

**GENERAL PRIMARY PETITION  
ESTABLISHED POLITICAL PARTY**

We, the undersigned, qualified primary electors residing within the district named below are members affiliated with the Republican Party in Lake County, in the State of Illinois, do hereby petition that the following named person shall be a candidate of the Republican Party for **nomination** to the office specified below, to be voted on at the **General Primary Election to be held the 17<sup>th</sup> day of March, 2020.**

Name Alanna Whitmore Phone 847-902-7600  
Address 42797 N. Bernong Ave. City Winthrop Harbor Zip 60096  
Office County Board Term 2 years District 4  
(If applicable)

If required pursuant to 10 ILCS 5/10-5.1, 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)

VOTER PRINTED NAME	VOTER SIGNATURE	STREET ADDRESS OR RR NUMBER	CITY/VILLAGE	COUNTY
1.				Lake, Illinois
2.				Lake, Illinois
3.				Lake, Illinois
4.				Lake, Illinois
5.				Lake, Illinois
6.				Lake, Illinois
7.				Lake, Illinois
8.				Lake, Illinois
9.				Lake, Illinois
10.				Lake, Illinois

STATE OF ILLINOIS }  
COUNTY OF LAKE } SS.

I, \_\_\_\_\_ do hereby certify that I reside at

(Circulator's Name)

\_\_\_\_\_, in the City / Village / Unincorporated Area (circle one) of

(Street Address)

\_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

(If unincorporated, list municipality that provides postal service)

(Zip Code)

that I am 18 years of age or older (or I am 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 registered voters of the \_\_\_\_\_ Party in the political division in which the candidate is seeking elective office that their respective residences are correctly stated as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Name of Circulator)

(Day)

(Month)

(Year)

(SEAL)

(Signature of Notary Public)