Suggested Revised August 2017 SBE No. P-11

REPRESENTATIVE IN CONGRESS PRIMARY PETITION

We, the undersigned, members of a	nd affiliated with the Rep	ublican Party a	and qualified primary	electors of the	
Republican Pai	rty, in the 14+4 Cong	ressional District of the State	of Illinois, do hereb	y petition that	
GARY VICIAN	who resides at $\frac{737}{}$	Buttonwood (ird	in the City, Village,	Unincorporated	
Area of Noperation	(if unincorporated, list	municipality that provides postal	service) Zip Code	540 County of	
DUPAGE and State of Illin	nois, shall be a candidate of the	REPUBLICAN	Party for the nomination	for the office of	
REPRESENTATIVE IN CONGRESS of the	ne State of Illinois, for the) \	Congressional District to b	e voted for at the prima	ry election to be	
· · · · · · · · · · · · · · · · · · ·	7-10.2, complete the following (this in	formation will appear on the ballot)			
FORMERLY KNOWN AS(Li	UNT st all names during last 3 years)	TIL NAME CHANGED ON(List date	of each name change)		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1.			,IL		
2.			,IL		
3.			,IL		
4.			,IL		
5.			,IL		
6.			,IL		
7.			,IL		
8.			,IL	and in graph and a depolar area along and the graph in the beaut	
9.			,IL		
10.			,IL		
State of Fllinois	`				
County of	.) SS. .)				
l,		certify that I reside at		, in the	
City/Village/Unincorporated Area of					
County of, State of_	that I am 18 years of	age or older (or 17 years of age	and qualified to vote in II	linois), that I am	
a citizen of the United States, and that th	e 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	g were at the time of sig	ning the petition	
qualified voters of the	Party in the political d	ivision in which the candidates is	seeking nomination/ele	ctive office, and	
that their respective residences are correct	ctly stated, as above set forth.				
		(Circulat	(Circulator's Signature)		
Signed and sworn to (or affirmed) by(Name of Circulator)		before me, on(Inse	before me, on(Insert month, day, year)		
(SEAL)	(
•		(Notary	Public's Signature)		
	SHEET NO				