



**P-10ADP
GENERAL PRIMARY PETITION
(COUNTY OFFICER)**

We, the undersigned, members of and affiliated with, and qualified primary electors of the Party designated below, in DuPage County, Illinois, do hereby petition that the below designated person shall be a candidate of said Party for nomination to the office and district hereinafter specified, to be voted for at the General Primary Election to be held on 03 - 17 - 20
MONTH DAY YEAR

NAME OF CANDIDATE: (AS IT IS TO APPEAR ON THE BALLOT)
Ron Almiron

OFFICE SOUGHT	TERM	UNIT OF GOVERNMENT OR DISTRICT	POLITICAL PARTY
Recorder	Full	DuPage County	Republican

CANDIDATE'S STREET ADDRESS	CITY / VILLAGE	ZIP CODE	COUNTY	STATE
455 West Front Street, Unit 207	Wheaton, Illinois	60187	DuPage	Illinois

NAME CHANGE VERIFICATION:
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 _____ (LIST ALL NAMES DURING LAST 3 YEARS) UNTIL NAME CHANGED ON _____ (LIST DATE OF EACH NAME CHANGE)

NAME <small>(Voter's Signature)</small>	VOTER'S PRINTED NAME <small>(optional)</small>	STREET ADDRESS or 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)
County of _____) SS.

I, _____, do hereby certify that I reside at _____,
(NAME OF CIRCULATOR) (STREET ADDRESS)
in _____, Zip Code _____, in the County of _____ and
(IF UNINCORPORATED, LIST MUNICIPALITY THAT PROVIDES POSTAL SERVICE)
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 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 _____ before me, on _____ - _____ - _____
(NAME OF CIRCULATOR) (MONTH DAY YEAR)

(NOTARY SEAL)

SHEET NO. _____

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