

P-10BDP GENERAL PRIMARY PETITION (FOREST PRESERVE COMMISSIONER)

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 3 - 19 - 2024.

NAME OF CANDIDATE: (AS IT IS TO APPEAR ON THE BALLOT) Linda J. Painter

Table with columns: OFFICE SOUGHT, TERM, FOREST PRESERVE DISTRICT, POLITICAL PARTY. Values: Forest Preserve Commissioner, Full - 4 year, DuPage County, District #: 3, Republican.

Table with columns: CANDIDATE'S STREET ADDRESS, CITY / VILLAGE, ZIP CODE, COUNTY, STATE. Values: 10S221 Hampshire Lane E, Willowbrook, 60527, 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 ... UNTIL NAME CHANGED ON ...

Table with columns: NAME (Voter's Signature), VOTER'S PRINTED NAME (optional), STREET ADDRESS or RR NUMBER, CITY / VILLAGE, COUNTY, STATE. Rows 1-10.

STATE OF ILLINOIS ) County of DuPage ) SS.

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

(NOTARY SEAL)

SHEET NO. \_\_\_\_\_

(SIGNATURE OF NOTARY PUBLIC)