x...BIND HERE...x

# PETITION FOR NOMINATION

We, the undersigned, members of and affiliated with the DEMOCRATIC PARTY and qualified primary electors of the DEMOCRATIC PARTY, in the Third Judicial District of the State of Illinois, do hereby petition that the following named person shall be a candidate of the DEMOCRATIC PARTY for the nomination for the office hereinafter specified, to be voted for at the primary election to be held on the 19th DAY of MARCH, 2024.

| NAME | ADDRESS | OFFICE | DISTRICT | PARTY |
|---|---|---|---|---|
| **JOHN ANDERSON** | **7443 W. PENNINGTON LANE MONEE, ILLINOIS 60449** | **APPELLATE COURT JUDGE TO FILL THE VACANCY OF THE HONORABLE TOM M. LYTTON** | **THIRD JUDICIAL DISTRICT STATE OF ILLINOIS** | **DEMOCRATIC** |

| NAME (SIGNATURE) | STREET ADDRESS OR RR NUMBER | CITY, TOWN OR VILLAGE | COUNTY | STATE |
|---|---|---|---|---|
| 1 | | | | ILLINOIS |
| 2 | | | | ILLINOIS |
| 3 | | | | ILLINOIS |
| 4 | | | | ILLINOIS |
| 5 | | | | ILLINOIS |
| 6 | | | | ILLINOIS |
| 7 | | | | ILLINOIS |
| 8 | | | | ILLINOIS |
| 9 | | | | ILLINOIS |
| 10 | | | | ILLINOIS |

STATE OF ILLINOIS, )
COUNTY OF _____ ) SS.

I, _____, being first duly sworn, do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)

in the _____ of _____, ZIP CODE_____, County of_____,
(City, Town or Village) (Print Name of City, Town or Village)

and State of Illinois, that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, and are genuine, and that none of the signatures on this sheet were signed more than 90 days preceding the last day for the filing of the petition, 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 DEMOCRATIC PARTY, and qualified primary electors residing in the Third Judicial District of the State of Illinois, the political division for which the nomination is sought, and that their respective residences are correctly stated as above set forth.

_____
(Signature of Circulator)

Subscribed and sworn to before me, by _____
(Print Name of Circulator)

this _____ day of _____, ___2023 .
(Month) (Year)

_____ (SEAL)
(Signature of Notary Public)

SHEET NO. _____