GENERAL

ou March 2020	,
SBE No. P-10)

Suggested

PRIMARY PETITION Party and qualified primary electors of the We, the undersigned, members of and affiliated with the Regional Superintendent of Democratic Schools Party, in the 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 Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary March 17, 2026 Election to be held on (date of election). NAME: Rebecca Gamboa OFFICE: Regional Superintendent of Schools ADDRESS: DuPage County 210 Hampshire Court, 101A, Naperville, Illinois 60565 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 PRINTED** CITY, TOWN OR STREET ADDRESS OR COUNTY **VILLAGE** (VOTER'S SIGNATURE) **NAME** (optional) **RR NUMBER** ,IL 2. 3. JI, 4. .IL 5. .IL 6. ,IL 7. JI, 8. JI, 9. ,IL 10. .IL State of ___ SS. (Circulator's Name) do hereby certify that I reside at _____ ____(if unincorporated, list municipality that provides postal service)(Zip Code)___ City/Village/Unincorporated Area 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) before me, on ___ Signed and sworn to (or affirmed) by (Insert month, day, year) (Name of Circulator) (SEAL)

SHEET NO. _____

(Notary Public's Signature)