If required pursuant to 10 ILCS 5/8-8.1, complete the following (this information will appear on the ballot)

Suggested Revised August 2023 SBE No. P-13

NORINE K. HAMMOND

REPRESENTATIVE IN THE GENERAL ASSEMBLY PRIMARY PETITION

We, the undersigned, members of and affiliated with the Republican Party and qualified primary electors of the Republican Party, in the 94th Representative District of the State of Illinois, do hereby petition that Norine K. Hammond who resides at 1919 S. Madison Street in the City of Macomb Zip Code 61455 County of McDonough and State of Illinois, shall be a candidate of the Republican Party for the nomination for the office of REPRESENTATIVE IN THE GENERAL ASSEMBLY for the 94th Representative District of the State of Illinois, to be voted for at the primary election to be held on March 19, 2024.

FORMERLY KNOWN AS	UNTIL NA	ME 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	
2.		IL	
3.		IL	
4.		IL	
5.		IL	
6.		IL	
7.		IL	
8.		IL	
9.		IL	
10.		IL	
STATE OF ILLINOIS COUNTY OF I,) SS. Circulator's Name) do hereby certify that I r	eside at	,
in the (Circle one) City/Village/Town/Unincorports Zip Code, County of years of age on the date of the immediately following signatures on this sheet were signed in my presel last day for the filing of the petition, and that to qualified primary voters of the Republican Party nomination, and that their respective residences	orated Area of	municipality that provides postal servat I am 18 years of age or older (or I' ualified to vote), that I am a citizen outures on the sheet were signed more ersons so signing were at the time of	7 years of age and will be 1 f the United States, that the than 90 days preceding the signing the petition
		(Circulator's Signature)	
Signed and sworn to (or affirmed) by	before me, or	1	. 2023
(N	ame of Circulator)	(Insert month, day)	
(SEAL)		(Notary Public's Signature)	

SHEET NO.