

PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affiliated with the \_\_\_\_\_ Party and qualified primary electors of the \_\_\_\_\_ Party, in \_\_\_\_\_ (township name and precinct number) in the County of \_\_\_\_\_, State of Illinois, do hereby petition that \_\_\_\_\_ who resides at \_\_\_\_\_ in the City, Village, Unincorporated Area (circle one) of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) Zip Code \_\_\_\_\_, County of \_\_\_\_\_ and State of Illinois, shall be a candidate of the \_\_\_\_\_ Party for election to the office of PRECINCT COMMITTEEMAN, for \_\_\_\_\_ (township name and precinct number), to be voted for at the primary election to be held on \_\_\_\_\_ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-12.

State of \_\_\_\_\_ )
County of \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ (Circulator's Name) do hereby certify that I reside at \_\_\_\_\_ in the City/Village/Unincorporated Area (circle one) of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) Zip Code \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_ that I am 18 years of age or older, 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 for 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 qualified voters of the \_\_\_\_\_ Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on \_\_\_\_\_ (Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)