REPRESENTATIVE IN CONGRESS — PRIMARY PETITION

We, the undersigned, qualified primary electors residing within the district named below and members affiliated with the Republican Party in the 10th Congressional District of the 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, to be voted for at the Primary Election to be held the 20th day of March, 2018:

Sapan Shah

who resides at 15463 W Oak Spring Rd, Libertyville, IL 60048, County of Lake and State of Illinois, shall be a candidate of the Republican Party for the office of **Representative in Congress** of the State of Illinois for the **10th Congressional District.**

VOTER SIGNATURE	PRINTED NAME	Residence/Address	City/Village/Town	County
1				, IL
2				, IL
3				, IL
4				, IL
5				, IL
6				, IL
7				, IL
8				, IL
9				, IL
10				, IL
11				, IL
12				, IL
13				, IL
14				, IL
15				, IL

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

I, _____, do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____at the Zip Code _____ in the County of _____, in the 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 petition, 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, registered and qualified voters of the Republican Party, residing in the 10th Congressional District of the State of Illinois, and that their respective residences are correctly stated, as above set forth.

_____
(Signature of Petition Circulator)

Signed and sworn to (or affirmed) by _____, before me on _____, 2017.
(Print Name of Petition Circulator) **(Month and Day)**

(SEAL)

_____
(Signature of Notary Public)

SHEET NUMBER _____