## COUNTY BOARD MEMBER (counties that elect members from districts) PRIMARYPETITION

We, the undersigned, members of and affiliated with the			Republican		Party and qualified primary electors of the				
Republican Party, in County Board District		2	_, County of Will		in	in the State of Illinois, do hereby			
petition that Judy Ogalla			who resides at2856		8560 S. Will Ce	60 S. Will Center Rd.		n the City, Village,	
Unincorporated Area of _	Monee	(if uninc	corporated, li	st municipal	ity that provides	postal serv	ice) Zip Code60	449 County	
ofWill	and State of Illino	ois, shall be a cand	didate of the	Re	epublican	Party fo	r the nomination for	the office of	
COUNTY BOARD MEMBER, County Board District2			in the Co	ounty of Will in the State of Illinois, to be voted for			e voted for		
at the primary election to A Full Term is sought,	unless an unexpire	d term is stated I	nere:						
	suant to 10 ILCS 5/7-1		UN		HANGED ON			-	
	all namesduringlast3years)  VOTER'S PRINTED			(Listdate ofeachnamechange)  STREET ADDRESS OR CITY, TOWN OR					
NAM (VOTER'S SIG		NAME (opt		SIR	RR NUMBER	OR	CITY, TOWN OR VILLAGE	COUNTY	
1.							,IL		
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State of Illinois		)		<u>. I</u>		I			
County of Will		) SS.							
I,	((	Circulator's Name	) do hereby o	certify that I	reside at			, in the	
City/Village/Unincorporat	ed Area of		_(if unincorp	orated, list	municipality that	provides p	ostal service)(Zip Co	ode),	
County of	, State of	that I am	18 years of a	age or older	(or 17 years of	age and qu	alified to vote in Illin	ois), that I am	
a citizen of the United St	ates, and that the s	ignatures on this s	sheet were s	igned in my	presence, not r	nore than 9	00 days preceding th	ne last day for	
filing of the petitions and	_		_		-		_	-	
qualified voters of the				vision in wh	ich the candidat	es is seeki	ng nomination/electi	ve office, and	
that their respective resid	lences are correctly	stated, as above s	set forth.						
						(Circulator's Signature)			
Signed and sworn to (or affirmed) by		(NIan		be	fore me, on	/lpa==++	onth, day, year)		
		(ivame of Cir	culator)			(msert m	onin, day, year)		
(SEAL)					1)	Notary Publ	ic's Signature)		
		SH	HEET NO						