

**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 32nd Legislative District of the State of Illinois, do hereby petition that Craig Wilcox who resides at 5908 Whiting Dr in the City Village, Unincorporated Area (circle one) of McHenry (if unincorporated, list municipality that provides postal service) Zip Code 60050 County of McHenry 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 32nd Legislative District to be voted for at the primary election to be held on March 20, 2018 (date of election).

If required pursuant to 10 ILCS 5/8-8.1, 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)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1		IL	Lake
2		IL	Lake
3		IL	Lake
4		IL	Lake
5		IL	Lake
6		IL	Lake
7		IL	Lake
8		IL	Lake
9		IL	Lake
10		IL	Lake
11		IL	Lake
12		IL	Lake
13		IL	Lake
14		IL	Lake
15		IL	Lake

State of _____)
County of _____) SS.

I, _____ (Circulator's Name) do hereby certify that I reside at _____

in the City/Village/Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides

postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, 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 _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL) _____ (Notary Public's Signature)

