

PETITION FOR NOMINATION

We, the undersigned, members of and affiliated with the **Republican Party** and registered voters and qualified primary electors of the **Republican Party**, in the County of Will, State of Illinois, do hereby petition that the following named person shall be a candidate of the **Republican Party** for the nomination for the office hereinafter specified, for a full term, to be voted for at the primary election to be held on the 17th day of March 2026.

Candidate Name	Candidate Residence Address	Office	Party
Annette Parker	1620 Clement Street Crest Hill, IL 60403	County Clerk, Will County, State of Illinois	Republican

Voter Signature	Voter Printed Name	Voter Residence Address	City/Village/ Town	County, State
1				Will County, IL
2				Will County, IL
3				Will County, IL
4				Will County, IL
5				Will County, IL
6				Will County, IL
7				Will County, IL
8				Will County, IL
9				Will County, IL
10				Will County, IL
11				Will County, IL
12				Will County, IL
13				Will County, IL
14				Will County, IL
15				Will County, IL

State of Illinois)
County of Will) ss.

I, _____, (CIRCULATOR) do hereby certify that I reside at _____ (ADDRESS)

in _____ (CITY/VILLAGE/TOWN), County of Will, State of Illinois _____ (ZIP CODE), that I am 18 years of age or older, that I am a citizen of the United States, and certify that the signatures on this sheet were signed in my presence, and are genuine, and certify that none of the signatures on this sheet were signed more than ninety (90) days preceding the last day for filing of the petition, and further certify that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters and qualified primary electors of the Republican Party residing in Will County, Illinois, the political division for which the candidate is seeking nomination, and that their respective residences are correctly stated, as above set forth.

SIGNATURE OF CIRCULATOR

Signed and sworn to by _____ before me this _____ day of _____ 2025.

(Print Name of Circulator Here)

SIGNATURE OF NOTARY PUBLIC

(SEAL OR STAMP)

Sheet # _____