10 ILCS 5/7-10, 7-10.2

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Suggested
SBE P-10
SBE Revised 3/2019
DCC Revised 8/2019

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 03 (MONTH) - 17 (DAY) - 2020 (YEAR).

NAME OF CANDIDATE: (AS IT IS TO APPEAR ON THE BALLOT)
Karen L. Kelly

OFFICE SOUGHT	TERM	FOREST PRESERVE DISTRICT	POLITICAL PARTY
Forest Preserve Commissioner	Full - 2 year	DuPage County, District #: 2	Republican

CANDIDATE'S STREET ADDRESS	CITY / VILLAGE	ZIP CODE	COUNTY	STATE
4218 Seeley Avenue	Downers Grove	60515	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 (Voter's Signature)	VOTER'S PRINTED NAME (optional)	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)
) SS.
County of _____)

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 _____ and

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.

_____ (SIGNATURE OF CIRCULATOR, WITNESSED BY NOTARY PUBLIC)

Signed and sworn to (or affirmed) by _____ (NAME OF CIRCULATOR) before me, on _____ (MONTH) - _____ (DAY) - _____ (YEAR).

(NOTARY SEAL)

_____ (SIGNATURE OF NOTARY PUBLIC)

SHEET NO. _____

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