Suggested Revised March, 2020 SBE No. P-1

## STATEMENT OF CANDIDACY

Grant Spooner	OFFICE: PRECINCT COMMITTEEPERSON
ADDRESS - ZIP CODE:	A Full Term is sought, unless an unexpired term is stated here:year unexpired term
14200 High Road Lockport, IL 60441	DISTRICT (Township and Precinct Number): Lockport 05
	PARTY: Republican
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this in	nformation will appear on the ballot)
FORMERLY KNOWN AS(List all names during last 3 years	UNTIL NAME CHANGED ON (Date of each name change)
STATE OF ILLINOIS	,
COUNTY OF WILL SS.	
, Grant Spooner (Name	a of Candidata) being first duly sures (see 5)
1/200 High Dood	e of Candidate) being first duly sworn (or affirmed), say that I reside
, mille	City, Village, Unincorporated Area of Lockport
	in the County of Will, State of Illinois; that I am
, , , , , , , , , , , , , , , , , , , ,	Republican Party; that I am a candidate
for Election to the office of Precinct Committeeperson in the LC	ockport 05 District, to be voted upon at
the General Primary Election to be held June 28, 2022 and that I	am legally qualified (including being the holder of any license that
	omination) to hold such office and I hereby request that my name be
printed upon the official Republican	
p.m.ed apon the chicks	(Name of Party) Primary ballot for Election for such office.  (Signature of Candidate):
Signed and sworn to (or affirmed) by(Name of Candi	before me, on Mac cH 13, ZOZZ (insert month, day, year)
OFFICIAL SEAL THOMAS J KELLY NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 12/19/2025	(Signature of Notary Public)

## PRECINCT COMMITTEEPERSON PRIMARY PETITION

	Lockport 05	(township name and precinc	nd qualified primary t number) in the Coun	
Illinois, do hereby petition that Grant S		who resides at 14200 Hi	gh Road	in the
City, Village, Unincorporated Area of _		(if unincorporated, list municipality	that provides postal s	ervice) Zip Code
	f Illinois, shall be a candidate of	the Republican Party	for election to the offic	ce of <b>PRECINC</b>
COMMITTEEPERSON, for Lockpor	t U5 (tow	nship name and precinct number),	to be voted for at the	General Primar
Election to be held on June 28, 2022.				
If required pursuant to 10 ILCS 5/7-10.2, com	plete the following (this information	will appear on the ballot)		
FORMERLY KNOWN AS(L	ist all names during last 3 years)	JNTIL NAME CHANGED ON(List date	e of each name change)	_
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
Tenola a Van Hoegerde	Linda A. Vantbagante	14146 High Rd	Lackgort"	Will
Lans Allan Hocolow	Frank VanHorganh	M 1414 10 High Pd	lockwort ,IL	Will
3. Muly Van Huggarlen	Michael Van Hoegarden	14146 High Rd	Lockfort	Will
four prolowers	LOUIS BUNTOWNER	14224 NOARI	LOCKAINT	Will
5 Myanx	Meghan Weger	14240 High Rd	LOCKPORT !	Will
Part La lux	BOB RENDULICH	14400 A16H RD	LOCKPORT !	Will
Ellen Rendulit	ELLEN Renduliel	14000 High Rd	Locknert IL	Will
8. QU / 2	AC Jawyot	144325 High RCL	Locker	Will
Denny waver	DENNIS VERAVEN	14448 SHICK ROAM	LOCKPORT	Will
Doroft Veraveic	Dorothy Vernveic	14448 High Rd.	LOCKFOIT IL	Will
State of Illinois )		V		
County of Will ) SS.	t.			
GAAM Spowne	_(Circulator's Name) do hereby	certify that I reside at	o Hy X RD	, in the
City/Village/Unincorporated Area of	1 4	unincorporated, list municipality		
Code) 6724 County of 40 - 61	, State of / th	at I am 18 years of age or older (or	17 years of age and qu	ualified to vote in
llinois), that I am a citizen of the United S	States, and that the signatures o	n this sheet were signed in my pres	ence, during the perio	d of January 13.
2022 through March 14, 2022, and are g	enuine and that to the best of m	y knowledge and belief the persons	so signing were at the	e time of signing
ne petition qualified voters of the	Party in t	he political division in which the can	didates is seeking nor	mination/elective
office, and that their respective residence	s are correctly stated, as above	set forth.		
		/Circulate		
signed and sworn to (or affirmed) by	COANT C	f.	or's Signature)	
ngriou dire swort to (or affirmed) by	(Name of Circulator)	before me, on	t month, day, year	-
(SEAL) OFFICIAL SEAL		eff	P	
THOMAS I WELL W	K	1 wine	11 101/1	
THOMAS J KELLY NOTARY PUBLIC, STATE OF ILLIN	nie k	(Notary P	'ublic's Signature)	

of

## **LOYALTY OATH**

(Optional)

United States of America SS.
State of Illinois
Grant Spooner , 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)
Subscribed and sworn to (or affirmed) by Grant Spooner
(Printed Name of Candidate)
before me, this Arry day of Marcy (Month), 2022 (Year)
(SEAL)
OFFICIAL SEAL
THOMAS J KELLY NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 12/19/2025