PETITION FOR NOMINATION

We, the undersigned, members of and affiliated with the **REPUBLICAN PARTY**, and qualified primary electors of the **REPUBLICAN PARTY** in the **Fourth (4th) County Board District, Will County, State of Illinois**, do hereby petition that the following named person shall be a candidate of the **REPUBLICAN PARTY** for nomination to the office hereinafter specified, to be voted for at the **Primary Election** to be held **March 17, 2026**.

CANDID	ATE FOR COUNTY BOARD N	MEMBER — REPUBL	JCAN PARTY	
<u>CANDIDATE NAME</u>	RESIDENCE ADDRESS OFFICE		<u>OFFICE</u>	<u>PARTY</u>
STEPHEN J. BALICH	12259 Derby Lane Orland Park, IL 60467	Fourth (4th)	COUNTY BOARD MEMBER FOURTH (4TH) COUNTY BOARD DISTRICT WILL COUNTY, STATE OF ILLINOIS	
SIGNATURE OF				CITY or
QUALIFIED VOTER	PRINTED NAME	VOTER'S RESI	DENCE ADDRESS	VILLAGE
1.				
			-	WILL COUNTY, IL
2.				
				WILL COUNTY, IL
3.			_	
				WILL COUNTY, IL
4.				
7.			-	WILL COUNTY, IL
				WILL COUNTY, IL
5.				
			-	WILL COUNTY, IL
6.				
				WILL COUNTY, IL
7.			_	
				WILL COUNTY, IL
8.				
0.			-	WILL COUNTY, IL
				WILL COUNTI, IL
9.				
			-	WILL COUNTY, IL
10.				
				WILL COUNTY, IL
State of Illinois) County of Will) SS.	CIRCULATOR'S STA	TEMENT		
755.				
I,, do	hereby certify that I reside at	(Instant	Circulator's Street Address or RR Number)	
, , , , , , , , , , , , , , , , , , ,	, ZIP COD			, of
(Circle One) (Name o	f City, Town, or Village)	(Insert Zip Code)	unty of, State	e of, (Insert State)
that I am 18 years of age or older, that I am a citizen of genuine, and certify that none of the signatures on the belief the persons so signing were at the time of signing District, Will County, State of Illinois, the political difforth.	sheet were signed more than 90 days pr the petition qualified voters and qualified	receding the last day for filing d primary electors of the Rep	ng of the petition, and that to the be publican Party, residing in the Four	est of my knowledge and rth (4th) County Board
		(Signature of Circulate	or Making this Affidavit)	
(To be completed by Notary Public): Signed and sworn to (or affirmed) by		before me, on	2025	

(Print Name of Circulator)

(NOTARY SEAL OR STAMP)

(Signature of Notary Public) SHEET NO

(Insert month, day)