Cla	ir and
State of Illinois, do hereby petition that the					
to be voted for at the CONSOLIDATE	Election to be held on	tpn14,2023	date of elec	ction).	
NAME: JESSILA LOTZ		OFFICE: AUTOPT	HISM		
ADDRESS-ZIP CODE: 903 Paiz	se cane.	(Council r	nember) Ward 2	-
OFallor	IIL born	A Full Term is sought, unl	ess an unexpired te	rm is stated here: yea	r unexpired term
	, complete the following (this information UNTIL NAM	n will appear on the ballot) E CHANGED ON			
(List all nar NAME	mes during last 3 years)	and the second se	of each name cha	T	
(VOTER'S SIGNATURE)	VOTER'SPRINTED NAME (optional)	STREET ADDI RR NUMI		CITY, TOWN OR VILLAGE	COUNTY
1. Jemcapotz	Jessila Lotz	903 Paige L	une	OFallon"	StClair
3.				,IL	
4.				,IL	
5.				,IL	
6.			Rece	eived by I	
7.			DEC	,IL 1 2 2022	
8.				,IL	
9.			Q	Fallon ,IL	
10.				ity Clerk ,IL	
State of <u>ILUNOK</u> County of <u>St Clair</u>)) SS.				
	(Circulator's Name) do hereby	certify that I reside at	913 Pa	AP LAND	in the
CityRvillage/Unincorporated Area of				ality that provides pos	, in the
Code) <u>(22209</u> , County of <u>St Clair</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet respective residences are correctly stated,	, State of <u>U</u> I am a citizen of the United Sta of filing of the petitions and are	tes, and that the signal genuine and that to t	that I am tures on this sh	18 years of age or ol neet were signed in m snowledge and belie	der (or 17 years by presence, not
		_ Gus	NCA for (Circulato	ry Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on _	12/11 (Inse	2022 ert month, day, year)	
OFFICIAL SEAL (SEAL) MARTHA F STOFFEL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 4/9/2025	SHEET NO.	4 <u>mp</u>	tha=	Juie's Signature)	pol

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

(COMPLETE BUT DO NOT DETACH)

-(office or position of employment for which this statement is filed)

Andrea Fohne Name 207 S. Augusta. St. Address Fallon IL 62269 City State ZIP Code FILED WA DEC 0 9 2022 11:45 on THOMAS HOLBROOK COUNTY CLERK

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.

·

10 ILCS 5/10-5, 10-5.1	Revised March 2020
STATEMENT O	City of O'Fallor No. P-1B
INDEPE	DEC 1 2 2022
NAME: Andrea Fonne	CITY VILLAGE, TOWNSHIP, COUNTY, DISTRICT OF STATE O'Fallon, IL O'Fallon, Illinois
ADDRESS-ZIP CODE: 207 S. Augusta St., O'Fallon, IL 62269	OFFICE: Alder person 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 FORMERLY KNOWN AS UN (List all names during last 3 years)	
STATE OF ILLINOIS) County of St. Clair) SS.	
I, Andrea Forne	(if unincorporated, list municipality that
that I am a qualified voter therein, that I am a candidate for election the <u> </u>	to the office of <u>Uhrd 3</u> <u>Alderperson</u> in on at the election to be held on <u>$4-4-2023$</u> and that (date of election)
I am legally qualified (including being the holder of any license that m	
to hold such office and that I have filed (or I will file before the close	
required by the Illinois Governmental Ethics Act and I hereby required by the Illinois Governmental Ethics Act and I hereby required such office.	est that my name be printed upon the official ballot for election to
Signed and sworn to (or affirmed) by <u>Andrea Fo</u> (Name of Candidate	hne before me, correctal seal SUSANIL PARKINSCH, day, year) NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 06/29/2026
(SEAL)	(Notary Public's Signature)

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, <u>Andrea Fohne</u>, 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 Andrea Fohne before me, (Name of Candidate)

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

(SEAL)

(Notary Public's Signature)

OFFICIAL SEAL SUSAN L PARKINSON NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 06/29/2026

10 ILCS 5/10-3, 10-4, 10-5.1		영대 전문 문제 영화에 대표하게	Rev	Suggested ised March 2020 SBE No. P-3
We, the undersigned, qualified voters in	0	D'Fallon in the C	St. C.la	
State of Illinois, do hereby petition that the	0			
to be voted for at the Consolidate				
NAME: Andrea Fo		OFFICE: Alderperson		
ADDRESS-ZIP CODE: 207 S. August		Ward#3	City of 6	Fallon
	2269	A Full Term is sought, unless an unexpired	term is stated here: yea	r unexpired term
If required pursuant to 10 ILCS 5/10-5. FORMERLY KNOWN AS	1, complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		
(List all na NAME (VOTER'S SIGNATURE)	wes during last 3 years) VOTER'S PRINTED NAME (optional)	(List date of each name cl STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Mary any	MARY CARNEY	TOIS. VING	O'Fallon "	St. Clair
2. Julin plum	Greco, Heather	610 S. Vine	O'Fallon "	St. Clair
3. Duy Humle	Guy Hemmenk	6015 VINE	O'Fallon"	St. Clair
4. DANE Hemmel	JANE/Lemment	60'SUINE	O'Fallon "	St. Clair
5. Larry Shephyd	Hay Ciff	6005. Vity	O'Fallon"	St. Chi
· Robert Sprice	ROBERT S, PRICE	5125, VINE	D'Fallon "	St. Clai
Phyllis F. Price	Phyllis L. Price	512 S Vine	D'Fallon "	St. Clai
"Kounthale	KEDEN MODOEN	TOUS VING	Ofallon "	St. Clair
Jasan Made	SUSAN MODDEN	704 S. VAINE	O'fallon"	St. Clai
Sett July	Scote Hubbard	7065. Vine	10 Fallon	St. Clai
State of Illinois' County of Saint Clair)) SS.)			
104 CARDEY	(Circulator's Name) do hereby	certify that I reside at	S. VIDE -	$51, \dots, in the$
CityWillage/Unincorporated Area of		(if unincorporated, list munic		
Code Code Code Code Code Code Code Code	t I am a citizen of the United Sta v of filing of the petitions and are etition registered voters of the p	e genuine and that to the best of m	sheet were signed in y knowledge and beli	my presence, no ef the persons s
respective residences are correctly stated	, as above set form.	4 Contraction	ator's Signature)	4
Signed and sworn to (or affirmed) by the "OFFICIA	SEAL	before me, on <u>2</u>	re / 2 t z nservmonth, day, year)	\sum
NOTARY PUBLIC-S		(Notary)	Public's Signature)	

			Rev	Suggested ised March 2020 SBE No. P-3
	Car	NEI	Q. CI.	
e, the undersigned, qualified voters in	the of of	Otallon in the Co	unty of <u>St. Cla</u>	UR and
tate of Illinois, do hereby petition that th			ction to the office here	einafter specified
be voted for at the Consolidat	Election to be held on _A	PRI 4,2023 (date of ele	ction).	
NAME: Andrea Fa	ohne	office: Alderperson		
ADDRESS-ZIP CODE: 207 S. AUGUST	La Ci	Leard#3	City of O	Fallon
D'Fallon, ILL		A Full Term is sought, unless an unexpired te	erm is stated here: yea	r unexpired term
	.1, complete the following (this information	will appear on the ballot)		
FORMERLY KNOWN AS	UNTIL NAME ames during last 3 years)	CHANGED ON		
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	COUNTY
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
debro Dohne	Debra KFohne	414 E 3 E St	O'Fallon "	St. Clair
Dan Johne	Gary Fohne	414 E. 3 Rd ST.	O'Fallon"	St. Clair
"truck Com	ROY A CHENRY	Tel S. VIDE St.	O'Fallon"	St. Clair
4. Jut Aple	SALY AHLE	221 E. VEFFElm	O'Fallon "	St. Chir
5. Jana ahle	Tana Ahle	221 C. Jefferson	D'Fallon"	St. Chir
Valerie Bancale	VALERIE HANCOCK	312 E. WASHINGTON	D'Fallon"	St. Clair
ALL	KIRK HANGOUL	206 E. 380 ST	D'Fallon "	St. Clau
8. Can Ba	Caren Bacon	105 E Lackson	OFallon"	St. Clair
9. Bolly Baron	BOBBY BACON	105 E. JALKSON	O'Fallon"	St. Clair
Beggy Bacon	Peggy Bacon	105E-Jackson	D'Fallon"	St. Clair
ate of 111 inois	_)			
unty of Saint Clair) SS. _)			
Andrea Fohne	_ (Circulator's Name) do hereby c	certify that I reside at _267	3. Augusta	St. , in the
Willage/Unincorporated Area of	Fallon	(if unincorporated, list munici	pality that provides po	stal service) (Zip
de) 62269, County of St. (lain , State of	Illinois that I am	18 years of age or o	lder (or 17 years
age and qualified to vote in Illinois), that are than 90 days preceding the last da	at I am a citizen of the United Stat	es, and that the signatures on this s	heet were signed in r	ny presence, not
ning were at the time of signing the p pective residences are correctly stated	etition registered voters of the po	plitical division in which the candida	te is seeking elective	office, and their
			a la sa s	
		(Circulat	cor's Signature)	
		Conconat	or s orginature)	
and sworn to (or affirmed) by igA	(Name of Circulator)	before me, on <u>Decemb</u>	er 11 2022 sert month, day, year)	
passa		* 0		
	N BUCHANAN			

	INDEPENDENT CAN	DIDATE PETITION	Nevi	sed March 2020 SBE No. P-3
Ve, the undersigned, qualified voters in	the Citula of	D'Fallon in the Co	St.Ch	ip .
tate of Illinois, do hereby petition that the be voted for at the $Consolidate$	Election to be held and A	e an independent Candidate for elec		einafter specified
	T		ction).	
Andrea to	hne	OFFICE: Alderperson		- 1
ADDRESS - ZIP CODE:	0.	leard#3	CHIL (fb	Fillm
207 S. August	2 34.	A Full Term is sought, unless an unexpired te	()	
If required pursuant to 10 ILCS 5/10-5.	1, complete the following (this information			
FORMERLY KNOWN AS	UNTIL NAME mes during last 3 years)	CHANGED ON		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	(List date of each name cha STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 Roberta Springe	e Roberta Sprin	er 503 N: HACON	O'Fallon "	St. Clair
2. Junannem Burel	Suzanne M. Beer	203 N. Vie As	D'Fallon"	St. Clair
Malabelin	Michael Buch and	SOSE Have St.	O'Fallon"	St. Chip
4. Torea tox	Torice Heil	318 N. Cheverst	O'fallon "	St. Chir
5. Sam	Samartha Medeiros	204 Persimmon Dr	O'Follow "	St. Chir
6	Theodore Evans		D'Fallon "	St Chir
marie almerolo	murie Almert	1 204 Persimmon Dr	D'Ellow "	G Main
8. Almanda Kambrink	Amanda Kambrink	203 S. Huaista St	DE Usa "	St Clair
9. Matern	NATE PARKER	206 S. Angusta ST.	D'Ellor	St Clair
10. alley Park	Mex parker	2010 S. August St	D'Fallon"	SI Clair
ate of Illinois)		U TURNI	UT CIUIV
ounty of Saint Clair) SS.			
Andrea Fohne		067 9	3 1	0.1
		certify that I reside at	J	
ode) 62269, County of St. C		(if unincorporated, list municip		
age and qualified to vote in Illinois), that	I am a citizen of the United Stat	es and that the signatures on this s	18 years of age or ol neet were signed in m	v prosonce not
pre than 90 days preceding the last day uning were at the time of signing the pe spective residences are correctly stated,	tition registered voters of the po	litical division in which the candidat	e is seeking elective	office, and their
	as above set forth.	1 to	hne	
		(Circulate	or's Signature)	
		, U		
gned and sworn to (or affirmed) by Δho	(Name of Circulator)	before me, on <u>Decembe</u> (Ins	ert month, day, year)	-
(SEAL) SEAN I	BUCHANAN	Ro- B.	P Alexandria	
	ICIAL SEAL lic - State Of Illinois	Notary Pu	blic's Signature)	

10 ILCS 5/10-3, 10-4, 10-5.1	X_BIND H	HEREX	Suggested
	INDEPENDENT CAN	DIDATE PETITION	Revised March 2020 SBE No. P-3
We, the undersigned, qualified voters in t	he City of	D'Fallon in the Cou	unty of St. Claire and
State of Illinois, do hereby petition that the	following named person shall be	e an Independent Candidate for elec	
to be voted for at the Consolidate	d Election to be held on A	DRil 4, 2023 (date of elec	
NAME: Andrea For	222	OFFICE: Alder Oprom	
ADDRESS - ZIP CODE:	nne	Alder person	AL DATE
207 S. Auguste	2 St. 2269	A Full Term is sought, unless an unexpired ter	City of O'Fallon
-	, complete the following (this information	will appear on the ballot) CHANGED ON	
(List all nar	nes during last 3 years)	(List date of each name chai	
NAME TER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE COUNTY
Harold Gross	Harold Gross	5055. Vine	O'Fallon " St. Clair
Jean Jugger	Judy Bugger	3035. Augusta	O'Fallon" St. Clair
Carbar Buget	Barbara Bright	105 E. Homs St.	O'Fallon" St. Clair
file wood	Kele Wood	103. E. Adans	O'Fallon "St. Chir
Roberty Schmoolt	ROBERT C SCHMIDT	106 F. ADAMS	O'Fallon St. Chir
Ton with Dron	USBETH BROWN	212 W. Washington	D'Fallon "St. Clair
8. alpenton	Stephen Brown	212 W. Washington	O'Fallon "St Clair
Rohald Corvins	RONA / CAVENS		Otallon St. Clair
10. C No	Adam Igulbee	Son w. Jefferson	Otallon St. Clair
State of Illinois	Logan Doming	205 3. 149431	10 Fallon St. Clair
county of Saint Clair) ss. DEC	1 2 2022	
1. Andrea Fohne	(Circulator's Name) do heretive	Clerk	3. Avausto St in the
	Fallon		pality that provides postal service) (Zip
Code) <u>62269</u> , County of <u>St. C</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet respective residences are correctly stated,	I am a citizen of the United Stat of filing of the petitions and are ition registered voters of the po	that I am tes, and that the signatures on this sh genuine and that to the best of my	18 years of age or older (or 17 years neet were signed in my presence, not knowledge and belief the persons so
		Atoh	ne
		(Circulato	or's Signature)
Signed and sworn to (or affirmed) by An	(Name of Circulator)	before me, on Decemb	ert 112022 ert month, day, year)
(SEAL) OFF Notary Pub My Com	BUCHANAN ICIAL SEAL lic - State Of Illinois mission Expires mber 09, 2026	4 Sean Buch (Notary Pu	blic's Signature)

This will be returned to you When statement is filed in the Office of the County Clerk. (COMPLETE BUT DO NOT DETACH)

Office of the County Clerk. <u>ALderman Ward</u> #3 OFALCONIC

(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT VERN Malake Name 419 E. Adams ST Address Fallon IL 62269 City State ZIP Code 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.

FILED ut DEC 072022 10:14a THOMAS HOLBROOK COUNTY CLERK @ CURIOHIWALANED 2

10 ILCS 5/10-5, 10-5.1	D PETITION Suggested Revised March 2020 SBE No. P-1B
STATEMENT C	F CANDIDACY
INDEPE	NDENT
NAME:	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE
VERN MALARE	O'FALLON, ILLINOIS
ADDRESS – ZIP CODE:	OFFICE:
419 E ADAMS ST	WARD 3 ALDERMAN
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 5/7-10.2, 8-8.1 or 10-5.1, complete the	A REAL PROVIDED IN THE REAL PROVIDED INTERNATION PROVIDED INTERNAT
FORMERLY KNOWN AS UN (List all names during last 3 years)	TIL NAVE CHANGER DY (List date of each name change)
STATE OF ILLINOIS	DEC 15 2022
County of <u>ST. CLAIR</u>) SS.	OFallon City Clerk
I,being first duly sworn (or af	firmed), say that I reside at <u>419 E ADAMS 57</u> ,
in the City, Village, Unincorporated Area of	
provides postal service) Zip Code 62269 in the County of	
that I am a qualified voter therein, that I am a candidate for election	
the <u>O'FALLON</u> <u>O'FALLON</u> <u>STCLATR</u> to be voted up (Name of City, Village, Township, County, District or State)	on at the election to be held on <u>APRIL 4, 2023</u> and that (date of election)
I am legally qualified (including being the holder of any license that m	ay 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 requ	est that my name be printed upon the official ballot for election to
such office.	
	Ven Malari
	(Signature of Candidate)
Signed and sworn to (or affirmed) by <u>Vernell Malare</u> (Name of Candidate	before me, on $\frac{12 - 7 - 32}{(\text{insert month, day, year})}$.
(SEAL) "OFFICIAL SEAL" DONNA M. KEIM NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES JUNE 22, 2025	(Notary Public's Signature)

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.

LALARC, 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 Vernell Malare (Name of Candidate) before me,

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

(Notary Public's Signature)

(SEAL)

"OFFICIAL SEAL" DONNA M. KEIM NOTARY PUBLIC --- STATE OF ILLINOIS MY COMMISSION EXPIRES JUNE 22, 2025

Te

X_BIND HERE_X

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the TOWNSHIP of D'FALLON in the County of ST. CLAIR and

NAME:		OFFICE:		
VERN MALARE		WARD 3 AL	DERMAN	-
ADDRESS-ZIP CODE: 419 E ADAMS 57				
	2269	A Full Term is sought, unless an unexpired ter	m is stated here: yea	r unexpired term
If required pursuant to 10 ILCS 5/10-5.1 FORMERLY KNOWN AS	complete the following (this information v UNTIL NAME	vill appear on the ballot) CHANGED ON		
and the second	nes during last 3 years)	(List date of each name char STREET ADDRESS OR	CITY, TOWN OR	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1. But Donat	CNULLEXA DONA	-314 EKTH	O'NALLUU!	StELO
2. Valence Nepher	Valerie Neohoa	305 E 444	O'Falloh"	St. Cla
3. Bith dundley	Ruth Hundley	309 E 4th	O'Fallon	5t.Clai
4. Levengeld	Kevn gladden	315 E 474	O'Fallon"	St. Ja
5. Dot Dont	DERICK DUNDTO	312 6 42	J' FALLON"	ST. CLAI
6. Thomas & Hallida	Thom25 CHolliclo	4405 E 3rg	O'Fallon	St. C/ai
7. Sum Bushing	Susan Rushing	514 E. Washington	O' Fallon"	37. (19)
"Dogo Reini	Galyn Rushing	514 E Washingto	O'Fallon"	St Clai
9. Valerie Idancork	VALERIE HANGock	312 E. WASHINGTON	O'FALLON	ST. CLAIR
10. Opal malare	OPAL MALARE	419 E ADAMS ST	O'FALLON	STCLAZ
ate of ILLINOIS)) SS.			
ounty of <u>57. CLAIR</u>) 33.			
VERN MALARE	(Circulator's Name) do hereby c	ertify that I reside at <u>419 E</u> A	DAMS ST	, in the
y/Village/Unincorporated Area of	FALLON	(if unincorporated, list municip	ality that provides po	stal service) (Z
nde) <u>62269</u> , County of <u>57</u> , <u>C1</u> age and qualified to vote in Illinois), that ore than 90 days preceding the last day gning were at the time of signing the pe spective residences are correctly stated,	of filing of the petitions and are tition registered voters of the po	genuine and that to the best of my	knowledge and belie	f the persons s
		Ven 1	Mala	e
		(Circulato	or's Signature)	
mend and autom to (an officer ad) by	lan Malal	before me, on De	c14;	2027
gned and sworn to (or affirmed) by	(Name of Circulator)	(Ins	ert month, day, year)	0.0
OFFICI/	E FUSSELL AL SEAL State of Illinois sion Expires SHEET NO.	Annuel Lee H (Notary Pu	blic's Signature)	

X_BIND HERE_X

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the TOWNSHIP of OFALLON in the County of ST. CLAIR and

State of Illinois, do hereby petition that the	following named person shall be	e an Independent Candidate for elect	ion to the office here	einafter specified
be voted for at the <u>CONSOLIDAT</u>	FP Election to be held on A	PRIL 4, 2023 (date of elec	tion).	
NAME:		OFFICE:		
VERN MALARE	-	WARD 3 AL	DERMAN	
ADDRESS-ZIP CODE: 4/9 E ADAMS ST		WIND	,	
	2269	A Full Term is sought, unless an unexpired term is stated here: year unexpired term		
	, complete the following (this information	will appear on the ballot) CHANGED ON	4	2. 2
	mes during last 3 years)	(List date of each name char	Y	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
Donet & Verbeah	Janet R. Verber	+ 2/04 S. augent	O'Fallon	SILGin
Darus H. Monber	PARIUS E. MONTIE	N 4015 Jugeste	O'Falle	ST clar
Virginia C. Orige	Virginie C. Dinges	405 S. Quous to St	O'Zalla	A. Clai
4 Repeace Pito	Repecca Ditts	407 S. Augusta St.	O'Fallon"	St. Clair
5. Chr. Wall-GOm	Chris Walker-Aa	n 5015 Augusta St	OFallon	St. (lai
Charles E. Claton .	Charles E. Morton J.	5075, Augusta 5/	O'Falloa	5) Main
Patricia & dark	PATRICIA CLARK	503. Augustast	O'Fallon	Stelae
8. Human L. Clienk	Thomas L. FLARK	503. Augusta St	O'Fallow"	St clair
9. Strathy Falk	DORDTHY FALK	408 E.THIRD St.	O'FACION	ST CAR
Don Hollenhy	DON HOLLOSKAWS	500 FONTALCBLOR	0j=Alloi"	5T dAil
tate of <u>ILLINOIS</u>)			
ounty of <u>57. CLAIR</u>) SS.)			
VERN MALARE	(Circulator's Name) do hereby o	certify that I reside at $\frac{419 E}{A}$	DAMS ST	, in the
ty/Village/Unincorporated Area of	FALLON	(if unincorporated, list municip	ality that provides po	stal service) (Zip
code) <u>6.2269</u> , County of <u>57</u> , <u>C1</u> f age and qualified to vote in Illinois), that hore than 90 days preceding the last day igning were at the time of signing the pe espective residences are correctly stated,	I am a citizen of the United Stat of filing of the petitions and are tition registered voters of the po	es, and that the signatures on this sh genuine and that to the best of my l	eet were signed in n mowledge and belie	ny presence, not f the persons so
		Ven (Circolato	r's Signature)	<u>/</u>
igned and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Inse	C. / 4, j ort month, day, year)	2022
(SEAL) OFFIC Notary Public My Commi	LEE FUSSELL IAL SEAL c, State of Illinois ission Expires or 25, 2026 SHEET NO.	Samuel Lee F (Notary Put	Julic's Signature)	

X_BIND HERE_X

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the TOWNSHIP of OFALLON in the County of ST. CLAIR and

State of Illinois, do hereby petition that the f				einafter specified
NAME: VERN MALARE	T	OFFICE:		
ADDRESS-ZIP CODE: 4/9 E ADAMS 57 0'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 v	will appear on the ballot) CHANGED ON		
(List all nam	es during last 3 years)	(List date of each name char		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Terry M. Lysokowsk	Terry M. Lysakoud	507 E. Adamsst	O Fallon	ST. Clair
2 Davit & Clawson	PAUL E. CLAUSSEN	SILE E. ADAMS	SPALLON	ST. CLAN
3. Linda R. Claussen	Linda R. Claussen	516 E. Adams St	O'Fallon "	St. Clair
5. O Contraction	Steven Lilly	508 E. Adams	Dellon	St C/81
5. S Fill II	LisaLilly	JOB EADams	O'fallon	StClari
Jonsamp Smith	Lorraine	4202 ARCINA	O Pallar	566/9/1
8. gm	Cody Graves	1/XE-Hansst	At III	A Clair
9. 196	Jean repressa	412 C Abar of	OFallon"	stelan
10 Norman Brand II	Julie Deirop Norma Bairol	412 E folans St.	OFallen IL	St-Clait
County of <u>ST. CLAIR</u>)) SS.			
VERN MALARE	(Circulator's Name) do hereby c	ertify that I reside at $419 E A$	DAMS ST	, in the
ity/Village/Unincorporated Area of	ALLON	(if unincorporated, list municip	ality that provides po	stal service) (Zip
Code) <u>63269</u> , County of <u>57</u> , <u>CL</u> of age and qualified to vote in Illinois), that nore than 90 days preceding the last day of igning were at the time of signing the peti espective residences are correctly stated,	of filing of the petitions and are ition registered voters of the po	genuine and that to the best of my l	knowledge and belie	f the persons so
		Circutate	or's Signature)	/
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Inse	ert month, day, year)	2022
OFFICI Notary Public, My Commis	EE FUSSELL AL SEAL State of Illinois ssion Expires SHEET NO 25, 2026	Notary Pul Sof 4	Fussell blic's Signature)	

END EN IDATE DETITION

X_BIND HERE_X

	INDEPENDENT CAN	DIDATE PETITION		SBE No. P-3
We, the undersigned, qualified voters in the	he TOWNSHIP of U	D'FALLON in the	e County of <u>ST. CL</u>	AIR and
State of Illinois, do hereby petition that the	following named person shall be	e an Independent Candidate for	r election to the office here	einafter specified
to be voted for at the <u>CONSOLIDAT</u> .	FD Election to be held on A	PRIL 4, 2023 (date o	f election).	· 10-
NAME:		OFFICE:		
VERN MALARE		WARD 3	ALDERMAN	
419 E ADAMS ST				
	2269	A Full Term is sought, unless an unexp	ired term is stated here: yea	r unexpired term
If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS	UNTIL NAME	CHANGED ON		
(List all nam NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	(List date of each nam STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
Mary & Konemy	MARY I. Konieczny	601 d. augusta	OFallon	St. Clain
Brenann Crow	Brenann Crave	105 Saugusta	- Hallon "	Stelain
3. Kelley Farm	Kelley Feenan	1007. S. Auguste	o'Fallon "	st. Clair
4. A	DAVE FEEMAN	607 S. AUGUSTA S	T OFFALLON IL	St. Clair
5. Lillian Piles	LILLIAN PILLERS	JUIS augusta	" O' Inllow	At. Lan
6. Man I/Kerhert	Mary T. Nerber	t 60 \$ 5, augus	In O'Dakon"	St. Clair
7. Jan Of	James Duys	604 S. Augusta ST	· O'Fallon "	St. Clair
" The My w	Renae Gravillet	508 S. Augusta St	· O'Fallon "	St. Clair
" Sharm Bridel	Sharph Bridel	5065 - Durusta	St OFollon	Cf- Clai
10. MIKE THOELE	BAA A	406 S AUGUSTA S	ST O'FALLON "	ST. CLAIR
State of ILLINOIS	· · ·	eived by		
County of <u>57. CLAIR</u>) SS.	C 15 2022		
VERN MALARE		certify that I reside at	ADAMS ST	, in the
City/Village/Unincorporated Area of		Fall Chincorporated, list mu	unicipality that provides po	stal service) (Zip
Code) <u>62269</u> , County of <u>57.</u> <u>CL</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet	ATR, State of 1 I am a citizen of the United Stat of filing of the petitions and are	es, and that the signatures on t genuine and that to the best of	f my knowledge and belie	my presence, not of the persons so
respective residences are correctly stated,	as above set forth.		n1 1	
		1-en	culator's Signature)	e
/	/ pl /	1	\sim 111	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on	(Insert month, day, year)	2022
OFFI Notary Pub My Com	L LEE FUSSELL ICIAL SEAL blic, State of Illinois mission Expires ber 25, 2026	Hof 4 (Notar	Lee Frash ry Public's Signature)	

This will be returned to you When statement is filed in the	NOT DETAC ^{LI} Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act
Office of the County Clerk.	EILE Pinterests, filed pursuant to the
ALDORMAN WARD 4 O'FALLON	2)Statement was filed as of this date
(office or position of employment for which this statement is filed)	DECOUBBOOK
TYPE OR HAND PRINT	DEC 0 9 Laurennen was med up of the date. THOMAS HOLBROOK COUNTY CLERK
MATTHEN "GERLY" GERLATH	B
Name 3QU AMHJRST DR	- JMB 2:45 pm
Address G'FALLON IR 62269	
City State ZIP Code	● ~ (m, m) > 2
City State ZIP Code	● < € 100 DD 2

ATTACH TO PETITION

Suggested **Revised March 2020** SBE No. P-1A

STATEMENT OF CANDIDACY

NONPARTISAN

NAME:	OFFICE: Alderman
Matthew "Gilly" Gilreath	A Full Term is sought, unless an unexpired term is stated here: year unexpired term
ADDRESS – ZIP CODE:	CITY. VILLAGE OR SPECIAL DISTRICT:
304 Amhurst prive 62269	O'Fallon - Ward 4
501 1/101 1	
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete th	e following (this information will appear on the ballot)
FORMERLY KNOWN AS UI (List all names during last 3 years)	(List date of each name change)
	DEC 1 9 2022
STATE OF ILLINOIS)) SS.	
County of St. Clair	Ostallon
	City Clerk
1. Matthew Gilly Gilreath bei	ng first duly sworn (or affirmed), say that I reside at
304 Amburst Drive , in the City, Village, U	
\bigcirc	
(if unincorporated, list municipality that provides postal service)	Zip Code 62269, in the County of
St. Clair, State of Illinois; that I am a qua	lified 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 4th 20	0.23 (date of election) and that I am legally qualified
to hold such office and that I have filed (or I will file before the clo	se of the petition filing period) a Statement of Economic Interests
	by request that my name be printed upon the official ballot for
Nomination/Election to such office.	1
Nonmation/Election to such onice.	Math
	(Signature of Candidate)
	(Orgnature of Gandidate)
Signed and sworn to (or affirmed) by Matthew Gilly Gilly Gilly	e) before me, on 12-16-2922.
(Name of Candidate	e) (insert month, day, year)
	\bigcirc
	Unlie A Malit
(SEAL)	(Notary Public's Signature)

OFFICIAL SEAL Julie A Nighohossian NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires Jan. 22, 2023

ATTACH TO PETITION

10 ILCS 5/7-10.1

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

LOYALTY OATH (OPTIONAL)

SS.

United States of America State of Illinois

1. 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.

are of Candidate)

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

on (insert month, day, year)

(SEAL)

(Notary Public's Signature)

1	OFFICIAL SEAL
4	Julie A Nighohossian
1	NOTARY PUBLIC, STATE OF ILLINOIS
1	My Commission Expires Jan. 22, 2023

Suggested Revised March 2020 SBE No. P-3

INDEPENDENT CANDIDATE PETITION

ADDRESS-ZIP CODE:		Aldermon - W	ard 4	
304 Amhurst Driv	1e, (2269	A Full Term is sought, unless an unexpired to	erm is stated here: yea	ar unexpired term
If required pursuant to 10 ILCS 5/10 FORMERLY KNOWN AS	-5.1, complete the following (this information UNTIL NAME	will appear on the ballot) E CHANGED ON		
(List all NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	(List date of each name cha STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Jungfors Class	BRANDON GINSS	203 Westminster Ave	O'Fallen"	St Clais
2. Jos Andor	Nathan Hubpard	701 E. 3th Street	0'Falloy "	SE, Carl
3. Autom Huller	Autymn Hubbard	101 E 3rd	Ofally "	St clar
4. Delogahot sellar	& Deborah Hubbar	411 Westminster	O'Fallon"	St. Cla
Aghul	Steve Newcomb	1306 PINEAURST DR	OFALLONS "	St. CLAN
Jaller Ment	KNTHIEER NEWKANS	BOG PONEHURST DR	DEALLON	ST- CLAIN
Marly/	Mother lode	8415 bracswool Esklos	o baller "	57. 664
°.	Michael Horsey	241 Scott Troy RA	Ofall "	st Clan
Manie Come_	Marsher ACommen	508 bestfield De	Ofallor IL	5100m
Gerye Jum	Grange Grence	500 Westrield DR	D'FAMON "	St. C/R,
te of Illinois))SS.			
inty of St. Clair	_)			
Natthew "Cilly Cibrath	 (Circulator's Name) do hereby c 	ertify that I reside at _304 Am	hurst Drive	, in the
Village/Unincorporated Area of <u>0</u>		(if unincorporated, list municip	pality that provides pos	stal service) (2
e than 90 days preceding the last da	at I am a citizen of the United State ay of filing of the petitions and are petition registered voters of the po	that I am es, and that the signatures on this sl genuine and that to the best of my litical division in which the candidat	knowledge and belief	ny presence, r f the persons
		Jet Mar	or's Signature)	,
	all and the second		P	
ned and sworn to (or affirmed) by M	(Name of Circulator)	before me, on	12,2022	-

Suggested Revised March 2020 SBE No. P-3

INDEPENDENT CANDIDATE PETITION

AME: Matthew "Gilly"	Gilreath	Aldermon - Wa	ard 4	
BOY Amburst Drive	,62269	A Full Term is sought, unless an unexpired te		r unexpired term
If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS		will appear on the ballot) CHANGED ON		
(List all nam NAME (VOTER'S SIGNATURE)	nes during last 3 years) VOTER'S PRINTED NAME (optional)	(List date of each name cha STREET ADDRESS OR RR NUMBER	CITY, TOWN OR	COUNTY
" John M. Select	Janice M Gilree	R 15 Venderbilt R	OFallon "	St. Cla
2. Laitlyn D & hat	Waitlyn Gilreath	384 Amburst	Orfallon "	St Cla
3. Korald B. Hibert	RONALD P. GILREATH	15 VANDERBILT PL	OFALLON "	ST CLA
udith Hoffman	Judith Huffman	1137 Creekside Ct	O'Fallon IL	St. Clai
Carep Metz	Carolyn Mata	504 Rebecca Dr	0 Fallon	St Cla
Amanda Bryent	ABA	308 Pebecca Dr	S Forlor"	Ster
Colleen Bennett	Colleen Bennett	1507 Princeton Dr.	O'Fallon "	St. cla
Sho Bull	Sout Bennet	1507 prince ton Dr	O'l-allon ti	St.Clc.
	John Antre	1103 Priceton Or	Offallin "	St Clar
Sum Laly Mittans	Kimberly Antone	1103 Princeton Dr.	D'fallon	St. dai
e of Illindis nty of St Clair)) SS.)			
Natthew "Gilly" Cibrath (ertify that I reside at <u>304</u> Am	hurst Drive	, in the
Village/Unincorporated Area of <u>0°Fo</u>		(if unincorporated, list municip	ality that provides po	stal service) (2
e) 62269, County of 51. Cla e and qualified to vote in Illinois), that I than 90 days preceding the last day of mg were at the time of signing the peti ective residences are correctly stated, a	am a citizen of the United State of filing of the petitions and are tion registered voters of the po	es, and that the signatures on this sh genuine and that to the best of my l	knowledge and belief	the persons
		Marculajo	pr's Signature)	
ed and sworn to (or affirmed) by Mat	Charles & Charles	/		

SHEET NO. 2

X_BIND HERE_X

INDEPENDENT CANDIDATE PETITION

NAME: Matthew "Gilly	"Gilreath	OFFICE:		
ADDRESS-ZIP CODE: 304 Amhurst Driv		Aldermon - Wo	ard 4	
		A Full Term is sought, unless an unexpired te	rm is stated here: yea	r unexpired term
FORMERLY KNOWN AS	.1, complete the following (this information UNTIL NAME ames during last 3 years)	CHANGED ON		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	(List date of each name cha STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Agas	Angelica Havno	R 301 Wastminster	O'Fallon"	ST. CLAR
2. Emi Reillo	EmiReilly	312 Whitehallow	OFFICIA	ST. Clair
3. 5- 11D	Sen Rully	312 Whitchell D.	O'F_116	St. Clair
4. Clemolor	CharleneLong	1204 SouthviewDr	O'Fallon"	St. Clai
5. mito	R. Mc Naughton	327 Agres Dr	O'Fallon"	St. Clair
6. Sotela M Wayde	the E. My Lawbbr	327 Anos Da	(Fellow "IL	St. Clair
" Shalltteden	SarahAfferberg	SUSE 3rd St B	OFallon	St. Quir
8. 7-1 artic	Harry Klous	1303 DeSTOD.F	Otallon "	St. Clair
9. Domatlans	DunnaKlaus	1303 Desotor	O Folon"	St. Clair
10. An	Jane Stump	602 Dartmorth	o'fallon	St. Clai
ate of Illinois	.)			·····································
unty of St. Clair) SS.			
Matthew "Gilly" Gilreath	(Circulator's Name) do hereby c	ertify that I reside at 304 Amhy	st Drive	, in the
Willage/Unincorporated Area of O		(if unincorporated, list municipa		
de) <u>62269</u> , County of <u>54</u> . <u>C1</u> age and qualified to vote in Illinois), that re than 90 days preceding the last day ning were at the time of signing the pe	I am a citizen of the United State	es, and that the signatures on this sh genuine and that to the best of my k	nowledge and belief	y presence, n
pective residences are correctly stated,	, as above set forth.	Made avision in which the called		onice, and the
		Circulator	's Signature)	
ned and sworn to (or affirmed) by M_A	Thes Gary GARADAIL	before me, on [] - 1 %	1-2002	
	(Name of Circulator)		rt month, day, year)	
			1 -	

0

X_BIND HERE_X

INDEPENDENT CANDIDATE PETITION

DORESS-ZIP CODE: 304 Amburst Drive		OFFICE: Alderman - Wa A Full Term is sought, unless an unexpired te		ar unexpired terr
If required pursuant to 10 ILCS 5/10-5. FORMERLY KNOWN AS	.1, complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		1
(List all na NAME (VOTER'S SIGNATURE)	ames during last 3 years) VOTER'SPRINTED NAME (optional)	(List date of each name cha STREET ADDRESS OR RR NUMBER	nge) CITY, TOWN OR VILLAGE	COUNTY
derenne Wilh	Advienne Miller	401 Matthew Dr.	O'fallon "	St. Clai
Revel Sparts	Renpe Jant	1034 Edgewood Dr.	OFallon"	St.CK
Chilleth R. Sully	Elizabeth R. Lilly	1402 DeSoto Dr.	OFallon "	St. Cla
Bogens	Brooke Williams	1025 Hawthome PI	OFallon"	St. CI
Lathring Leer	Kathingu Elewis	1403DeSotoDr	OFallore"	SFCK
atricia a mc Colley	m. Patricia A McCollui	n 1520 PRINCETONDA	O'Fallon "	St Cla
Angt Ben	GEn K. Renzer	2 Vandahilt PI	OFelon "	StClev.
RBianchi	Boz Bianchi	10 Vander bilt 81	o'fallon "	Stelgir
Clarge Ber	Choster May	-13 Vande-bullt	O tella	SOLA
ponedeining	1 Joni Leininger	930 Shadow Rage	Ofallon	Stale
of Illinois ())) SS.	Crossina)	
ity of St Clair	.)			
FANRE M. GIRMAN	(Circulator's Name) do hereby c	ertify that I reside at $15 VAN$	DARBRT P.	<u>د</u> , in th
/illage/Unincorporated Area of) FALLO	(if unincorporated, list municip	ality that provides po	stal service)
than 90 days preceding the last day	t I am a citizen of the United State of filing of the petitions and are etition registered voters of the pol	that I am that I am that I am that I am that the signatures on this shiften and that to the best of my k litical division in which the candidate	nowledge and belie	ny presence, f the persons
	7-1-11	Circulato	r's Signature)	
d and sworn to (or affirmed) by	Gulreath.	before me, on	17.2022	

SHEET NO

Suggested Revised March 2020 SBE No. P-3

NAME: Matthew "Gilly" ADDRESS-ZIP CODE:	Gilreath	OFFICE: Aldermon - W		2 1 - 1 1
304 Amhurst Drive	2,62269	A Full Term is sought, unless an unexpired to	erm is stated here: yea	ar unexpired term
If required pursuant to 10 ILCS 5/10-5.1 FORMERLY KNOWN AS	I, complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		9 - 11 - 2
	mes during last 3 years)	(List date of each name cha	T	
NAME (VOTER'S SIGNATURE)	VOTER'SPRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. MAL	MATTHE GERBATH	304 AMMURST DR	O'FALLON "	ST.CLAN
2 taming Willgob	Tammy Willoph	1410 5.1/26 Dr.	O'Fallon"	St Clair
"Didgim	Daniel Meyer	203 Haward Dr	Ofallon "IL	SI.CIG.
Ally	Jennifer Mayri	203 Harvard Dr	Offellon"	St. (la
Stathlen Hohme	RATHLIEEN Hohnein	206 WESTMINSTER	O'FALLON"	seda
· Magand Coeffly	Miduel Castillo	308 Amhurst dr	O'Fallon .IL	St. Chin
Lech Castillo	Leah Custillo	308 Amburg dr.	G'Fallon "	St.Cla
9.			,iL	
10.			,IL	
			,IL	
e of Illinois)) SS.			r T
nty of St Clair)			
aitlyn Gilreath	(Circulator's Name) do hereby co	ertify that I reside at 304 Amhurs	+ prive	, in the
Village/Unincorporated Area of O Fa	llon	(if unincorporated, list municip	ality that provides pos	tal service) (Z
e) <u>62269</u> , County of <u>54</u> . <u>Cha</u> le and qualified to vote in Illinois), that i than 90 days preceding the last day of gravers at the time of digging the set	tion registered voters of the pol	that I am the s. and that the signatures on this sh genuine and that to the best of my k itical division in which the candidate	nowledge and belief	the norsons of
ng were at the time of signing the pet	as above set forth.	1 - Ja Ar	0 -1	
ective residences are correctly stated, a		(Circulator	r's Signature)	••••••••

Suggested Revised March 2020 SBE No. P-3

INDEPENDENT CANDIDATE PETITION

ADDRESS-ZIP CODE: 304 Amhurst Drive		OFFICE: Aldermon - Wa A Full Term is sought, unless an unexpired te		r unexpired term
If required pursuant to 10 ILCS 5/10-5 FORMERLY KNOWN AS	.1, complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		
(List all n. NAME (VOTER'S SIGNATURE)	ames during last 3 years) VOTER'SPRINTED NAME (optional)	(List date of each name chan STREET ADDRESS OR RR NUMBER	CITY, TOWN OR	ÇOUNTY
AgBabo	RAX BURLE	302WSAMINE SK	O'FALLON "	S. Curk
2. Tatucia Duck	PATRICIA BURKO	302 Westminster	OFAllon	ST. CIPI
Rand- & Oals	RAMELA AXIO	R 401 Westminster	O'Fallon	ST. 49
The hatele	SKILakovell	1106 N Jale	bfallm"	H-Clair
BALLO	BRENT INAKEFIELD	1106 N YALE	O'FALCOU"	St. CLAR
6.			,IL	
7.			,IL	Line
8.	5		,IL	
9.			,IL	
10.			,IL	
ate of <u>Illinois</u> ounty of St Clair)) SS.)			
Matthew "Cilly Cibrath				, in the
Willage/Unincorporated Area of <u></u> <i>D</i> F	State of I	(if unincorporated, list municip .))	18 years of age or of	der (or 17 years

SHEET NO. 6

X_BIND HERE_X

Suggested Revised March 2020 SBE No. P-3

ION

NAME: A the CONSOLID		OFFICE:	ection).	
NAME: Matthew Gill	Gilreath			
ADDRESS - ZIP CODE:	12218	Aldermon - W	ard 4	
304 Amhurst Driv	e, 61269	A Full Term is sought, unless an unexpired t	erm is stated here: ye	ar unexpired term
If required pursuant to 10 ILCS 5/10-5 FORMERLY KNOWN AS	5.1, complete the following (this information UNTIL NAM	n will appear on the ballot) E CHANGED ON		
	ames during last 3 years)	(List date of each name ch	ange)	<i>i</i>
NAME (VOTER'S SIGNATURE)	VOTER'SPRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Zul M	Patrick Mahony	7. Vanlubilt, PL	O'Rollon "	St. Gair
3.	M. Aylor-Bur	406 Westminster	O Fallen"	St. Chiv
4. Thuly wayle	Rocky Aylor	401 Westminster Ave.	O'Faller Di	Stuair
Carl li Huffmon	CARL A. HUFFMAN	1137 CREEKSIDE CT	O'FALLON"	ST. CLAI
homen la lewar	Thomas G. Lewis	1403 Desoto Dr	O'Fallon "	St.Clair
- On	Bralley A. Lewis	311 Agner Dr.	O'fallon "	St. Clair
8.	,	Received by	,IL	
			,IL	1
9.		DEC 19 2022	,IL	
10.		Fallon	,IL	
te of Illinois)	City Clerk		
unty of St Clair) SS.			
Matthew "Gilly" Gilreath	(Circulator's Name) do hereby c	ertify that I reside at 3 ° 1 Ambu	st Drive	, in the
Village/Unincorporated Area of	nolla	(if unincorporated, list municipation		
de) 62269, County of 54. CI	State of I	lincis that I am	9	
ge and qualified to vote in Illinois), that the than 90 days preceding the last day	I am a citizen of the United State	s, and that the signatures on this sh	oot wore signed in m	I DEDGGDDG
ning were at the time of signing the per pective residences are correctly stated,	lition registered voters of the not	itical division in which the candidate	is seeking elective of	office, and their
source realization are concerny stated,	as above set lotut.	mitt		
		1 ANO	10	
	11	Circulator	s Signature)	
ned and sworn to (or affirmed) by	The GRY GREENIN	before me, on	-2922	
	(Name of Circulator)		rt month, day, year)	
(SEAL)		M. h. La	le V	
NOTARY PUBLIC, STATE OF		(Notan: Pub		

SHEET NO 7

MY COMMISSION EXPIRES: 10/17/2026

(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)

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

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.

	TYPE O	R HAND PRINT	
Todd	Road	k	
Name 923	Dartmo	with Dr.	
Address O'Fallo	In Th	62269	
City	State	ZIP Code	

FI	LED	130102
DEC	0 5 2022	10:30/22
THOMAS HOLBROOK COUNTY CLERK		

10 ILCS 5/10-5, 10-5.1	O PETITION Suggested Revised March 2020 SBE No. P-1B
STATEMENT O	
	ENDENT Received by
NAME: Todd Roach	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OF STATE DEC 12 2022 O Fallon
ADDRESS-ZIP CODE: 923 Dartmouth Drive 62269	OFFICE: Alderperson Warek 4 City of Orration 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 th	e following (this information will appear on the ballot)
FORMERLY KNOWN AS UN (List all names during last 3 years)	NTIL NAME CHANGED ON(List date of each name change)
STATE OF ILLINOIS) SS.	
in the City Village, Unincorporated Area of <u>O'Fall</u> provides postal service) Zip Code <u>62269</u> in the County of that I am a qualified voter therein, that I am a candidate for election the <u>City of O'Fallon</u> to be voted up (Name of City, Village, Township, County, District or State)	1.
to hold such office and that I have filed (or I will file before the clos	e of the petition filing period) a Statement of Economic Interests as
	uest that my name be printed upon the official ballot for election to
such office.	(Signature of Candidate)
Signed and sworn to (or affirmed) by Toold Read (Name of Candidat (SEAL)	before me, on Dec 9402022 (insert month, day, year)

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.

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 Candidad Signed and sworn to (or affirmed) by before me, Name of Candidate) (insert month, day, year) SAMANTHA JENKINS Official Seal

Notary Public - State of Illinois

My Commission

Expires Sep 20, 2025

(Notary Public's Signature)

(SEAL)

on

Suggested Revised March 2020 SBE No. P-3

and

Saint Clair

,IL

Saint Clair

, in the

O'Fallon

INDEP	ENDENT	CANDIDA	ATE P	ETITION

We, the undersigned, qualified voters in the City of O'Fallon in the County of

State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified APRIL 4, 2023 to be voted for at the Consolidated Election to be held on (date of election). NAME: OFFICE: Todd Roach Alderperson 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 PRINTED CITY, TOWN OR STREET ADDRESS OR COUNTY VILLAGE (VOTER'S SIGNATURE) NAME (optional) **RR NUMBER** 03 ,IL O'Fallon Saint Clair 07 they ,IL 1013Matth O'Fallon Saint Clair 3 ,IL O'Fallon GOL ALOS MOUTERELDE Saint Clair VMO) 4. 80 ,IL **O'Fallon** Saint Clair MONTEREY 5. ,IL O'Fallon Saint Clair 6 ,IL O'Fallon Saint Clair ,IL O'Fallon Saint Clair 800

0 ,IL O'Fallon Saint Clair 51 7 Rebecce 10 ,IL O'Fallon Saint Clair 50 State of Illinois SS. County of Saint Clair

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

City/village/Unincorporated Area of O'Fallon

 $_$ (if unincorporated, list municipality that provides postal service) (Zip

Code) <u>62269</u>, County of <u>Saint Clair</u>, State of <u>Illinois</u> 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 TOOLO ROOCH	before me, on(Insert pronth, day, year)
(SEAL) SAMANTHA JENKINS Official Seal Notary Public - State of Illinois	(Notary Public's Signature)
My Commission Expires Sep 20, 2025 SHEET NO.	(

, in the

INDEPENDENT	CANDIDATE PETITION
-------------	--------------------

We, the undersigned, qualified voters in the <u>City</u> of <u>O'Fallon</u> in the County of <u>Saint Clair</u> 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 <u>Consolidated</u> Election to be held on <u>APRIL 4, 2023</u> (date of election).

NAME: Todd Roach	OFFICE: Alderperson Ward 4
ADDRESS – ZIP CODE:	City of O'Fallon
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 nam	nes during last 3 years)	(List date of each name chan	ige)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Cette	Chris Hautman	1026 Timber Creek Ln	O'Fallon ^{,IL}	Saint Clair
2. SF. Wagn	GORDON WAGNER	1053 WOOD WAY	O'Fallon ^{,IL}	Saint Clair
3. Catina Frishee	Cating Frisbee	1049 Woods Way	O'Fallon ^{,IL}	Saint Clair
4. Kathnin Woudolnosti	Kathun Wondolmski	1050 Woods Way	O'Fallon ^{,IL}	Saint Clair
5. C. John & Alded	ELPON SPAININ	77042 Woods Wax	O'Fallon ^{,IL}	Saint Clair
6. Barliana Schmit	BARBARASCHMIZ	+ 1042 Woods Way	O'Fallon ^{,IL}	Saint Clair
Henrito Bellero	Henrie Ha Bellina	1034 Words Way	O'Fallon ^{,IL}	Saint Clair
8. Junila Ketchino	Linda Ketchens		O'Fallon ^{,IL}	Saint Clair
9. Both	Fred Boch	1005 Words Way	O'Fallon ^{,IL}	Saint Clair
10. Man Willott	GARY Willett	1009 Timber Charle	O'Fallon ^{,IL}	Saint Clair
State of Illinois)	,		

County of Saint Clair

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

SS.

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

Code) <u>62269</u>, County of <u>Saint Clair</u>, State of <u>Illinois</u> 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.

				Circulat	br's Signature)	
Signed and swo	orn to (or affirmed) by Toold (Name of	ZOQCV Circulator)	before m		ert month, day, year)	
(SEAL)	SAMANTHA JENKINS Official Seal Notary Public - State of Illinois		A	Vat	ublic's Sigherture)	4
	My Commission Expires Sep 20, 2025	SHEET NO.	2			

INDEPENDENT CANDIDATE PETITION

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters in	the <u>City</u> of	O'Fallon in the Cou	inty of <u>Saint C</u>	lair and
State of Illinois, do hereby petition that the	e following named person shall be	e an Independent Candidate for elec	tion to the office here	einafter specified
to be voted for at the <u>Consolidated</u>	Election to be held on	APRIL 4, 2023 (date of elec	tion).	
NAME: Todd Roach ADDRESS – ZIP CODE: 923 Dartmouth Drive		OFFICE: Alderperson Ward 4 City of O'Fallon		
O'Fallon, IL 62269		A Full Term is sought, unless an unexpired ter	m is stated here: yea	r unexpired term
FORMERLY KNOWN AS	1, complete the following (this information UNTIL NAME mes during last 3 years)	will appear on the ballot) CHANGED ON		
	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
"hancer Tog h.	DANCY ROACH	1304 DORAL CT	O'Fallon ^{,IL}	Saint Clair
2 Lachle / Road	Jackiekoaa	923 Darmauth	O'Fallon ^{,IL}	Saint Clair
Baker	Tun aly SKelly	1041 Timber Creekly	O'Fallon ^{,IL}	Saint Clair
* pagenetre And	Jacqueline Hammo	nd 1018 Timber Creek	O'Fallon ^{,IL}	Saint Clair
5. Alela	SAMert Charles	1014DAtn.74D	O'Fallon ^{,IL}	Saint Clair
6. Jan Chandaelis	JanChandaril	5 1014 Dartmouth	O'Fallon ^{,IL}	Saint Clair
" Cherly Kelly	Bheilg Kelly	1641 Timber Chaldan	O'Fallon ^{,IL}	Saint Clair
8. A.	Jaine Cotto	1030 Timber Croek	ColFallon ,IL	Saint Clair
9. Jun Cotto	Enn Cotto	1030 Tumber Creek hn	O'Fallon ^{,IL}	Saint Clair
10. Julithto	Julie Hartman	1026 Timber Creek Ln	O'Fallon ^{,IL}	Saint Clair
State of) SS.				
County of <u>Saint Clair</u>)				
ı,Todd Roach	(Circulator's Name) do hereby o	certify that I reside at <u>923 Dartmo</u>	uth Dr.	, in the
City/Village/Unincorporated Area of O	Fallon	(if unincorporated, list municip	ality that provides po	stal service) (Zip
Code) <u>62269</u> , County of <u>Saint Clair</u> , State of <u>Illinois</u> 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.				
		Circulato	or's Signature)	/
Signed and sworn to (or affirmed) by Todd Roach before me, on Dec 9th 2022				
Jacobia Bardin Bardina Bardina	(Name of Circulator)		ert month, day, year	1
(SEAL) SAMANTHA JE Official So Notary Public - Sta My Commission Expire	eal te of Illinois es Sep 20, 2025	3	olic's Signature	
	SHEET NO			

We, the undersigned, qualified voters in the ______City

X_BIND HERE_X

and

, in the

_____ in the County of Saint Clair

INDEPENDENT CANDIDATE PETITION

of O'Fallon

State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified APRIL 4, 2023 to be voted for at the Consolidated Election to be held on (date of election). NAME: OFFICE: Todd Roach Alderperson 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 PRINTED CITY, TOWN OR STREET ADDRESS OR COUNTY VILLAGE (VOTER'S SIGNATURE). **RR NUMBER** NAME (optional)

1. Deboran Utter	Deborah Willett	1009 Timber Creek	O'Fallon ^{,⊪}	Saint Clair
2 Daw Stapart	Pam Stopau	11014 Timber Greek	O'Fallon ^{,IL}	Saint Clair
3 amts mc Donald	James Mc Down	1021 Timber Creek	O'Fallon ^{,IL}	Saint Clair
(1)4Pho	John P- Sout	1025 Timberland have	O'Fallon ^{,IL}	Saint Clair
5. Paulos Anico	Paulo DAmão	1042 Junhar Creek.	O'Fallon ^{,IL}	Saint Clair
Sherry DAmico	SHEROLD AMICO	1042 Timbercreek I	, O'Fallon ^{,IL}	Saint Clair
Love Mar	Haren Milang	1037 Trimpol reek	O'Fallon ^{,IL}	Saint Clair
8 Patricia Paulus	Patricia Paulus	1114 Colong Gt	O'Fallon ^{,IL}	Saint Clair
9. Ahn Ribertolat	John Bechtoldt	1418 S. Yale DR.	O'Fallon ^{,IL}	Saint Clair
10. Martal	Michael Skorbacz	215 Whitehall Dr.	O'Fallon ^{,IL}	Saint Clair
State of)			
County of Saint Clair) SS.)			

I, Todd Roach

0

_ (Circulator's Name) do hereby certify that I reside at <u>923 Dartmouth Dr.</u>

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

Code) <u>62269</u>, County of <u>Saint Clair</u>, State of <u>Illinois</u> 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 swor	n to (or affirmed) by Todd Loa Ch	before me, on Dec 9th 2022
	(Name of Circulator)	(Insert month, day, year)
(SEAL)	SAMANTHA JENKINS Official Seal Notary Public - State of Illinois	(Notary Public's Signature)
	My Commission Expires Sep 20, 2025	4

1

X_BIND HERE_X

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in t	the <u>City</u> of	O'Fallon in the Cou	unty of <u>Saint C</u>	lair and
State of Illinois, do hereby petition that the			tion to the office here	einafter specified
to be voted for at the <u>Consolidated</u>	Election to be held on	APRIL 4, 2023 (date of elec	tion).	
NAME: Todd Roach ADDRESS – ZIP CODE: 923 Dartmouth Drive O'Fallon, IL 62269		OFFICE: Alderperson Ward 4 City of O'Fallon A Full Term is sought, unless an unexpired ter	rm is stated here: vea	r unexpired term
	, complete the following (this information UNTIL NAME		,	
	mes during last 3 years)	(List date of each name char	nge)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. July St	JULIA SKRABACZ	ziswhitchall DR.	O'Fallon ^{,IL}	Saint Clair
2. Hht R. Roack	HEABERT & GPACE	1304 DORAC ET.	O'Fallon ^{,IL}	Saint Clair
Walter Lennedy	Walter Leninsky	507 DARTHOUTH DR	O'Fallon ^{,IL}	Saint Clair
4. Robert E, White	RobertE. White	1303 Dora LCA.	O'Fallon ^{,IL}	Saint Clair
5 July White	Leslie A. White	1303 Poral Ct.	O'Fallon ^{,IL}	Saint Clair
E. Stephanie Smarthers	Stephanie Smallheer	917 monterey pr	O'Fallon ^{,IL}	Saint Clair
Mathalle	Matt Smallbeer	917 Monterey Dr	O'Fallon ^{,IL}	Saint Clair
Cay/V-	Craig Vara	1037 Timber Creek	O'Fallon ^{,IL}	Saint Clair
9.			O'Fallon ^{,IL}	Saint Clair
10.	6		O'Fallon ^{,IL}	Saint Clair
State of <u>Illinois</u> County of <u>Saint Clair</u> I, <u>Todd Roach</u>)) SS.) (Circulator's Name) do hereby o	certify that I reside at <u>923 Dartmo</u>	uth Dr.	, in the
City/Village/Unincorporated Area of O'	Fallon	(if unincorporated, list municip	ality that provides po	stal service) (Zip
Code) <u>62269</u> , County of <u>Saint CI</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pe respective residences are correctly stated,	I am a citizen of the United Stat of filing of the petitions and are tition registered voters of the po	es, and that the signatures on this sh genuine and that to the best of my l	knowledge and belie	ny presence, not f the persons so
		Circulato	y's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Inse	Offh 202 ert month, day, year)	.2
SAMANTHA (SEAL) Official Notary Public - So My Commission Expi	Seal tate of Illinois	5	blic's Signature	9

Suggested Revised March 2020 SBE No. P-3

INDEP	ENDENI	CANDIDATEP	ETHON

We, the undersigned, qualified voters in	the <u>City</u> of	O'Fallon in the Cou	unty of <u>Saint C</u>	lair and
State of Illinois, do hereby petition that the			tion to the office here	einafter specified
to be voted for at the <u>Consolidated</u>	Election to be held on	APRIL 4, 2023 (date of elec	ction).	
NAME: Todd Roach ADDRESS – ZIP CODE: 923 Dartmouth Drive O'Fallon, IL 62269		OFFICE: Alderperson Ward 4 City of O'Fallon A Full Term is sought, unless an unexpired ter	rm is stated here: yea	r unexpired term
If required pursuant to 10 ILCS 5/10-5.1 FORMERLY KNOWN AS	, complete the following (this information UNTIL NAME	n will appear on the ballot) E CHANGED ON		
	mes during last 3 years)	(List date of each name char		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.C. el Fellerkih	C. Mauren Feuerhen	n 1033 Woods Way	O'Fallon ^{,IL}	Saint Clair
Emterch	Lon Ferrenhel	1035 Look Wa	O'Fallon ^{,IL}	Saint Clair
3. Son Zall	Scan Feverhelm	1033 Weeds hay	O'Fallon ^{,IL}	Saint Clair
4. Eleculas Sa	Liz Lee	1006 Edgewood dr	O'Fallon ^{,IL}	Saint Clair
5. 0	mike Lun	1004 Edgewood Dr	O'Fallon ^{,IL}	Saint Clair
6 2 2 2	James Hammord	1018 Durtmost Dr	O'Fallon ^{,IL}	Saint Clair
7			O'Fallon ^{,IL}	Saint Clair
8.		Received by	O'Fallon ^{,IL}	Saint Clair
9.			O'Fallon ^{,IL}	Saint Clair
10.		DEC 1 2 2022	O'Fallon ^{,IL}	Saint Clair
State of <u>Illinois</u> County of <u>Saint Clair</u>)) SS.)	OFallon City Clerk		
ı,Todd Roach	(Circulator's Name) do hereby	certify that I reside at 923 Dartmo	outh Dr.	, in the
City/Village/Unincorporated Area of 0	Fallon	(if unincorporated, list municip	ality that provides po	stal service) (Zip
Code) <u>62269</u> , County of <u>Saint Cl</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the per respective residences are correctly stated	I am a citizen of the United Sta of filing of the petitions and are tition registered voters of the p	ates, and that the signatures on this she genuine and that to the best of my loolitical division in which the candidate	knowledge and belie	ny presence, not f the persons so
Signed and sworn to (or affirmed) by	Sold Roach (Name of Circulator)	before me, on(Inse	9th 20 ert month, day, year	22
(SEAL) SAMANTHA Official Notary Public - St My Commission Expli	Seal ate of Illinois	(Notary Put	blic's Signature)	

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

(COMPLETE BUT DO NOT DETACH)

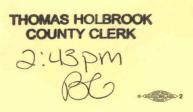
City of Ofallon

Aleman (office or position of employment for which this statement is filed)

		R HAND PRINT			
AARO,	n Huo	tson	en e treb	ITSR-	
N.I.		Pointe dr		3	
Address	IL	62269		- C.	
City	State	ZIP Code			

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.

DEC 1 5 2022



10 ILCS 5/10-5, 10-5.1ATTACH TC	PETITION		ggested
		Revised Mar SBE N	o. P-1B
STATEMENT O	F CANDIDACY	Received by]
INDEPE	NDENT	DEC 19 2022	
NAME: AARON Hudson	CITY, VILLAGE, TOWNS	HIP, COUNTY DISTRICT or STATE	
ADDRESS-ZIP CODE: 6809 Aidge Painte Dr.	OFFICE: Alde	erman word.	5
	A Full Term is sought, unless a	an unexpired term is stated here: year une	cpired term
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the	e following (this informatio	n will appear on the ballot)	
FORMERLY KNOWN AS UN (List all names during last 3 years)	TIL NAME CHANGED O	N (List date of each name change)
STATE OF ILLINOIS) County of <u>57. Clair</u>) SS.			
I. AARON Hudson being first duly sworn (or af	firmed), say that I resid	e at <u>6809 Ridge Po</u>	うたひ、
in the City, Village, Unincorporated Area of OFallon			
provides postal service) Zip Code 62269 in the County of		1	
that I am a qualified voter therein, that I am a candidate for election the $\underline{\bigcirc \ } fallow$ to be voted up (Name of City, Village, Township, County, District or State)			
I am legally qualified (including being the holder of any license that m	ay be an eligibility requi	irement for the office to which I see	ek election)
to hold such office and that I have filed (or I will file before the close			
required by the Illinois Governmental Ethics Act and I hereby requ	est that my name be p	printed upon the official ballot for	election to
such office.	ay	(Signature of Candidate)	
Signed and sworn to (or affirmed) by <i>Aaron Hudson</i> (Name of Candidate	before mo	e, on <u>December 19,202</u> (insert month, day, year)	
OFFICIAL SEAL ABIGAIL J CLINE (SEAL) NOTARY PUBLIC, STATE OF ILLINO My Commission Expires 4/28/26		Notary Public's Signature)	MO

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, <u>HAAOA</u> <u>Huddson</u>, 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.

OFFICIAL SEAL

ABIGAIL J CLINE NOTARY PUBLIC, STATE OF ILLINOIS

My Commission Expires 4/28/26

(Signature of Candidate)

before me.

Signed and sworn to (or affirmed) by on (insert month, day, year)

(Name of Candidate) /Notary Public's Signature)

(SEAL)

X BIND HERE X

Suggested Revised March 2020 SBE No. P-3

	INDEPENDENT CANDIDATE PETITI	ON	ł
--	------------------------------	----	---

of Ctallon in the County of We, the undersigned, qualified voters in the _C and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified 42023 Election to be held on April to be voted for at the (date of election). NAME: OFFICE: udson ADDRESS - ZIP CODE: Ridge Pointe Dr 6809 L 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'SPRINTED STREET ADDRESS OR CITY, TOWN OR COUNTY VILLAGE (VOTER'S SIGNATURE) NAME (optional) **RR NUMBER** IL. ,IL hon IL 101 4 .IL on 5 O'Fallon 6813 Voente DJ DFallon IL. JL 1 1 11 9. ,IL 40 Fullon T meador broch V 6101 10. ,IL Fullow 94 mendowbroa State of SS. County of dicn(Circulator's Name) do hereby certify that I reside at 6809 Ridge Par - Ain the City/Village/Unincorporated Area of_ (if unincorporated, list municipality that provides postal service) (Zip 57. Code) 62269, County of a State of 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 before m (Name of Circulator) (Insert month, day, year) **OFFICIAL SEAL** (SEAL) ABIGAIL J CLINE (Notary Public's Signature) NOTARY PUBLIC, STATE OF ILLINOIS SHEET NO.

My Commission Expires 4/28/26

Suggested Revised March 2020

	INDEPENDENT CAN	DIDATE PETITION		SBE No. P-3
We, the undersigned, qualified voters in t	he <u>City</u> of <u>C</u>	Fallon in the Cou	nty of 57. C.	lair and
State of Illinois, do hereby petition that the	following named person shall be	e an Independent Candidate for elect	tion to the office here	
to be voted for at the	Election to be held on A	-:/ 4,2023 (date of elec	tion).	
NAME: AARON Hudson		OFFICE: Alderman - U		- 13
ADDRESS - ZIP CODE:	Painto D-	Plateman - C	vara s	
6809 Ridge M Úfallon IC	62269	A Full Term is sought, unless an unexpired ter	m is stated here: yea	r unexpired term
If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS	, complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON	- 312	
	nes during last 3 years) VOTER'SPRINTED	(List date of each name char		······
(VOTER'S SIGNATURE)	NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. A Toma	AARON FREIDENBERG	2B Jonebrian Drive	O'Fallon IL	Saint Carr
2. August Bri	Deberaht. Bera	916 Son Bright.	O'Fallon "	St. Clair
3. Ryle E. Brig	Rylee E Berg)	916 Stone Briar Dr	O'Fallon "	StClair
4. Marin Silla	MAKIN Littes	6824 Ridge AT DK	OFallow "	Stellar
5. Junt	Ju Smith	6816 Ridge Pt Dr.	ofallon"	St asia
6. A. Burk	METAN BUCK	6808 fidge Pointe Dr.	O'tallon "	St. Clair
7. Megan Junt	Megan Fuentes	917 Sturbsidge Trail	OFallon "	St Claur
°. Telle	Jow Wearing	6200 Ridge Pointe	O'Fallon	St. Claur
10. The sufficiency of the second sec	theatther	6801 Robge Parte	Fallon	Stopir
10. Japan	COREGUELTER	Cesoikidge Poince	Ofallon"	of Clary
State of)) SS.			
County of <u>St. Clair</u>)			20 - 24
, AARON Hidson	(Circulator's Name) do hereby	certify that I reside at <u>6809</u>	Ridge Poin	te 0 < t, in the
City/Village/Unincorporated Area of 0	tullon	(if unincorporated, list municip	pality that provides po	ostal service) (Zip
Code) <u>62269</u> , County of <u>57</u> , (of age and qualified to vote in Illinois), that more than 90 days preceding the last day	of filing of the petitions and an	ates, and that the signatures on this signatures on this signatures and that to the best of my	knowledge and beli	my presence, not of the persons so
signing were at the time of signing the pe respective residences are correctly stated		ontical division in which the candidat		onice, and their
		1 the	L	
/) 1/ 1	(Circulat	or's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on <u>JCLUM</u> (Ins	ert month, day, year)	-
OFFICIAL SI	EAL	/ A DRAN	1/1	11
(SEAL) ABIGAIL J CL NOTARY PUBLIC, STAT	E OF ILLINOIS	2 (Notary PC	iblic's Signature)	
My Commission Expir	res 4/28/26 SHEET NO.			

Shund .

-86

	INDEPENDENT CAN	DIDATE PETITION		SBE No. P-3
We, the undersigned, qualified voters in t	he City of	Jallon in the Cou	unty of 57. C	lair and
State of Illinois, do hereby petition that the	/			
to be voted for at the	1			
NAME: AARON Hudson		OFFICE: Alderman -		_
ADDRESS-ZIP CODE: 6809 Ridge O'Fallon IC	Pointe D- 62269	A Full Term is sought, unless an unexpired term		
	, complete the following (this information UNTIL NAME	wili appear on the ballot) CHANGED ON		
(List all ner	mes during last 3 years)	(List date of each name cha	Angene part of the second s	
NAME (VOTER'S SIGNATURE)	VOTER'SPRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Cathy Rul	CATILY RUP	710 POWELL Dr.	GEALLON "	STCHIR
2. Eric Buck			,IL	
3. SPERA	Eric Buck	6808 hidge Pointe Dr	O'Fallon"	St. Clair
. 4. Chief	Lucia Corrad	6804 11 11	1 ' ,IL	1 1
5. Kalylingoo	Kelly Conrad	(1	, / ,IL) /
6. Mother Al	Matten Wikon	200 Stone Briar Drive	O'Fallon "	St. Jair
7. frank	Ryan Duncan	916 Sturbridge Trail	O'Fallor"	St. Clair
». Demyler Huller	Jennifer Huegen	97. StoneBriar DY	Fallon	StChir
10 find the and	Wert Weger	921 Shine Brien	O Inllon	Sti Clar
pilin postinger	Juha Porfirjeva	913 Stone Briar	O'Fallow	27. Clar
State of <u>IL</u>		lved by		
County of $S \neq C \mid q, r$	DEC	1 9 2022	A 4 A 4	
	(Circulator's Name) do hereby	certify that I reside at <u>6809</u>	0	
City/Village/Unincorporated Area of 07	allon (ja)	Clerk		
Code) <u>62269</u> , County of <u>54</u> control of age and qualified to vote in Illinois), that more than 90 days preceding the last day	t I am a citizen of the United Sta	ites, and that the signatures on this s	18 years of age or o heet were signed in	my presence, not
signing were at the time of signing the per respective residences are correctly stated	etition registered voters of the p	olitical division in which the candida	te is seeking elective	e office, and their
		ale	A	
\cap		, (Circulat	tor's Signature)	
Signed and sworn to (or affirmed) by	aron Hudson	before ma, on Delem	ber 19 21	N
orginal and sworn to (or animited) by (/ []	(Name of Circulator)		sert/month, day, year)	<u></u>
(SEAL) OFFICIA	AL SEAL	Albart	MIN)
(SEAL) ABIGAIL NOTARY PUBLIC, S	JCLINE	(Notary P	ublic's Signature)	
My Commission	Expires 4/28/26 SHEET NO			

This will be returned to you When statement is filed in the	(COMPLETE BUT D	O NOT DETACH)	Receipt is hereby acknowledged of your Statement of Economic
Office of the County Clerk.			Interacte filed nursuant to the
(office or position of employment for	O'Fallon, 1L.	-	Illinois Governmental Ethics Act. Statement was filed as of this date.
(office or position of employment for	which this statement is file	d)	FR
		UCT	
TYPE OR HA	ND PRINT	THOM	2022
Themas Vorce	- 420 3 8 jebo 11 m 0	COUNTHO	2022
Name 334 Aladar Dr		THOMAS HOL COUNTY CL	ERKOK
		12:12 SH	
City State	ZIP Code		© (1997) 2

10 ILCS 5/10-5, 10-5.1	АТТАСН ТО	PETITION		Suggested
			The second s	BE No. P-1B
	STATEMENT OF		indecived by	
	INDEPEN		DEC 13 2022	
NAME:				_
		CITY, VILLAGE, TO	WNSHIP, COUNTY DISTRICT or STAT	re
Thomas Vorce		0 Fa	1104 Oity Clerk	
ADDRESS-ZIP CODE: 334 Aladar Mus		OFFICE:	person, was 6	
O'Fallen 1L.	-			_
				ear unexpired term
If required pursuant to 10 ILCS 5/7-10.2,				
FORMERLY KNOWN AS	UNT es during last 3 years)	IL NAME CHANGE	ED ON(List date of each name c	hange)
STATE OF ILLINOIS)) SS.			
County of St. Clair	_)			
11. 11			2211 AI	
1. Thomas Vorce be	aing first duly sworn (or affir	med), say that I i	reside at <u>5 3 7 17 1</u>	adar Drive
in the City, Village, Unincorporated Area provides postal service) Zip Code	of OFallon		(if unincorporated, list n	nunicipality that
that I am a qualified voter therein, that I a				
the	to be voted upo District or State)	n at the election	to be held on <u>April 4, 7</u> (date of election	$\frac{673}{n}$ and that
I am legally qualified (including being the h	older of any license that ma	y be an eligibility r	requirement for the office to whic	h I seek election)
to hold such office and that I have filed (or	or I will file before the close	of the petition filir	ng period) a Statement of Econo	mic Interests as
required by the Illinois Governmental Eth	ics Act and I hereby reque	st that my name	be printed upon the official ball	ot for election to
such office.		-		
		,	tonte	
	a		(Signature of Candidate)	-
Signed and sworn to (or affirmed) by	(Name of Candidate)	ebefor	re me, on $\frac{12 - 13 - 2}{(\text{insert month, day, year})}$	Z ar)
	LISA VORCE	()		
Nota	OFFICIAL SEAL ary Public, State of Illinois	T.	sa Yorce	12/13/207
WIY	Commission Expires December 17, 2025		(Notary Public's Signature)	10000

(Notary Public's Signature) Commission 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, <u>Momes</u> <u>Vorce</u>, 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)

Themas Vor Signed and sworn to (or affirmed) by before me. (Name of Candidate) on 12-9-22 (insert month, day, year) (Notary Public's Signature) OFFICIAL SEAL (SEAL) LAURA K ABEL NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/09/2025

10 ILCS 5/10-3,	10-4,	10-5.1	

X_BIND HERE_X

Suggested Revised March 2020 SBE No. P-3

(hi)

INDEPENDENT CANDIDATE PETITION

State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified

We, the undersigned, qualified voters in the 6th Ward of OFallon in the County of St.

and

NAME: Thomas Von		OFFICE:	2.4	2
	e	Consell Membe	Wafe 6	
ADDRESS-ZIP CODE: 334 Aladar Dr. O'Fa	Mon, 14 62269	A Full Term is sought, unless an unexpired te	rm is stated here: yea	r unexpired term
FORMERLY KNOWN AS		will appear on the ballot) E CHANGED ON		
(List all nai	mes during last 3 years) VOTER'S PRINTED	(List date of each name char STREET ADDRESS OR	nge) CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1. Kisse VONR	LISA VOREE	334 Alador Dr	O'fallon"	St. Llai
2. Julia Kara	JULIA KANQ	1109 S. Walnut	O'FAILON"	St. Clan
3. B Port	Barry Payne	1202 5 Walnut	O'Fallon IL	St. Clair
ter Coll	Ted Hoeffker	320 Aladah Dr.	SFallow"	STLA
5. Dancy Kulhal	Nancy KuehnL	321 Aladas Dr	O Fallon "	St Clair
6. Rochast	Rosa Prophet	INIZ S. Webst St	O'Fellon "	St Clair
KN/mal-	Alar Thua	- 135 DIENCE BUD	O Gauer"	S-CLAIN
8- Lobertoul	Kaberabuller	135 Perce Blud	O'Fullon	Stela
9. Allath	Rebecca Berly	530 Aladar Dr.	O Fallon"	St. Clain
"Matthew Prowshert	Matthen Pronted	1018 S. Walnut St.	O'Fallun"	St. Clair
tate of ILLINOIS)			
ounty of St. Clair) SS.)			
Thomas Vore	(Circulator's Name) do hereby	certify that I reside at 3344	ladur Drive	, in the
ity/Village/Unincorporated Area of	Fallon	(if unincorporated, list municip	ality that provides po	stal service) (Zi
code) 62269, County of Star		111:2005 that I am	18 years of age or ol	der (or 17 vear
f age and qualified to vote in Illinois), that	I am a citizen of the United Sta	tes, and that the signatures on this sh	neet were signed in m	ly presence, no
nore than 90 days preceding the last day igning were at the time of signing the pe	tition registered voters of the pe	olitical division in which the candidate	knowledge and belie e is seeking elective	office, and the
espective residences are correctly stated,	as above set forth.		2	
		- Enn	Yan	
		(Circulato	or's Signature)	
igned and sworn to (or affirmed) by	Thoma Vane	before me, on /2 -	9-22	
	(Name of Circulator)		ert month, day, year)	
(SEAL) OFFICIAL		robura l.	ADel	

SHEET NO.

10 ILCS 5/10-3,	10-4.	10-5.1
-----------------	-------	--------

BIND HERE X

Suggester Revised March 202

SBE No. P-: We, the undersigned, qualified voters in the 6th Ward of OFallon in the County of St 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 Consultated Election to be held on April 4, 2023 (date of election). NAME: OFFICE: Tromas Vore Connell Member - Ward 6 ADDRESS - ZIP CODE: 334 Aladar Dr. O'Fallon 14 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 PRINTED STREET ADDRESS OR CITY, TOWN OR COUNTY (VOTER'S SIGNATURE) VILLAGE NAME (optional) **RR NUMBER** llog IL FFIN Golo 1 8. 10 9. DES EI 10. ,IL INOI State of SS. la? County of (Circulator's Name) do hereby certify that I reside at _ 334 Aladur Drive homas in the O'Fallon City/Village/Unincorporated Area of (if unincorporated, list municipality that provides postal service) (Zip Code) 62269, County of_ St. Clair 111: nois , State of 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 sc 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) Thanky Voke before me, on Signed and sworn to (or affirmed) by (Name of Circulator) Insert month, day, year) OFFICIAL SEAL (SEAL) LAURA K ABEL (Notary Public's Signature) NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/09/2025 SHEET NO.

10 ILCS 5/10-3, 10-4, 10-5.1	X_BIND H	HEREX	Pau	Suggested
	INDEPENDENT CAN	DIDATE PETITION	Kev	ised March 2020 SBE No. P-3
We, the undersigned, qualified voters in t	he 6th Ward of	0 Fallon in the Cou	unty of <u>St.</u> C	lair and
State of Illinois, do hereby petition that the	following named person shall be	e an Independent Candidate for elec	tion to the office here	einafter specified
to be voted for at the Cansolidate	Election to be held on	April 4, 2023 (date of elec	ction).	
NAME:		OFFICE:	an a	
ADDRESS - ZIP CODE:	e	Council PE	son - Wa	26
334 Aladar Dr. Of	Fallon, 14. 62269	A Full Term is sought, unless an unexpired ter		
If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS	UNTIL NAME	will appear on the ballot) CHANGED ON		
(List all nan NAME	Nes during last 3 years)	(List date of each name char STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
"Demfa Van Lisjen	2(/	612 Gravite Dr	O'Fallon"	St. Clair
2. Irio Matias		610 Gravite Dr	Ofallon "	st.clair
3. John Lim		156 EVika St O'Falla	DEran IL	stela
4. Robert Asula		624 Tita Dr. oFalle	o Faller ,IL	St. Claire
5. Shrah Shetsley		627+itun Dr Ofulka	Ofallon "IL	steldir
6. At hhit		629 Titan Dr OFallon	OFallor ,IL	St. Oar
7. Engl Marpis	BRAD MAGGIO	636 TITAN DR. OF MEDULA	,IL	STICLANZ
8. flo etc	Keek Dets	645Titan Dr	Galleril	Sillia
9. Magon		Johnichan South	Kalon "	STCINV
10 Shilley Haley	Shirley Haky	736 GraniteDr.	O'Fallon "	St, Clair
State of ZIISnois)			
County of St. Clair) SS.)			
Thomas Vorce	(Circulator's Name) do hereby c	certify that I reside at 334 A	ladar Driv	e, in the
City/Village/Unincorporated Area of	O'Fallon	(if unincorporated list municip	ality that provides po	stal service) (Zin
Code) 62269, County of St. C	State of	ZII inois that I am	18 years of age or ol	der (or 17 years
more than 90 days preceding the last day	of filing of the petitions and are	genuine and that to the best of my l	leet were signed in m knowledge and belie	iy presence, not f the persons so
signing were at the time of signing the pet respective residences are correctly stated,	ition registered voters of the po as above set forth.	diffical division in which the candidate	e is seeking elective	office, and their
		Mun		
		(Circulato	r's Signature)	
Signed and sworn to (or affirmed) by	Thomas Vorce	before me, on 12	-/3 ~ Z_2 ert month, day, year)	
LISA V			ert month, day, year)	1
	State of Illinois	Kisá Yar	e 1:	2/13/2022
My Commiss December	sion Expires r 17, 2025	(Notary Put)	olic's Signature)	121171707
	SHEET NO	s Convincento	- xpilles	(- mpoo

10 ILCS 5/10-3, 10-4, 10-5.1		•	Rev	Suggested ised March 2020
				SBE No. P-3
We, the undersigned, qualified voters in the				
State of Illinois, do hereby petition that the				einafter specified
to be voted for at the <u>Consolidan</u>	Election to be held on	<u>+pr:/ 9,3023 (</u> date of elec	tion).	
NAME: Thomas Vor		OFFICE:		
ADDRESS – ZIP CODE:	CP	Council Per	For - Was	26
334 Aladas Drive, C) Fallon 16. 62269			
If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS	complete the following (this information UNTIL NAME	will appear on the ballot)		
(List all nam	Nes during last 3 years)	(List date of each name char STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1. Winfed Stryklin A	-	748 Granite Dr	O'Fallor"	St. Clay
2. L'onnie Cohen		730 Granifez	0 Fellon"	St-Clarv
Borgh Nelson	1905ANNe/S	01 12015 Walnut	@Falon"	STClait
4. Anto Attel	HARSER	454 Jonalia (4	O'Fallon"	st. clai,
and gir	P. CASEY	411 PONDEROSA	OFALLON	ST GRIR
	Januy Todd	471 ponderosa#13	OFallon ."	stclair
	Rebecca McGinnis	501 Ponderose Ave	Ofallon "	St. Claur
8. Ruilm	Any Reilmany	301 PONDEROSA AUE	DiFallon	StClair
9. melson blas	Melissa Blacks	525 Ponderusattle	o'fallon"	St.Claur
Javel Muly	Javed Morling	525 Ponderssa HT	O'Fallon "	St. Clair
State of <u>Zllinois</u>)) SS.			
County of St. Class)			
		certify that I reside at 334		
City/Village/Unincorporated Area of	Fallon	(if unincorporated, list municip	ality that provides pos	stal service) (Zip
Code) <u>6569</u> , County of <u>57.6</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day of	, State of, State of, I am a citizen of the United State of filing of the petitions and are	es, and that the signatures on this sh genuine and that to the best of my k	8 years of age or old eet were signed in m mowledge and belief	der (or 17 years by presence, not the persons so
signing were at the time of signing the peti respective residences are correctly stated,	ition registered voters of the po as above set forth.	litical division in which the candidate	e is seeking elective	office, and their
		The	6	
		(Circulato	r's Signature)	
Signed and sworn to (or affirmed) by	homes Vore	before me, on	3-22	
Do The American Street	(Name of Circulator)		rt month, day, year)	
(SEAL)	LISA VORCE OFFICIAL SEAL	Fish Varee	12/1	312022
No	tary Public, State of Illinois ly Commission Expires December 17, 2025 Ext	(Notary Pub	IZII Ilic's Signature) Mi SUM EXP	12/17/2
	SHEET NO.		WA SHIM off	Ive ignic

10 ILCS 5/10-3, 10-4, 10-5.1		X_BIND I	HERE_X			Suggeste
	INDEPE	NDENT CAN	DIDATE PET	ITION	Rev	rised March 202 SBE No. P-
We, the undersigned, qualified voters in	the 6th	Ward of_	O Fallo	² in the Co	unty of St. C	air an
State of Illinois, do hereby petition that the	following nam	ed person shall b	e an Independent	Candidate for elec	tion to the office here	einafter specifie
to be voted for at the Consultadat	ed Election t	to be held on	Apr. 1. 4. 2	2023 (date of elec	ction).	
NAME:			OFFICE:	4	I	
ADDRESS-ZIP CODE:	e		Cours	al Membe	Ward 6	
334 Aladar Dr. O'Fa	Hon 14	62269	A Full Term is sough	t, unless an unexpired te	rm is stated here: yea	r unexpired term
If required pursuant to 10 ILCS 5/10-5.1 FORMERLY KNOWN AS	, complete the follo		will appear on the ball CHANGED ON	ot)		3
(List all nar	nes during last 3 y	ears)	(Lis	t date of each name cha	1 /	
NAME (VOTER'S SIGNATURE)		'SPRINTED (optional)		DDRESS OR JMBER	CITY, TOWN OR VILLAGE	COUNTY
Uppelison Voice	Madi	son vorce	334 Ala	dar Drive	O'Fallon"	St. Clai
2. Uhn Rofidere	John	Hedeman	50, Pier	cy All	O'Fallon "	St. Clab.
3. Cano Alt	Canero.	n Retty	636 Alade	pr.	O'Fahon"	St. clar.
4. Jaw Eght	James W	Campbell	224 Eu	16 Gleen	d'allou ,IL	St Claser
5.					,IL	
6.	*				,IL	
7.				1	,IL	
8.		Recei	ved by		,IL	
9.	l.		3 3033		,IL	
10.		DECI	J ZUZZ		,IL	
State of 1661NO15)) SS	- OF	allon			
County of St. Clair) 55	- City	Clerk	1		
Thanas Vorce	(Circulator's N	ame) do hereby c	ertify that I reside	at_334A	ladur Drive	, in the
	Fallon		(if unincorp	orated, list municipa	ality that provides pos	stal service) (Zip
Code) <u>62269</u> , County of <u>54.</u> Code of age and qualified to vote in Illinois), that	lair	, State of	Illinois	that I am 1	8 years of age or old	der (or 17 years
signing were at the time of signing the pet	of filing of the ition registered	petitions and are d voters of the po	genuine and that	to the best of my k	nowledge and belief	the persons sc
respective residences are correctly stated,	as above set f	orth.	e	A	2/	. X
				(Circulato	r's Signature)	-
	11	. /		(0	e e ignature)	
Signed and sworn to (or affirmed) by	(Name of	Circulator)	before me, o	on /2 (Inse	-9-22	
OFFICIAL	~~~~	ß	C /	fals Cal	1 April	
(SEAL) LAURA K	ABEL			(Notary Pub	lic's Signature)	
My Commission Expl		SHEET NO	5 V		£ 3	
			270 s			

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	0	FALLON	COUNCI	EL	MEMBER
(office or positio	n of	employment	for which this	stat	ement is filed)

TYPE OR HAND PRINT

ERIC	R. VAN	HOOK	and the second
Name		. 1	
		ISTA WAY	
Address O'FALL			
OFALL	DN IL	- 62269	1.11
City	State	ZIP Code	

FILED OCT 1 9 2022 THOMAS HOLBROOK COUNTY CLERK 11:16 A.M. 54 0 (NORTHER 2

10 ILCS 5/10-5, 10-5.1	ATTACH TO PETITION	Suggested Revised March 2020 SBE No. P-1B
	STATEMENT OF CANDIDACY	Received by
	INDEPENDENT	DEC 1/2 2022
NAME: ERIC R. VAN HOO ADDRESS-ZIP CODE:		HIP, COUNTY, DISTRICT or STATE
500 LAKE VISTAW O'FALLON, IL 62	22.69 (2 YE	MEMBER WARD 7 AR TERM) an unexpired term is stated here: <u>Ly</u> ear unexpired term
If required pursuant to 10 ILCS 5/7-10.2, 8	8-8.1 or 10-5.1, complete the following (this informatic	on will appear on the ballot)
FORMERLY KNOWN AS(List all name	UNTIL NAME CHANGED C es during last 3 years)	N(List date of each name change)
STATE OF ILLINOIS)) SS.	
	_)	
, EREC VAN HOOK be	」) eing first duly sworn (or affirmed), say that I resid	
, <u>EREC VAN HOOK</u> be n the City, Village, Unincorporated Area c		(if unincorporated, list municipality that
be the City, Village, Unincorporated Area c rovides postal service) Zip Code <u>C 22</u>	of OIFALLON	(if unincorporated, list municipality tha , State of Illinois;
n the City, Village, Unincorporated Area c provides postal service) Zip Code <u>C22</u> nat I am a qualified voter therein, that I ar	of <u>OIFALLOW</u> in the County of <u>ST. CLAFE</u> m a candidate for election to the office of <u>WAR</u> to be voted upon at the election to be	(if unincorporated, list municipality tha , State of Illinois;
EREC VAN HOOK be a the City, Village, Unincorporated Area of rovides postal service) Zip Code C22 at I am a qualified voter therein, that I are O'FALLON ame of City, Village, Township, County, I	of <u>OIFALLOW</u> in the County of <u>ST. CLAFE</u> m a candidate for election to the office of <u>WAR</u> to be voted upon at the election to be	e held on <u>APREL 04-2023</u> and that (date of election)
EREC VAN HOOK be a the City, Village, Unincorporated Area of rovides postal service) Zip Code C22 at I am a qualified voter therein, that I are O'FALLON ame of City, Village, Township, County, I am legally qualified (including being the horizont)	of <u>OIFALLOW</u> where the county of <u>ST. CLAFE</u> m a candidate for election to the office of <u>WAR</u> to be voted upon at the election to be District or State)	(if unincorporated, list municipality that , State of Illinois; A 7 COUNCEL MEMBER e held on <u>APREL 04-2023</u> and that (date of election) irement for the office to which I seek election
be the City, Village, Unincorporated Area of provides postal service) Zip Code <u>C22</u> that I am a qualified voter therein, that I are the <u>O'FALLON</u> Iame of City, Village, Township, County, I am legally qualified (including being the here to hold such office and that I have filed (or	of <u>OIFALLOW</u> in the County of <u>ST. CLAFE</u> m a candidate for election to the office of <u>WAR</u> to be voted upon at the election to be District or State) older of any license that may be an eligibility requ	(if unincorporated, list municipality that , State of Illinois; 207 COUNCEL MEMBER e held on <u>APREL 07-2023</u> and that (date of election) irement for the office to which I seek election eriod) a Statement of Economic Interests a
, <u>EREC VAN HOOK</u> be n the City, Village, Unincorporated Area of provides postal service) Zip Code <u>C22</u> hat I am a qualified voter therein, that I are he <u>OFALLON</u> lame of City, Village, Township, County, I am legally qualified (including being the he o hold such office and that I have filed (or equired by the Illinois Governmental Ethi	of <u>OIFALLOW</u> and a candidate for election to the office of <u>WAR</u> to be voted upon at the election to be District or State) older of any license that may be an eligibility require r I will file before the close of the petition filing prices Act and I hereby request that my name be	(if unincorporated, list municipality that , State of Illinois; 207 COUNCEL MEMBER e held on <u>APREL 07-2023</u> and that (date of election) irement for the office to which I seek election eriod) a Statement of Economic Interests a
in the City, Village, Unincorporated Area of provides postal service) Zip Code <u>CZZ</u> that I am a qualified voter therein, that I are the <u>OFALLON</u> Name of City, Village, Township, County, am legally qualified (including being the ho to hold such office and that I have filed (or required by the Illinois Governmental Ethis such office.	of <u>OIFALLOW</u> and a candidate for election to the office of <u>WAR</u> to be voted upon at the election to be District or State) older of any license that may be an eligibility require r I will file before the close of the petition filing prices Act and I hereby request that my name be	(if unincorporated, list municipality that , State of Illinois; , and that (date of election) and that (date of election) irement for the office to which I seek election eriod) a Statement of Economic Interests a printed upon the official ballot for election to , MMM (Signature of Candidate)

INDEPENDENT CANDIDATE PETITION

Suggested Revised March 2020 SBE No. P-3

tate of Illinois, do hereby petition that the be voted for at the CONSOLT OAT		APRIL 4,2027 date of elec		einaner specified
NAME: ERICR. VAN	Hook	OFFICE:	~	~
	AKE VISTAWAY	COUNCIL MEMBE (2 YRS TER A Full Term is sought, unless an unexpired ter	en)	
If required pursuant to 10 ILCS 5/10-5.1 FORMERLY KNOWN AS	, complete the following (this information UNTIL NAME			
	mes during last 3 years)	(List date of each name char	nge)	
NAME (VOTER'S SIGNATURE)	VOTER'SPRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
Elysteth a. Winden	Elizbeth Alwunder	308 ORANGE JEWELCT.	O'FALLON IL	STICIALK
3. Hundy	ONN WUNDER	308 ORNAE JEWE	O'FALLON"	ST-CU
Starry Man Sim	STALLY HAWKINS	1406 GAMBIER TER. CT.	OFALLON	ST. LLATI
4. Parter RWalth	CUZABETA WALKER	900 Chevaluer In	OFALLON	STCLAI
Remald Pri alket	Ronald Walker	900 Chevalier Ln	O Fallow"	STELAN
T. M.	Robert Schmidtk	e 1192 Tazewell Dr.	o'Fallan	ST. Clai
8. 1 K II	Michelle Schmidthe	ell92 Jazewell DG	O Fallon	St. Clair
. In aspey	limsthy S. Gathey	1112 Hightowerpl. Dr.	OFallon	St. Clair
9. Jan Aller	Bendaskert	1316 MORRIAM PILODY	Danor"	St. CLAI
1. 11 eki Pascer	/ickitaskert	1316 MORRIAM FRION	1 OAuon"	J.C.A.
ate of ILLINOIS)) SS.	(
bunty of ST. CLAIR)			
ERIC R. VANHOOK				
ty/Village/Unincorporated Area of				
ode) <u>67769</u> , County of <u>57.</u> age and qualified to vote in Illinois), that ore than 90 days preceding the last day gning were at the time of signing the per spective residences are correctly stated,	of filing of the petitions and are tition registered voters of the po	genuine and that to the best of my l	nowledge and belie	f the persons si
spective residences are confectly stated,	as above set forth.	Circulato	r's Signature)	
gned and sworn to (or affirmed) by	(Name of Circulator)	before me, on/2//	$\frac{2}{22}$	
		· Leah	Wilson)
(SEAL) LEAH WILSO NOTARY PUBLIC, STATE	OF ILLINOIS	(Notary Pub	olic's Signature)	

	INDEPENDENT CAN	DIDATE PETITION		SBE No. P-3
We, the undersigned, qualified voters in t	the CITY of	O'FALLON in the Cou	unty of ST. C	LATR and
State of Illinois, do hereby petition that the				
to be voted for at the CONSOLT DA				
NAME: ERIC R. VANHO ADDRESS-ZIP CODE: 500 LAKE	OK VITSTO LIGA	OFFICE: COUNCIL MEM	IBER WAR	207
	, IL 62269	CZ YRS TERI A Full Term is sought, unless an unexpired ter	M) m is stated here: 2 yea	r unexpired term
	, complete the following (this information			
	nes during last 3 years)	(List date of each name char	nge)	
NAME (VOTER'S SIGNATURE)	VOTER'SPRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Marney	tracy Carney	1117 Macintosh Gt	O'Fallon "	St. claip
3.	MICHAEL CARNEY	1117 MACINTOSACT	O'FALLON "	ST-CLATR
4. Musmitt	Hony anoth	104 Macintoshet	OFallin"	St. Chir
5. Julian	ERIC VANHOOK	500 LAKE VESTA WAY	O'FALLON'	ST.CLATR
tarra Can took	LAURA UNANTOOK	500 LAKE LESTH WAY	O'FALLON"	ST. CLAIR
727 1-14	Stars ford	1300 Astron Fulls Ph	O FALLON "	St Clair
3 malida	Brandie Koller	1300 Athtay Falls Dr.	ofallon "	St. clair
9. Innetslomh	MATTHEW BLONDELG		OFALLON	ST. CUR
10.1		412 Flagstone PassDr.	11	St. Clair
	MarkBerry	1335 Askaon Falls Dr	O'Fallan	ST.Clair
State of <u>ILLINOIS</u>) SS.			
County of <u>ST. CLATR</u>)			
EREC R. VANHOOK	(Circulator's Name) do hereby o	certify that I reside at SOO LAK	E VISTA U	AY, in the
	FALLON	(if unincorporated, list municipa		
Code) <u>67769</u> , County of <u>57</u> 0 of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet respective residences are correctly stated,	ition registered voters of the po	denuine and that to the best of my k	nowledge and helio	the noreanc co
		(Circulator	r's Signature)	}
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on/ 2	rt month, day, year)	2
(SEAL) OFFICIAL SE	AL	" Rea	ahud.	zin

HEET NO. 02

LEAH WILSON

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES: 06/01/2026

(Notary Public's Signature)

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters in t	he	O'FALLON in the Cou	inty of ST. CL	AIR and
State of Illinois, do hereby petition that the				
to be voted for at the CONSOLIDA				
NAME:		OFFICE:		
ERIC R. VAN HOOL	K	COUNCEL MEMBE	FR WARE	7
ADDRESS-ZIP CODE: 500 LAKE VIST	A WAY	(2 YRS TER		
O'FALLON, IL		A Full Term is sought, unless an unexpired ter		r unexpired term
If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS	complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		
(List all nam	nes during last 3 years)	(List date of each name char	The second secon	
(VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Melline Bony	MELISSA BERRY	1335 ASHTON FALLS DR.	O'FALLON "	ST. CLAIR
2. Cutu long 1	CAWINDLEJR	1324 TIMOER RIDGETPACEORI	OFALLON "	STCLAR
3. MAR	Michael Porce	50/ Lake Vista neg	OFallon	STCLATR
1) July & Cafin	Melissa, Rativa	53/ Lake Vista Way	O'Fullor "	StClair
"// avar	Jeffery Parrish	501 Lake Viste Way	O'Fallon "	St Clair
* Mal	JOSGEN KOLLENS	704 LONGFellow DREUS	DFALW~ "	STUDAR
Lasa Ann Jem- Goffer	Lisa Ann Vaninger-Gatter	1112 Hishtadeitlace Dr.	O'Faller "	St. clair
actathen be	Jongthan Nolan	624 Buggl Crest Way	O'Fallon IL	Stellin
9. MA	Megan Nolan	lezel Rayal Creot Way	Ofallon "	St.Clair
10 million	MICHAEL Masza	604 Willow BLOOK	OFALLON "	Sr. CLAIR
State of ILLINOIS)			
County of ST. CLARR) SS.			
I. ERIC R. VAN HOOK	(Circulator's Name) do hereby c	ertify that I reside at 500 LAKE	E VESTA WA	y, in the
		(if unincorporated, list municipa		
Code) <u>(72269</u> , County of <u>S7. C1</u> of age and qualified to vote in Illinois), that I more than 90 days preceding the last day of signing were at the time of signing the peti	of the petitions and are	denuine and that to the best of my k	nowledge and heliof	the noreone co
respective residences are correctly stated, a	as above set forth.	$\partial $	IA T	onice, and then
		(Circulato	r's Signature)	
Signed and sworn to (or affirmed) by ${\cal E}_{ m s}$	(Name of Circulator)	before me, on(Inse	2/12/2 rt month, day, year)	2
(SEAL) OFFICIA LEAH W NOTARY PUBLIC, S WE DOMMISSION E	VILSON	03 (Notary Pub	h Wlbw lic's Signature)	n

	INDEPENDENT CAN	NDIDATE PETITION		SBE No. P-3
We, the undersigned, qualified voters in t	the CITY of	O'FALLON in the Co	unty of ST. C	LACK and
State of Illinois, do hereby petition that the				
to be voted for at the CONSOLE DAT				and the formation of provide a state of the second state of the se
NAME:		OFFICE:		
ERIC R. VANH ADDRESS-ZIP CODE:	00 K	COUNCEL MEN	ABER WA	PRD7
500 LAKE VISTA	WAY	(2 YEAR		
O'FALLON IL	62269	A Full Term is sought, unless an unexpired te	erm is stated here: <u>2</u> year	r unexpired term
If required pursuant to 10 ILCS 5/10-5.1 FORMERLY KNOWN AS	, complete the following (this informatio UNTIL NAM	n will appear on the ballot) IE CHANGED ON	and the second	
	nes during last 3 years)	(List date of each name cha	inge)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
Joa Majzis	Lisa Mojzis	604 Willowbrook Way	O'Fallon"	St. Clair
2. Ed Choman	ED THOMAN	505 hake Uista Way	O'Follon "	St. clair
3. adam Oula	ADAM WEBER	1313 TIMBER RIDDE DR	OFALLON "	St. Clair
+. Star	PAUL Junger	569 Lake Volucia	O Fallon "	St. Clasr
5. Brenz M. Cheny	Avena Chenry	1320 Timber Trace Br	otallon "	St Chiv
6. Julibu	Lonh Bin	1332 Timber Ridge	OFallon IL	St. Clair
7.		true y	,IL	I
8.			\ /,IL	
9.	X R	eceived by	,IL	-X
10.		DEC 1 2 2022	,IL	
State of ILLINOIS)		Ľ	
County of ST. CLAIR) SS.)	OFallon		
ERIC R. VANHOOK	(Circulator's Name) do baraby	City Clerk	IF VESTA IN	01/
City/Village/Unincorporated Area of				
Code) <u>62269</u> , County of <u>ST.</u> <u>C</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet	or mind of the petitions and are	e denuine and that to the best of my i	knowledge and belief	the nersons so
respective residences are correctly stated,	as above set forth.			once, and their
		_ Cri R. H. (Circulate	FR-	
		(Circulato	or's Signature)	
Signed and sworn to (or affirmed) by $\mathcal{E}\mu$	IC R. VANHOOK	before me, on(Inse	1/2/22	2
	(Name of Circulator)	(Inse	ert month, day, year)	
(SEAL) OFFICIAL SE	AL	Keat	Wilson	`

LEAH WILSON

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES: 06/01/2026

(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)

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

Name Name Address OFallon IL 62269 City State ZIP Code 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.

FILED MA 397 DEC 1 3 2022 3397 THOMAS HOLBROOK COUNTY CLERK

· UNONIMALABIL 2

10 ILCS 5/10-5, 10-5	.1ATTACH TC	PÉTITION	Suggeste Revised March 20	
			SBE No. P-1	
	STATEMENT O	F CANDIDACY	Received by	
	INDEPE	NDENT	DEC 1 2 2022	
NAME:		CITY, VILLAGE, TOWN	SHIP, COUNTY DISTRICT or STATE	
Nathan	L Parchman	City c	f O'Fity Alerk	
ADDRESS - ZIP CODE:		OFFICE:		
1100 Hollanda	r Ct. O'Fallon, IL 62269		lember - Ward 7 s an unexpired term is stated here: <u>4</u> year unexpired ter	rm
If required pursuant to	10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the	following (this informat	ion will appear on the ballot)	
FORMERLY KNOWN		TIL NAME CHANGED		
	AS UN (List all names during last 3 years)		(List date of each name change)	
STATE OF ILLINOIS County of \underline{Clin})) SS.)			
1 Northan 1 Pa	ochono hain find hi	-		
"- putting C 1 de	<u>rchm0n</u> being first duly sworn (or af			,
	corporated Area of <u>O'Fallon</u>		(if unincorporated, list municipality t	that
provides postal service)	Zip Code <u>(2269</u> in the County of _	St. Clair	, State of Illino	is;
that I am a qualified vote	r therein, that I am a candidate for election	to the office of Co	uncil Member-Ward M	in
the City of	AIN		be held on <u>Anil 4, 2023</u> and the (date of election)	
I am legally qualified (inc	luding being the holder of any license that m	ay be an eligibility req	uirement for the office to which I seek elec	tion)
	hat I have filed (or I will file before the close			
	overnmental Ethics Act and I hereby requ			
such office.				
			HA	
			(Signature of Candidate)	
Signed and sworn to (or	r affirmed) by <u>Nathan L. Parch</u> (Name of Candidate	<u>) આલ્ય b</u> efore r e)	ne, on <u> </u>	
(SEAL)	OFFICIAL SEAL CAROL ELAINE GARNER Notary Public, State of Illinois My Commission Expires 09-27-2025	Caro	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.

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)

(Notary Public's Signature)

(SEAL)



10 1203 3/10-3, 10-4, 10-5.1	X_BIND F	IEREX	-	Suggested
	INDEPENDENT CAN	DIDATE PETITION	Re	vised March 2020 SBE No. P-3
We, the undersigned, qualified voters in t	the <u>City</u> of	O'Fallon in the Cou	unty of <u>S1. C</u>	lair and
State of Illinois, do hereby petition that the	following named person shall be	e an Independent Candidate for elec	tion to the office he	reinafter specified
to be voted for at the CONSOL dated				
Name: Nathan L Para	hman	OFFICE:		
ADDRESS - ZIP CODE:		Council Member	- Ward ~	۱
1100 Hollander Ct. O'Fallor	1, IL 62269	A Full Term is sought, unless an unexpired ter	m is stated here: 4 ye	ar unexpired term
FORMERLY KNOWN AS		will appear on the ballot) CHANGED ON		
(List all nan NAME	nes during last 3 years) VOTER'S PRINTED	(List date of each name char	The second se	
(VOTER'S SIGNATURE)	NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
2 Magan Stugal	Megan Strepi	1014 Carnegie Knolls Dr	o'fellon	st.chir
3. Paul Obstand	William Chaptain	1025 Carnege Vulls Dr	Of sellen "	St. Clair
4. Despirates 12 Japa	Dennis Wilson	1004 Carnegic Knolls D.	O' Fallon"	St. CKIV
5. Bet Huber	Bret Aubor	1018 Carnegic Knolls D	Gfallon "	SILLIS
6. Kim Huber	Kim Huber	1013 carnegie Knolph	atalla ,IL	St. Clan
7. JESSE BARNES	JESSE BARNES	1442 ARBORGATEN TRL	OFALLON ,IL	St. CLAIR
9. Scanie Barnes	Janie Barnes	1442 Arbor GreenTH	OF-allon	St. Clair
10. Such better	Brad Gotshell	1029 Carnegie Krolls Dr	OF-1100 ,IL	54. (lair
State of	Daniel Stuppi	1014 Carvegie KnollsDr		Stelair
County of <u>St</u> , <u>Clair</u>) SS.)			
Daniel Stuppi	(Circulator's Name) do hereby c	ertify that I reside at <u>२०१५</u> ८००	Negjie Knol	Is Dr., in the
City/Village/Unincorporated Area ofF	Fallon	(if unincorporated, list municipation)	ality that provides po	ostal service) (Zip
Code) $(62269, County of 5+ Classical of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the pet respective residences are correctly stated,$	of filing of the petitions and are ition registered voters of the po	genuine and that to the best of my k	nowledge and belie	ef the persons so
		J LL	A Signature)	
Signed and sworn to (or affirmed) by) <u>2niel</u> Stuppi (Name of Circulator)	before me, on <i>DOUM</i>	nt Signature) 1 <u>667, 5⁷⁶,</u> ert month, day, year)	2022

(Insert month, day, year) (Notary Public's Signature)

me

(SEAE) Official Seal Marshall Moore Notary Public State of Illinois My Commission Expires 8/15/2026

SHEET NO.

10 ILCS 5/10-3, 10-4, 10-5.1	XBIND	HERE_X	-	Sugges
	INDEPENDENT CAN	DIDATE PETITION	Rey	vised March 20 SBE No.
We, the undersigned, qualified voters i	n the <u>City</u> of	O'Fallon in the Co	ounty of St. C	lair
State of Illinois, do hereby petition that t				
to be voted for at the CONSOLIDATE				
NAME: Nother I De		OFFICE:		
ADDRESS-ZIP CODE:	rchman	Council Member	black m	
			. 1	
1100 Hollander Ct. O'Fall		A Full Term is sought, unless an unexpired te	erm is stated here: <u> </u>	ar unexpired term
FORMERLY KNOWN AS	5.1, complete the following (this information UNTIL NAMI names during last 3 years)	E CHANGED ON		
NAME	VOTER'S PRINTED	(List date of each name cha STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
2.	Sharolynn Tyler	1411 Gambier Terrinelt	O'Fallon "	62269
3.	DARRYLTYL	1411 GAMBIER TERRACE		5752472
S. John	Stephen Junger	509 Lake Vish Way	Ofallon "	St. Clair Cont.
5. Shigh	Shorela Jueiger	509 LAKe Vistaway	DFollow"	Stand
J. CHURCH	JOHN DAVID CHURCH	1422 ARBOR FREEN TEL	O'FALLON "	SCIAIR
6. Streat	Shewe Treat	1418 Aubor Green Trl	ofellos "	Star
7. Typer Treet	Tyler Troot	1418 Aubor Queen I	ap nor "	STar
8. Jamie Shafer	Jamie Shafer	1431 Arbor Green trl	ofallon "	St. Clair
- mm	Jeffery Shale		OFallon	St Cla
10. aster Petto	Ashley Roberts	915 Moorfield Barle Dr	O'Fallon "	St. Clai
tate of <u>JIINDIS</u>)) SS.			
ounty of <u>St. Uar</u>	_)			
Nathan L Parchman	_ (Circulator's Name) do hereby	certify that I reside at 1100 Ho	Wander Ct.	, in th
ity/Village/Unincorporated Area of	O'Fallon	(if unincorporated, list municip		stal service) (2
	Ichir , State of	Illinois that I am	18 years of age or ol	der (or 17 vea
f age and qualified to vote in Illinois), the ore than 90 days preceding the last da	at I am a citizen of the United Sta	tes, and that the signatures on this sh	neet were signed in n	ny presence
gning were at the time of signing the p spective residences are correctly state	etition registered voters of the ne	olitical division in which the candidate	e is seeking elective	office, and th
		ALA		
		(Circulato	or's Signature)	
igned and sworn to (or affirmed) by $ {\cal N} $	alles 1 Paulance	Dagoa	har ath	1011
is the sworth to (or attimed) by 100	(Name of Circulator)	before me, on <u>before me</u> , on(Inse	ert month, day, year)	avad
(SEA) OFFICIAL SEAL		Linne Pin	. 1.	
LINDSAY M PORZEIN		(Notary Pul	lic's Signature)	
NOTARY PUBLIC, STATE OF My Commission Expires 3	ILLINOIS 31/25 SHEET NO.	2		

10 ILCS 5/10-3, 10-4, 10-5.1	XBIND	HEREX	Sug
	INDEPENDENT CAN	IDIDATE PETITION	Revised March SBE N
We, the undersigned, qualified voters in	the Cityl of	O'Fallon in the Co	ounty of St. Clair
State of Illinois, do hereby petition that the			
to be voted for at the CONSOLIDATE			
			ction).
	chman	OFFICE:	
ADDRESS - ZIP CODE:		Council Member	- Ward 7
1100 Hellander Ct. O'Falla	TI 10100	A Full Term is sought, unless an unexpired to	1
	5.1, complete the following (this information	L	Jean anexpired te
FORMERLY KNOWN AS	UNTIL NAME	E CHANGED ON	
NAME	VOTER'S PRINTED	(List date of each name cha STREET ADDRESS OR	CITY, TOWN OR
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE COUNT
2.011	Luke Robers	915 Moorfield PARK	OFALLON" ST.CLA
3. JAK D	Vennite Sibit	902 Moorfield Park Dr	OFilon "StCla
J	TED, Dudd	515 Alder Midra Dr.	Valla " Sta
the R Pomeinolu	STEVE PORTEINSTE	516 ALDERRIDGE DR.	OFARM " STICLA
5. Chasty Popers	i Lindsay Porzeinsk	516 Alder Ridg Dr	OFMIM " St. a
6. Durther the	Daniette phite	1331 Tim ber Ridgetre	
7. Sam Wint	Perrek white		OFALLON " ST CLI
8.		1351 TIMOLY LIGGE IN	,IL
9.			,IL
10.			,IL
State of Illinois			
County of Clinton	_)		
1. Nathan L Parchma	∑(Circulator's Name) do hereby (certify that I reside at 1100 Ho	Mander (t in
City/Village/Unincorporated Area of)'fallon		pality that provides postal service
Code) (2269, County of St.		-11: 11-	18 years of age or older (or 17
of age and qualified to vote in Illinois), that	at I am a citizen of the United Stat	tes, and that the signatures on this sl	heet were signed in my presence
more than 90 days preceding the last da signing were at the time of signing the p	etition registered voters of the po	plitical division in which the candidat	knowledge and belief the person e is seeking elective office, and
respective residences are correctly stated	l, as above set forth.	11/20	
		AD	de Olerenture)
			or's Signature)
Signed and sworn to (or affirmed) by	Jathan L Parchme		1.1.0.00.00
frances	(Name of Circulator)	C C C C C C C	ert month, day, year)
(SEAL)	GARNER	Lard Klay	ne Darner
) UANUL ELAINE	UANNEN ((Notary Pu	blic's Signature)
Notary Public, Stat My Commission Expires	e of Illinois	2	

10 ILCS 5/10-3, 10-4, 10-5.1	X_BIND H	IEREX	P	Suggested
	INDEPENDENT CAN	DIDATE PETITION	Rev	ised March 2020 SBE No. P-3
We, the undersigned, qualified voters in t	he City of	O'Fallon in the Co	unty of SI. C	air and
State of Illinois, do hereby petition that the	1			-
to be voted for at the CONSOL dated	Election to be held on	1 4,2023 (date of elec	ction).	
NAME: Northand Dag	h	OFFICE:		
ADDRESS - ZIP CODE:	<u>hman</u>	Council Member	- Ward M	
1100 Hollander Ct. O'Fallor	, IL (2269	A Full Term is sought, unless an unexpired te	11	
If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS	complete the following (this information	will appear on the ballot) CHANGED ON		
(List all nan NAME	nes during last 3 years)	(List date of each name cha		
(VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1. Aburlul	Nicole Parchima	n 1100 Hollander Ct	D'Fallon	St. Clair
3.	Robert Mallets	1101 Hollander G	O'Fallys"	StClerry
4. Mr Mallits	liso mollets	1101 Holbader G	Ofallon "	stopir
5.			,ı ,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	
State of Illinois)			
County of <u>Climton</u>) SS.)			
1. Nathan L Parchman	(Circulator's Name) do hereby c	certify that I reside at 100 H	ollander C	$+$, _, in the
	Fallon	(if unincorporated, list municip	ality that provides pos	stal service) (Zip
Code) <u>62269</u> , County of <u>St. Cle</u> of age and qualified to vote in Illinois), that more than 90 days preceding the last day signing were at the time of signing the peti respective residences are correctly stated,	tion registered voters of the po	genuine and that to the best of my l	knowledge and beliet	f the persons so
· · · · · · · · · · · · · · · · · · ·		Atto		
		(Circulato	r's Signature)	
Signed and sworn to (or affirmed) by N	athan L Parchma	before me, on Decem	br 9th, 20 ert month, day, year)	022
	(Name of Circulator)	(Inse	ert month, day, year)	
(SEAL)	EAL }	Carol Pla	ine da	iner
(SEAL) CAROL ELAINE Notary Public, State My Commission Expires	09-27-2025 SHEET NO.	(Notary Put	olic's Signature)	

10 ILCS 5/10-3, 10-4, 10-5.1	XBIND H	IERE_X		Suggested
	INDEPENDENT CAN	DIDATE PETITION	Re	vised March 2020 SBE No. P-3
We, the undersigned, qualified voters in	the City of	O'Fallon in the Co	unty of SI. C	lair and
State of Illinois, do hereby petition that the				•
to be voted for at the CONSOL dated	Election to be held on Ap			
NAME: Nother I Or		OFFICE:		
ADDRESS - ZIP CODE:	chman	Council Member	- Word -	
1100 Hallander (+ O'C 11	TI 10010	A Full Term is sought, unless an unexpired te	. /	
1100 Hollander Ct. O'Ellon If required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information		rm is stated here: ye	ar unexpired term
FORMERLY KNOWN AS	until NAME mes during last 3 years)	CHANGED ON(List date of each name cha	nge)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
Shawla Som	Jacqueline Sommer	521 Still Hollow Run	O'Fallon "	St. Clair
Ken Samo	RYAN SOMMER	521 Still Hollow Run	O'Fallon IL	St. Clair
4.			,IL	(1) M
5.		÷	,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	
TU			,IL	
State of <u>Llinois</u>)) SS.			
County of <u>Clinton</u>)			
1. Nathan L Parchman	(Circulator's Name) do hereby c	ertify that I reside atH	ollander Ct	, in the
City/Village/Unincorporated Area of	J'Fallen	(if unincorporated, list municip	ality that provides po	ostal service) (Zip
Code) 62269 , County of S+, C of age and qualified to vote in Illinois), that	an a citizen of the United State	LIIIADIS that I am	18 years of age or o	lder (or 17 years
more than 90 days preceding the last day signing were at the time of signing the pet	of filing of the petitions and are	genuine and that to the best of my l	nowledge and helig	of the nersons so
respective residences are correctly stated,	as above set forth.	ALA A	is seeking elective	onice, and their
		- Al	D	
			r's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on <u>Decem</u> (Inse	ert month, day, year)	2022
(0FAL)		· Coope Pr.	K	4 7
(SEAL) (SEAL) CAROL ELAIN	E GARNER ?	(Notary Put	Dic's Signature)	euner
Notary Public, St. My Commission Expire	ate of Illinois (SHEET NO	5		
· ····································				

	100			
10 ILCS 5/10-3, 10-4, 10-5.1	X_BIND	HERE X		Suggested
	INDEPENDENT CAN		Rev	vised March 2020 SBE No. P-3
We, the undersigned, qualified voters in	the City of	O'Fallon in the Co	ounty of St. C	
State of Illinois, do hereby petition that th	1.460			
to be voted for at the CONSOLIDATED	1	1 4,2023 (date of ele		
NAME: Nother L Doc	-basa	OFFICE:		
ADDRESS - ZIP CODE:	chman	Council Member	- Ward -	۱ I
1100 Hollander Ct. O'Fallo	IN, IL 62269	A Full Term is sought, unless an unexpired to	erm is stated here: $\underline{4}$ yes	ar unexpired term
If required pursuant to 10 ILCS 5/10-5 FORMERLY KNOWN AS	.1, complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		
(List all n NAME	ames during last 3 years) VOTER'S PRINTED	(List date of each name cha STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1. Cantrey Say	Courtney SARKANY	164 TARewell Dr	Offsthen "	st clain
2. Nicht Darlang	Nicolas Sarkany	Iller Trazewell Dr	OFAllon "	st dain
Kush Dock	Kristi Doolittle	329 Dewitt Ct	Of-allon"	StClair
The second	Jarred Dool, Al	329 Dewitt Ct	Ofallon"	StClair
6.	Ben Dray	346 Vermillin Dr	Ofallon"	St. Clair
tara Mis	JaraDrris	34Le Vernillius D	Real Providence of the second	St.Clair
Kebecca Kudenphy	Rebecca Rudolph	331 Vermillion DA	O'Fallon "	St. Clair
9.	BrundonRudolph	3 Vermillion Dr.	Gallin "	St.Clair
10.			,IL	
State of Illinois)	J		1
County of Clinton) SS. _)			
1. Nathan L Parchman	(Circulator's Name) do hereby o	certify that I reside at	Hollander	C+ , , in the
City/Village/Unincorporated Area of	O'Fallon	(if unincorporated, list municip		
Code) 62269, County of St. C	Join , State of	Illinois that I am	18 years of age or o	lder (or 17 vears
of age and qualified to vote in Illinois), that more than 90 days preceding the last day	y of filing of the petitions and are	genuine and that to the best of my	knowledge and belie	of the persons so
signing were at the time of signing the per respective residences are correctly stated	etition registered voters of the po I, as above set forth.	plitical division in which the candidate	te is seeking elective	e office, and their
		AA	$\overline{\wedge}$	
		(Circulat	or's Signature)	dine.
Signed and sworn to (or affirmed) by $_$	(Name of Circulator)	a before me, on(Ins	Her, 12, 2 sert month, day, year)	1022
		CONPERANT	Ann.	MIA
(SEAL) CAROL ELAINE C Notary Public, State My Commission Expires (EAL { GARNER { of Illinois {)9-27-2025 { SHEET NO	(Notary Pu	ublic's Signature)	<u>~~~</u>
				13

10 ILCS 5/10-3, 10-4, 10-5.1		X_BIND	HEREX		Re	Sug vised Marc
	INDEPEND	ENT CAN	DIDATE PETITION			SBE N
We, the undersigned, qualified voters	in the <u>City</u>	of	O'Fallon :	n the Co	unty of S1. C	lair
State of Illinois, do hereby petition that	t the following named p	person shall b	e an Independent Candidat	te for elec	tion to the office her	reinafter sp
to be voted for at the CONSOLIDAT	ed Election to be	held on A	NI 4,2023 (de	ate of elec	tion).	
NAME: Nother D. D.	irchman	• /	OFFICE:			
ADDRESS-ZIP CODE:	alaman		Council Mer	hor	- Ward -	1
1100 Hallander Ot O'T			A Full Term is sought, unless an u	5	1	
1100 Hollander Ct. O'Fa				inexpired te	m is stated here: ye	ar unexpired to
FORMERLY KNOWN AS	Il names during last 3 years)	UNTIL NAME	CHANGED ON(List date of each	h name cha	nge)	
(VOTER'S SIGNATURE)	VOTER'S PI NAME (op		STREET ADDRESS RR NUMBER		CITY, TOWN OR VILLAGE	COUNT
1. Alin (Junk >	A. 1/	1	1327 Timber R.	dse	Ofallon "	Shich
2. Coodini	b	duin	1327 Timber Ridge	e	BIC II.	0101
3.42	MARK MU	joodwin.	1335 Tinter Dily P	rue br	N'Fallon IL	St. Cl.
4. mil Mun	Jin Murra		1335 Timber Rudge Tra	ve Dr.	O'Fallon "	st.c
5.	Daral A	Change	1326 TINDER Ridge	Dr	O'IEllon "	Stc
6. Salahand	5 InTeles	15.4	1302 Timber Ria	10	0 "Fallen"	5+1
BODIO	Bosen	C-	1302 Ful A.	abo	O'Fallow "	She
8.	- May L	on	1. MSCHUCIA	per se	,IL	1-1100
9.		Re	eived by		,IL	
10.		n	C 12 2022		,IL	1.20
State of Illinois)					
County of St. Glair Clint	<u>sn</u>) ss.	6	Fallon			
, Derrek White	(Circulator's Name		City Clerk certify that I reside at 1531	Tim	er Ridge The	ace Disir
City/Village/Unincorporated Area of	D'Fallon	6	(if unincorporated, lis	t municip	ality that provides po	ostal service
Code) 62269, County of 51, of age and qualified to vote in Illinois),	Clair	, State of	Illinois t	hat I am	18 years of age or o	lder (or 17
more than so days preceding the last	uay of mining of the peu	uons and are	denuine and that to the be	SLOI MY	knowledge and belle	a une perso
signing were at the time of signing the respective residences are correctly sta	 petition registered vo ted, as above set forth 	ters of the po	olitical division in which the	candidate	e is seeking elective	e office, and
			()e	sh'	WIA	
				(Circulato	r's Signature)	
Signed and sworn to (or affirmed) by	Derrek W	Lite	before me, on	o De	(2022	
	(Name of Circ	culator)		(Inse	ert month, day, year)	
(SEAL) OFFICIA	SEAL		Carl	Elo	in do	vine
	NE GARNER		(N	lotary Pu	blic's Signature)	
SCAROL ELA	State of Illinois spires 09-27-2025					