10 ILCS 5/7-10, 7-10.2

X...BIND HERE...X

Suggested
Revised March 2019
SBE No. P-10

GENERAL PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the County of Sangamon, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the _____ Party for the nomination for the office or offices hereinafter specified to be voted for at the Primary Election to be held on March 17, 2020.

NAME	OFFICE	ADDRESS
	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term	

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	Sangamon
2.			,IL	Sangamon
3.			,IL	Sangamon
4.			,IL	Sangamon
5.			,IL	Sangamon
6.			,IL	Sangamon
7.			,IL	Sangamon
8.			,IL	Sangamon
9.			,IL	Sangamon
10.			,IL	Sangamon

State of Illinois)
) SS.
County of Sangamon)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area of _____ (if unincorporated, list municipality that provides postal service)(Zip Code)_____, County of_____, State of_____ that I am 18 years of age or older (or 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 qualified voters of the _____ Party in the political division in which the candidates is seeking nomination/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, on _____
(Name of Circulator) (Insert month, day, year)

(SEAL)

_____
(Notary Public's Signature)

SHEET NO. _____