X…..BIND HERE…..X

10 ILCS 5/7-10, 7-10.2

Suggested
August 2023
CC No. P-10

GENERAL PRIMARY PETITION
ESTABLISHED POLITICAL PARTY

We, the undersigned, qualified primary electors residing within the district named below are members affiliated with the _____ Party in Lake County, in the State of Illinois, do hereby petition that the following named person shall be a candidate of the _____ Party for **nomination** to the office specified below, to be voted on at the **General Primary Election to be held the 19th day of March, 2024.**

Name_____ Phone_____

Address_____ City_____ Zip_____

Office _____ Term_____ District _____
(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 SIGNATURE	VOTER PRINTED NAME	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
} SS.
COUNTY OF LAKE

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, during the period of September 5, 2023 through December 4, 2023, 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 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, this _____ day of _____, 20 _____.
(Name of Circulator) *(Day)* *(Month)* *(Year)*

_____
(Signature of Notary Public)

(SEAL)

SHEET NO. _____