

7007 0220 0002 7609 6169

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**OFFICIAL USE**

Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To John Danenberger  
 Street, Apt. No., or PO Box No. 115 E. Washington St, Ste 402  
 City, State, ZIP+4 Bloomington, IL 61701

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 John Danenberger,  
 Ward4 Council Member  
 City of Bloomington  
 115 E. Washington St., Suite 402  
 Bloomington, IL 61701

2. Article Number  
 (Transfer from service label) 7007 0220 0002 7609 6169

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X [Signature]

B. Received by (Printed Name) Shane Swift C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7007 0220 0002 7609 6084

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Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Tim Gleason  
 Street, Apt. No., or PO Box No. 115 E. Washington St, Ste 402  
 City, State, ZIP+4 Bloomington, IL 61701

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Tim Gleason, City Manager  
 City of Bloomington  
 115 E. Washington St., Suite 402  
 Bloomington, IL 61701

2. Article Number  
 (Transfer from service label) 7007 0220 0002 7609 6084

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X [Signature]

B. Received by (Printed Name) Shane Swift C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**FILED**  
McLEAN COUNTY, ILLINOIS

DEC 4 2023

*Kathy Michael*  
COUNTY CLERK

7007 0220 0002 7609 6060

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**OFFICIAL USE**

Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Donna Boelen  
 Street, Apt. No., or PO Box No. 115 E. Washington St, Ste 402  
 City, State, ZIP+4 Bloomington, IL 61701

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Donna Boelen, Ward 2 Council Member  
 City of Bloomington  
 115 E. Washington St., Suite 402  
 Bloomington, IL 61701

2. Article Number  
 (Transfer from service label) 7007 0220 0002 7609 6060

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) Shane Suter C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

7007 0220 0002 7609 6183

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Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Cody Hendricks  
 Street, Apt. No., or PO Box No. 115 E. Washington St, Ste 402  
 City, State, ZIP+4 Bloomington, IL 61701

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Cody Hendricks, Ward 6 Council Member  
 City of Bloomington  
 115 E. Washington St., Suite 402  
 Bloomington, IL 61701

2. Article Number  
 (Transfer from service label) 7007 0220 0002 7609 6183

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) Shane Suter C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

**FILED**  
McLEAN COUNTY, ILLINOIS

DEC 4 2023

*Kathy Michael*  
COUNTY CLERK

7007 0220 0002 7609 6190

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**OFFICIAL USE**

Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **Mollie Ward**  
 Street, Apt. No., or PO Box No. **115 E. Washington St., Ste 402**  
 City, State, ZIP+4 **Bloomington, IL 61701**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Mollie Ward, Ward 7 Council Member  
 City of Bloomington  
 115 E. Washington St., Suite 402  
 Bloomington, IL 61701

2. Article Number  
 (Transfer from service label) **7007 0220 0002 7609 6190**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Shane Giff*

B. Received by (Printed Name) **Shane Giff** C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7007 0220 0002 7609 6077

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Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **Jenna Kearns**  
 Street, Apt. No., or PO Box No. **115 E. Washington St., Ste 402**  
 City, State, ZIP+4 **Bloomington, IL 61701**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Jenna Kearns, Ward 1 Council Member  
 City of Bloomington  
 115 E. Washington St., Suite 402  
 Bloomington, IL 61701

2. Article Number  
 (Transfer from service label) **7007 0220 0002 7609 6077**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Shane Giff*

B. Received by (Printed Name) **Shane Giff** C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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DEC 4 2023

*Kathy Michael*  
COUNTY CLERK

7007 0220 0002 7609 6206

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Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **Kent Lee**  
 Street, Apt. No., or PO Box No. **115 E. Washington St, Ste 402**  
 City, State, ZIP+4 **Bloomington, IL 61701**  
 PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Kent Lee, Ward 8 Council Member  
 City of Bloomington  
 115 E. Washington St., Suite 402  
 Bloomington, IL 61701

2. Article Number  
 (Transfer from service label) **7007 0220 0002 7609 6206**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Shawn Suter*  Agent  Addressee

B. Received by (Printed Name) **Shawn Suter** C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7007 0220 0002 7609 6213

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Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **Tom Crumpler**  
 Street, Apt. No., or PO Box No. **115 E. Washington St, Ste 402**  
 City, State, ZIP+4 **Bloomington, IL 61701**  
 PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Tom Crumpler, Ward 9 Council Member  
 City of Bloomington  
 115 E. Washington St., Suite 402  
 Bloomington, IL 61701

2. Article Number  
 (Transfer from service label) **7007 0220 0002 7609 6213**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Shawn Suter*  Agent  Addressee

B. Received by (Printed Name) **Shawn Suter** C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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McLEAN COUNTY, ILLINOIS

DEC 4 2023

*Kathy Michael*  
COUNTY CLERK

7007 0220 0002 7609 6152

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Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Sheila Montney  
Street, Apt. No., or PO Box No. 115 E. Washington St. Ste 402  
City, State, ZIP+4 Bloomington, IL 61701

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Sheila Montney,  
Ward 3 Council Member  
City of Bloomington  
115 E. Washington St., Suite 402  
Bloomington, IL 61701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x Shane Seiser  Agent  Addressee

B. Received by (Printed Name) Shane Seiser C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7007 0220 0002 7609 6152

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7007 0220 0002 7609 6176

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Postage	\$	Postmark Here  NOV 06 2023
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Nick Becker  
Street, Apt. No., or PO Box No. 115 E. Washington St, Ste 402  
City, State, ZIP+4 Bloomington, IL 61701

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Nick Becker, Ward 5 Council Member  
City of Bloomington  
115 E. Washington St., Suite 402  
Bloomington, IL 61701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x Shane Seiser  Agent  Addressee

B. Received by (Printed Name) Shane Seiser C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7007 0220 0002 7609 6176

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**FILED**  
McLEAN COUNTY, ILLINOIS

DEC 4 2023

*Kathy Michael*  
COUNTY CLERK

7007 0220 0002 7609 6237

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**OFFICIAL USE**

Postage	\$	Postmark Here <i>NOV 06 2023</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Mboka Mwilambwe*  
 Street, Apt. No., or PO Box No. *115 E. Washington St Ste 402*  
 City, State, ZIP+4 *Bloomington, IL 61701*

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*Mboka Mwilambwe  
 City of Bloomington  
 115 E. Washington St, Ste 402  
 Bloomington, IL 61701*

2. Article Number  
 (Transfer from service label) *7007 0220 0002 7609 6237*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X [Signature]*  Agent  Addressee

B. Received by (Printed Name) *Shane [Signature]* C. Date of Delivery *11-9-23*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7007 0220 0002 7609 6138

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**OFFICIAL USE**

Postage	\$	Postmark Here <i>NOV 06 2023</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Dan Caulkins*  
 Street, Apt. No., or PO Box No. *200 5N Stratton Office Building*  
 City, State, ZIP+4 *Springfield, IL 62706*

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*Dan Caulkins  
 Illinois State Representative, 88<sup>th</sup> Dist.  
 200 5N Stratton Office Building  
 Springfield, IL 62706*

2. Article Number  
 (Transfer from service label) *7007 0220 0002 7609 6138*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X [Signature]*  Agent  Addressee

B. Received by (Printed Name) *Gail L. [Signature]* C. Date of Delivery *11-9-23*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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McLEAN COUNTY, ILLINOIS

DEC 4 2023

*Kathy Michael*  
COUNTY CLERK

7007 0220 0002 7609 6145

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**OFFICIAL USE**

Postage	\$	Postmark Here <i>NOV 06 2023</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Dan Caulkins*  
 Street, Apt. No., or PO Box No. *715 W. Imboden Drive*  
 City, State, ZIP+4 *Decatur, IL 62521*

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Dan Caulkins  
 Illinois State Representative, 88<sup>th</sup> Dist.  
 715 W. Imboden Drive  
 Decatur, IL 62521

2. Article Number (Transfer from service label) *7007 0220 0002 7609 6145*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Melissa Wothers*  Agent  Addressee  
 B. Received by (Printed Name) *Melissa Wothers* C. Date of Delivery *11/9/23*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7007 0220 0002 7609 6114

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**OFFICIAL USE**

Postage	\$	Postmark Here <i>NOV 06 2023</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Sally Turner*  
 Street, Apt. No., or PO Box No. *Stratton Office Bldg, Sect B, Office A*  
 City, State, ZIP+4 *Springfield, IL 62706*

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Sally Turner  
 Illinois State Senator 44<sup>th</sup> District  
 State Capital Office  
 Stratton Building, Section B, Office A  
 Springfield, IL 62706

2. Article Number (Transfer from service label) *7007 0220 0002 7609 6114*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Sally Turner*  Agent  Addressee  
 B. Received by (Printed Name) *Sally Turner* C. Date of Delivery *11/9/23*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**FILED**  
McLEAN COUNTY, ILLINOIS

DEC 4 2023

*Kathy Michael*  
COUNTY CLERK

7007 0220 0002 7609 6121

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here <i>NOV 02 2023</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Sally Turner*  
 Street, Apt. No., or PO Box No. *120 S. McLean St., Ste E*  
 City, State, ZIP+4 *Lincoln, IL 62656*

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Sally Turner  
 Illinois State Senator 44<sup>th</sup> District  
 120 S. McLean St., Suite E  
 Lincoln, IL 62656

2. Article Number  
 (Transfer from service label) *7007 0220 0002 7609 6121*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *Casie Blue*  Agent  Addressee

B. Received by (Printed Name) *CASIE Blue* C. Date of Delivery *11-13-23*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7007 0220 0002 7609 6107

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here <i>NOV 09 2023</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Illinois EPA Headquarters*  
 Street, Apt. No., or PO Box No. *1021 North Grand Ave. East*  
 City, State, ZIP+4 *Springfield, IL 62794-*

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Illinois EPA Headquarters  
 1021 North Grand Avenue East  
 PO Box 19276  
 Springfield, IL 62794-9276

2. Article Number  
 (Transfer from service label) *7007 0220 0002 7609 6107*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Illinois*  Agent  Addressee

B. Received by (Printed Name) *1021 North Grand Avenue East*  
*Post Office Box 19276*  
*Springfield, Illinois 62794-9276*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No *NOV 09*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**FILED**  
McLEAN COUNTY, ILLINOIS

DEC 4 2023

*Kathy Michael*  
COUNTY CLERK