x….BIND HERE….x

PRIMARY PETITION

We, the undersigned, members of and affiliated with the Republican Party and qualified primary electors of the Republican Party in the State of Illinois, do hereby petition that the following named person or persons shall be a candidate or candidates of the Republican Party for the nomination for the office or offices hereinafter specified to be voted for at the Primary Election to be held on March 20, 2018.

NAME	ADDRESS	OFFICE	DISTRICT	PARTY
Jim Dodge	**17544 Dolorosa Drive Orland Park, IL 60467**	**Treasurer**	**State of Illinois**	**Republican**
Darlene Senger	**2821 Blakely Lane Naperville, IL 60540**	**Comptroller**	**State of Illinois**	**Republican**

NAME (VOTER'S SIGNATURE)	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	
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
(Name of Petition Circulator) (Street Address or RR Number)
the City/Village/Unincorporated Area (circle one) 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 otherwise 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, residing in 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 Here) (Insert month and day)

(SEAL)

_____
(Signature of Notary Public)

SHEET NO. _____