STATE SENATE PRIMARY PETITION

We, the undersigned, members of and affiliated with the Republican Party and qualified primary electors of the Republican Party, in the 49 Legislative District of the State of Illinois, do hereby petition that Felicity Joy Solomon who resides at 1760 Fieldstone Dr. N. in the City, Village, Unincorporated Area of Shorewood (if unincorporated, list municipality that provides postal service) Zip Code 60404 County of Will and State of Illinois, shall be a candidate of the Republican Party for the nomination for the office of **STATE SENATOR** of the State of Illinois, for the 49 Legislative District to be voted for at the primary election to be held on June 28, 2022 (date of election).

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_____UNTIL NAME CHANGED ON _____
(List all names during last 3 years) (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 _____)
) SS.
County of _____)

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_____ 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, during the period of January 13, 2022 through March 14, 2022, 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 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. _____