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 46th Representative 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 17th DAY of MARCH, 2026.

NAME	ADDRESS	OFFICE	DISTRICT	PARTY
DIANE BLAIR-SHERLOCK	507 S. SUMMIT AVENUE VILLA PARK, ILLINOIS 60181	REPRESENTATIVE IN THE GENERAL ASSEMBLY	46th REPRESENTATIVE DISTRICT STATE OF ILLINOIS	DEMOCRATIC

NAME (SIGNATURE)	NAME (PRINTED)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	STATE
1				DUPAGE	ILLINOIS
2				DUPAGE	ILLINOIS
3				DUPAGE	ILLINOIS
4				DUPAGE	ILLINOIS
5				DUPAGE	ILLINOIS
6				DUPAGE	ILLINOIS
7				DUPAGE	ILLINOIS
8				DUPAGE	ILLINOIS
9				DUPAGE	ILLINOIS
10				DUPAGE	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 voters for which the nomination is sought, residing in the 46th Representative District of the State of Illinois, 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 _____, 2025.
(Month) (Year)

_____ (SEAL)
(Signature of Notary Public)

SHEET NO. _____