

GENERAL PRIMARY PETITION DEMOCRATIC

We, the undersigned, members of and affiliated with the DEMOCRATIC Party and qualified primary electors of the DEMOCRATIC Party, in the not applicable of not applicable in the County of DUPAGE, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the DEMOCRATIC 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 19, 2024 (date of election).

NAME: Elizabeth (Liz) Chaplin OFFICE: COUNTY RECORDER ADDRESS: 5623 Pershing Ave Downers Grove Il 60516 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)

Table with 5 columns: NAME (VOTER'S SIGNATURE), VOTER'S PRINTED NAME (optional), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-10, all counties listed as DuPage.

State of _____) County of _____) SS.

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)