

**GENERAL  
PRIMARY PETITION**

We, the undersigned, members of and affiliated with the REPUBLICAN Party and qualified primary electors of the REPUBLICAN Party, in the N/A of N/A in the County of WILL, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the REPUBLICAN Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary Election to be held on March 17, 2026 (date of election).

<b>NAME:</b> JAMES "JIM" REILLY	<b>OFFICE:</b> WILL COUNTY SHERIFF
<b>ADDRESS:</b> 30928 S. KAVANAUGH ROAD WILMINGTON, ILLINOIS 60481	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS \_\_\_\_\_ (List all names during last 3 years) UNTIL 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	
9.			,IL	
10.			,IL	

State of Illinois )  
County of Will ) SS.

I, \_\_\_\_\_ (Circulator's Name) do hereby certify that I reside at \_\_\_\_\_, in the City/Village/Unincorporated Area of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) (Zip Code) \_\_\_\_\_, County of \_\_\_\_\_, State of ILLINOIS that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), 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 REPUBLICAN Party in the political division in which the candidates is seeking nomination/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)

SHEET NO. \_\_\_\_\_