SKYLAR DUENSING REPRESENTATIVE IN CONGRESS PRIMARY PETITION

	FIXIMAIXI	FEITION	/		
SKYLAR DUENSING Area of SHOREWOOD	y, in the 6TH Congr	ressional District of the 904 SYCAMORE DR municipality that provides p	in the C	s, do hereb City, Village,	y petition that Unincorporated
WILL and State of Illinois, shall be a candidate of the					
(List all names during last 3 years) (List date of each name change)					
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS RR NUMBER		TOWN OR LLAGE	COUNTY
1. John Smith	JOHN SMITH	1234 PINE STE	REET DOWN	ERS GROVE	DUPAGE
Jake Smith	JANE SMITH	1234 PINE STE			DUPAGE
5. Tom Sample	TOM SAMPLE	1234 OAK AVE	NUE OAK	LAWN ,IL	СООК
5.				<i>i</i>	
*VOTER MUST SIGN THEIR		LL OF THE VOTER'S		11	-
OWN NAME	TROUBLE WITH P	OOR HANDWRITING	(ARTHRITIS,	DISABLE	D, ETC.)
7.				,IL	
8. ORDER FOR SIGNATURE TO COUNT, VOTER MUST BE					
9. A REGISTERED VOT	er that lives in	THE 6TH CONG	RESSION A	T DIST	NET
10.				,IL	
State of LEAVE BLANK County of LEAVE BLANK Ss. FILL THESE AREAS IN					
I, YOUR PRINTED NAME (Circulator's Name) do hereby certify that I reside at YOUR ADDRESS, in the City/Village/Unincorporated Area of YOUR TOWN (if unincorporated, list municipality that provides postal service)(Zip Code) YOUR ZIP, County of YOUR COUNTY, State of YOUR STATE 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 REPUBLICAN 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. LEAVE BLANK UNTIL NOTARIZED					
LLAVE DEATH ON THE NOTARIZED					

(Circulator's Signature)

Signed and sworn to (or affirmed) by LEAVE BLANK UNTIL NOTARIZED before me, on LEAVE BLANK UNTIL NOTARIZED (Insert month, day, year)

(Name of Circulator)

LEAVE BLANK UNTIL NOTARIZED

(Notary Public's Signature)

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(SEAL)

SHEET NO. LEAVE BLANK