

**P-26DP
GENERAL PRIMARY PETITION
(COUNTY BOARD MEMBER)**

We, the undersigned members, affiliated with and primary electors of the Party, County Board District, in the County and State designated below, petition that the below designated person shall be a candidate of said Party for nomination to the office of County Board Member, to be voted for at the General Primary Election to be held on March 15, 2016.

NAME OF CANDIDATE: (AS IT IS TO APPEAR ON THE BALLOT)
Janice Marie Anderson

OFFICE SOUGHT	TERM	COUNTY BOARD DISTRICT	POLITICAL PARTY
County Board Member	Full - 2 year	District #: <u>5</u>	Republican

CANDIDATE'S STREET ADDRESS	CITY / VILLAGE	ZIP CODE	COUNTY	STATE
1804 Michigan Avenue, #208	Naperville	60563	DuPage	Illinois

NAME CHANGE VERIFICATION:
 If required pursuant to 10 ILCS 5/7-10.2, complete the following (this information will appear on the ballot):
 FORMERLY KNOWN AS _____ (LIST ALL NAMES DURING LAST 3 YEARS) UNTIL NAME CHANGED ON _____ (LIST DATE OF EACH NAME CHANGE)

NAME (SIGNATURE)	STREET ADDRESS / RR NUMBER	CITY / VILLAGE	COUNTY	STATE
1.			DuPage	IL
2.			DuPage	IL
3.			DuPage	IL
4.			DuPage	IL
5.			DuPage	IL
6.			DuPage	IL
7.			DuPage	IL
8.			DuPage	IL
9.			DuPage	IL
10.			DuPage	IL

STATE OF ILLINOIS)
) SS.
County of _____)

I, _____ (NAME OF CIRCULATOR), do hereby certify that I am 18 years of age or older and a citizen of the United States, that I reside at _____ (STREET ADDRESS), in _____ (IF UNINCORPORATED, LIST MUNICIPALITY THAT PROVIDES POSTAL SERVICE), Zip Code _____, in the County of _____ and State of _____, 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 and unit of government or district designated above in which the candidate is seeking elective office, and that their respective residences are correctly stated as above set forth.

Signed and sworn to (or affirmed) by _____ (NAME OF CIRCULATOR) before me, on _____ MONTH - _____ DAY - _____ YEAR.

(SIGNATURE OF CIRCULATOR, WITNESSED BY NOTARY PUBLIC)

(SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)

SHEET NO. _____

THIS IS A SUGGESTED FORM. CANDIDATES SHOULD CONSULT AN ATTORNEY.