10 ILCS 5/7-10, 7-10.2   X...BIND HERE...X   Suggested
Revised March 2020
SBE No. P-10

GENERAL
PRIMARY PETITION

We, the undersigned, members of and affiliated with the_____**REPUBLICAN**_____Party and qualified primary electors of the
_____**REPUBLICAN**_____Party, in the_____of_____in the County of
_____, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the
_____**REPUBLICAN**_____Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary
Election to be held on_**MARCH 17, 2025**_(date of election).

NAME: **DIANE M HARRIS**	OFFICE:
ADDRESS: **424 BUELL AVENUE, JOLIET, IL 60435**	**SECRETARY OF STATE** A Full Term is sought, unless an unexpired term is stated here:_____year unexpired term

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 _____
(List all names during last 3 years)   (List date of each name 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.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	

State of _____)
) SS.
County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the
City/Village/Unincorporated Area of_____(if unincorporated, list municipality that provides postal service) (Zip Code)_____,
County of_____, 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
qualified voters of the _____ Party in the political division in which the candidates is seeking nomination/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)

(SEAL)

_____
(Notary Public's Signature)

SHEET NO. _____