

DON GRAY

SANGAMON COUNTY CLERK



ELECTION OFFICE

ROOM 105, COUNTY BUILDING

200 SOUTH NINTH STREET

SPRINGFIELD, ILLINOIS 62701

TELEPHONE: 217-753-8683/FACSIMILE: 217-753-6739

[www.sangamoncountyclerk.com](http://www.sangamoncountyclerk.com)

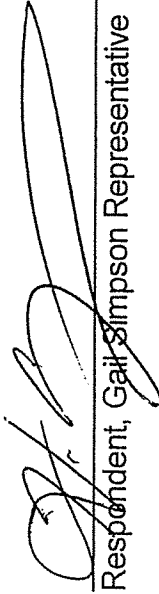
PRECINCT CAPITAL 75  
WARD 2 FULL RECOUNT RESULTS

# of Challenged Affidavits/Same Day Registrations: 1

We, the undersigned designated observers of the Ward 2 Recount, hereby certify the above number of affidavits/same day registrations have been challenged in Capital 75 following the recount held on June 11<sup>th</sup>, 2019.

  
\_\_\_\_\_  
City Clerk Representative

  
\_\_\_\_\_  
Petitioner, Willie Shawn Gregory Representative

  
\_\_\_\_\_  
Respondent, Gail Simpson Representative

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SANGAMON COUNTY CLERK

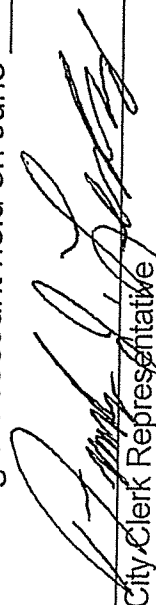


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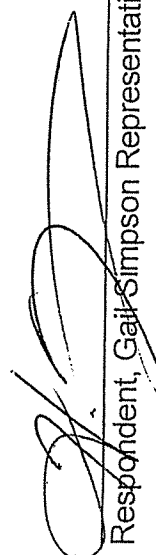
CANDIDATE	# UNCHALLENGED VOTES	# CHALLENGED VOTES
Willie "Shawn" Gregory	45	1
Gail Simpson	42	0
Tom Shafer	6	0
Herman A Senior	32	1
Under Votes	5	0
Over Votes	0	0

We, the undersigned designated observers of the Ward 2 Recount, hereby certify the above candidates each received the number of votes recorded for him or her in Capital 75 following the recount held on June 11<sup>th</sup>, 2019.

  
\_\_\_\_\_  
City Clerk Representative

6/11/19  
RA

  
\_\_\_\_\_  
Petitioner, Willie Shawn Gregory Representative

  
\_\_\_\_\_  
Respondent, Gail Simpson Representative

City of Springfield - Ward 2 Aldermanic Race

Precinct CP075

Challenge Slip # CP075 - 1  
(Precinct) (Challenge Number)

Ballot Type 01

Reason for challenge:

- No judges initials
- Oval not completely darkened or filled in with an "x" or "." or "+" or "✓" or some other type of mark
- Name circled
- Other Indistinct mark of "x" and "✓"

Who challenging Simpsen

Vote should be counted as valid for \_\_\_\_\_  
(candidate)



OFFICIAL BALLOT

CAPITAL 075  
BALLOT TYPE 01

Instructions to Voters: To vote completely darken the OVAL ( ) to the left of your choice. To cast a write-in vote, complete the oval to the left of the blank space provided and write the candidate's name in that space. For specific information, refer to the card of instruction posted in the voting booth. If you tear, soil, deface or erroneously mark this ballot, return it to the Election Judge and obtain another. USE A BLACK INK PEN ONLY. Vote both sides of ballot if applicable.

*Don Gray*

Don Gray, Sangamon County Clerk

MUNICIPAL	COMMUNITY COLLEGE
<p>CITY OF SPRINGFIELD FOR CITY MAYOR (FOUR YEAR TERM) (VOTE FOR ONE)</p> <p><input checked="" type="radio"/> JAMES "JIM" LANGFELDER</p> <p><input type="radio"/> FRANK E. EDWARDS</p>	<p>LINCOLN LAND COMMUNITY COLLEGE DISTRICT #526 DISTRICT 2 FOR TRUSTEES OF THE COMMUNITY COLLEGE DISTRICT (TO SERVE A FULL 4-YEAR TERM) (VOTE FOR ONE)</p> <p><input checked="" type="radio"/> VICTORIA "VICKI" DAVIS</p> <p><input type="radio"/> PAMELA OLIVE</p>
<p>CITY OF SPRINGFIELD FOR CITY CLERK (FOUR YEAR TERM) (VOTE FOR ONE)</p> <p><input checked="" type="radio"/> FRANK LESKO</p> <p><input type="radio"/> RIANNE HAWKINS</p>	<p><b>END OF BALLOT</b></p>
<p>CITY OF SPRINGFIELD FOR CITY TREASURER (FOUR YEAR TERM) (VOTE FOR ONE)</p> <p><input checked="" type="radio"/> MISTY BUSCHER</p> <p><input type="radio"/> JENNIFER NOTARIANO</p>	
<p>CITY OF SPRINGFIELD - WARD TWO FOR ALDERMAN (FOUR YEAR TERM) (VOTE FOR ONE)</p> <p><input checked="" type="radio"/> WILLIE "SHAWN" GREGORY</p> <p><input type="radio"/> GAIL SIMPSON</p> <p><input type="radio"/> TOM SHAFER</p> <p><input type="radio"/> HERMAN A SENOR</p>	
<p><b>PARK</b></p>	
<p>SPRINGFIELD PARK DISTRICT FOR PARK BOARD PRESIDENT (FOUR YEAR TERM) (VOTE FOR ONE)</p> <p><input checked="" type="radio"/> LESLIE A. SGRO</p>	
<p>SPRINGFIELD PARK DISTRICT FOR PARK BOARD TRUSTEE (FOUR YEAR TERM) (VOTE FOR NOT MORE THAN THREE)</p> <p><input type="radio"/> C.J. METCALF</p> <p><input type="radio"/> KRISTOFER "KRIS" THEILEN</p> <p><input checked="" type="radio"/> TRAVIS GRAFF</p> <p><input type="radio"/> HEWITT DOUGLASS</p> <p><input type="radio"/> LISA BADGER</p>	

11

21

40

41

45

46

53

City of Springfield - Ward 2 Aldermanic Race

Challenge Slip # CP 075 - 2  
(Precinct) (Challenge Number)

Precinct CP 075  
Ballot Type 02

Reason for challenge:

- No judges initials
- Oval not completely darkened or filled in with an "X" or "." or "+" or "v" or some other type of mark
- Name circled

Other  Identify marks on ballot ("X")  
Who challenging Simpson

Vote should be counted as valid for \_\_\_\_\_  
(candidate)

(FOUR YEAR TERM)  
(VOTE FOR NOT MORE THAN THREE)

- C.J. METCALF
- KRISTOFER "KRIS" THEILEN
- TRAVIS GRAFF
- HEWITT DOUGLASS
- LISA BADGER

A	02	B	CAPITAL 075 02	C	BALLOT TYPE 02
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City of Springfield - Ward 2 Aldermanic Race

Challenge Slip # CP07S - 3  
(Precinct) (Challenge Number)

Precinct CP07S  
Ballot Type 02

Reason for challenge:

No judges initials

Oval not completely darkened or filled in with an "x" or "." or "+" or "v" or some other type of mark

Name circled

Other Assisted Voter Affidavit - Oath of Assurances not completed.

Who challenging Singson

Vote should be counted as valid for \_\_\_\_\_  
(candidate)



**APPLICATION FOR AN EARLY VOTE OR GRACE PERIOD BALLOT**

Applicant's Name: James V Cinotto Date of Birth: 7/16/1956 VID: 1199315  
 Residence Address: 718 S 7th Apt 1200 City: Springfield Zip: 62703  
 Township and Precinct: Capital 75 Ballot Style: 2  
 Daytime / Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Type of Election: Consolidated Election Date of Election: 4/2/2019

I certify that I reside at the address specified above, in the stated precinct in Sangamon County, that I have lived at such address for 30 days or more preceding this election, and that I am lawfully entitled to vote in such precinct at said election to be held therein.

**EARLY VOTER**

I hereby make application for an official EARLY VOTER ballot. I am casting a ballot during the period of 40-1 day prior to the election. I understand that if I cast an early ballot that I shall not be permitted to revoke that ballot or vote another ballot with respect to the election.

**GRACE PERIOD REGISTRANT**

I hereby make application for an official GRACE PERIOD ballot. I have registered or transferred my registration during the period of 27 days up through election day at the office of the election authority. I understand that if I cast a grace period ballot that I shall not be permitted to revoke that ballot or vote another ballot with respect to the election.

Under the penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

Signature on File

Signature of Applicant

IF APPLICABLE

I applied for a vote by mail ballot, have not voted nor returned the ballot to the Election Office and now wish to vote in person.

Signature of Applicant

# AFFIDAVIT OF ASSISTED VOTER

FOLLOWING MUST BE COMPLETED - PLEASE PRINT:

Last Name (circle one) JR. SR. I. II. III. IV. V		First Name	TWP.	PCT.
<u>Cinotto</u>		<u>James</u>		
House Number & Street Name		Apt. Number	City or Village	Middle Initial
<u>718 S. 7th Apt 1200</u>			<u>Springfield</u>	
			Zip Code	

1. Assisted Voter

By reason of a physical disability of Blind I am unable to mark my ballot and hereby request assistance (10 ILCS 517-48, 17-14). Supporting affidavit required below.

2. Assisted Voter

I cannot read or write the English language and hereby request assistance (10 ILCS 517-48, 17-14). Supporting affidavit required below.

I hereby request that I be assisted in voting by Charles MaWherry  
Name of Person(s) Assisting Voter

I do solemnly swear that I am a citizen of the United States, that I now reside in the township and precinct of \_\_\_\_\_ County, Illinois, as stated above; that I am a duly qualified voter in said precinct. So help me God (or "This I do solemnly and sincerely affirm" as the case may be): Charles MaWherry

Subscribed and sworn to (or affirmed) by \_\_\_\_\_ before me, on 22 day of March, 2013  
Signature (Mark) of Voter  
Shirley MaWherry  
Signature of Judge of Election

### TO THE PERSON PROVIDING ASSISTANCE TO VOTERS

YOU HAVE BEEN SELECTED BY A VOTER TO PROVIDE VOTING ASSISTANCE. UNDER ILLINOIS LAW, ONLY VOTERS WHO ARE BLIND, PHYSICALLY DISABLED OR UNABLE TO READ OR WRITE THE ENGLISH LANGUAGE MAY BE ASSISTED BY A RELATIVE OR FRIEND. INDIVIDUALS WHO CANNOT ASSIST VOTERS INCLUDE THE VOTER'S EMPLOYER, AGENT OF THAT EMPLOYER, OFFICER OR AGENT OF THE VOTER'S UNION.

YOU MUST MARK THE BALLOT AS DIRECTED BY THE VOTER. INDIVIDUALS WHO MAKE ANY ATTEMPT TO INFLUENCE THE VOTER'S CHOICE OF CANDIDATES, PARTY OR VOTES IN RELATION TO A PUBLIC QUESTION, OR TO MARK THE BALLOT OTHER THAN AS DIRECTED BY THE VOTER MAY BE GUILTY OF A CLASS 3 FELONY. IF YOU CANNOT TELL THE VOTER'S INTENT, YOU MUST NOT MARK THE BALLOT IN ANY WAY. YOU MAY NOT SUBSEQUENTLY DIVULGE THE VOTER'S INSTRUCTED SELECTION OF CANDIDATE(S) OR PUBLIC QUESTION(S).

### OATH OF ASSISTANCE

(Complete when statement 1 or 2 is marked)

I state that I am/we are qualified and gave assistance to \_\_\_\_\_ whose sworn statement appears above. I further state that I did not attempt to influence the voter's choice of candidates, party or votes in relation to any public question and have cast the ballot as directed by the voter. Under the penalties prescribed in Article 29 of the Election Code, the undersigned certifies that the statements set forth in this certification are true and correct.

OR

Signature of Individual Rendering Assistance \_\_\_\_\_  
Signature of Democratic Judge \_\_\_\_\_  
Signature of Republican Judge \_\_\_\_\_

\_\_\_\_\_  
Election Judge Administering Oath