X…BIND HERE…X 10 ILCS 5/7-10, 7-10.2

PRECINCT COMMITTEEMAN
PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in _____ (township name and precinct number) in the County of Adams, State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____(if unincorporated, list municipality that provides postal service) Zip Code_____, County of Adams and State of Illinois, shall be a candidate of the _____Party for election to the office of **PRECINCT COMMITTEEMAN**, for _____ (township name and precinct number), to be voted for at the primary election to be held on _____(date of election).

If required pursuant to 10 ILCS 5/7-10.2 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)	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
11			IL
12			IL

State of Illinois)
) SS.
County of Adams)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____, State of _____, that I am 18 years of age or older, 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 candidate is seeking 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)

_____
(Notary Public's Signature)

(SEAL) SHEET NO. _____