X...BIND HERE...X

Suggested Revised March 2020 SBE No. P-4

NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

| We, the undersigned, qualified voters in th | | | in | the |
|--|--|---|--------------------------------|--------------------|
| County of | ι. and State of Illinois, do he | init of government) reby petition that the following r | named person shall be a N | onpartisan |
| Candidate for election to the office hereina | ifter specified, in the aforesaid u | nit of government, to be voted f | or at the election to beheld | |
| on | (date of election | n). | | |
| NAME: | ME: OFFICE: | | | |
| | | | | • |
| ADDRESS: | | | | |
| | | | | |
| 1011.00.0146.5.4 | | Full Term is sought, unless an unexpired t | term is stated here:year u | nexpired term |
| | , complete the following (this informationUNTIL NAME | ., | | |
| (List all nar | mes during last 3 years) | (List date of each nan | ne change) | |
| NAME (VOTER'S SIGNATURE) | VOTER'S PRINTED NAME (optional) | STREET ADDRESS OR RR NUMBER | CITY, TOWN OR VILLAGE | COUNTY |
| 1. | | | ,IL | |
| 2. | | | ,IL | |
| 3. | | | ,IL | |
| 4. | | | ,IL | |
| 5. | | | ,IL | |
| 6. | | | ,L | |
| 7. | | | ,IL | |
| 8. | , | | ,IL | |
| 9. | | | ,1L | |
| 10. | | | ,lL 1 | |
| | | | | |
| State of |)) SS. | | | |
| County of | ý | | | |
| l, | (Circulator's Name) do hereby o | ertify that I reside at | | , in the |
| City/Village/Unincorporated Area of | | (if unincorporated, list muni- | cipality that provides post | al service) (Zi |
| Code) County of | State of | that I s | am 18 years of age or older | · /or 17 years o |
| Code), County of age and qualified to vote in Illinois), that I am a preceding the last day of filing of the petitions a petition registered voters of the political division | nd are genuine and that to the best | of my knowledge and belief the pe | rsons so signing were at the t | ime of signing the |
| | | | | |
| | | (Circulator's Signature) | | |
| Signed and sworn to (or affirmed) by | (Name of Circulator) | before me, on | (Insert month, day, year) | |
| (2-11) | (ivame of Girculator) | | (insert monut, day, year) | |
| (SEAL) | | (Nota | ry Public's Signature) | |
| | | ` | - , | |

SHEET NO.