x . . . . . BIND HERE x

REPRESENTATIVE IN THE GENERAL ASSEMBLY, PRIMARY PETITION

We, the undersigned, members of and affiliated with the **Democratic Party** and qualified primary electors of the Democratic Party, in the **84th Representative District** of the State of Illinois, do hereby petition that the following named person shall be a candidate of the Democratic Party for nomination for a full term of the office specified below to be voted for at the primary election to be held on **March 17, 2026**.

CANDIDATE'S NAME	OFFICE	ADDRESS
SABA HAIDER	**REPRESENTATIVE IN THE GENERAL ASSEMBLY 84th REPRESENTATIVE DISTRICT**	**893 MEADOWRIDGE DRIVE AURORA, ILLINOIS 60504**

Signature of Qualified Primary Elector	**Printed Name** of Qualified Primary Elector	**Residence Address** House # and Street, or RR#	**City, Town, or Village**	**County**
1.			, IL	
2.			, IL	
3.			, IL	
4.			, IL	
5.			, IL	
6.			, IL	
7.			, IL	
8.			, IL	
9.			, IL	
10.			, IL	

Circulator Affidavit

State of Illinois)
) SS.
County of _____)

I, _____ (Circulator's Name), do hereby certify that I reside at (street address)

_____, in the City/Village/Unincorporated Area (circle one) of _____,

(if unincorporated, list municipality that provides postal service), Zip Code _____, County of _____, State of Illinois, 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 the filing of the petition, 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 Democratic Party in the 84th Representative District of the State of Illinois, the political division in which the candidate is seeking nomination, and that their respective residence addresses are correctly stated, as above set forth.

_____
Signature of Circulator

Signed and sworn to (or affirmed) by _____ before me this _____ day of _____, 2025.
(Circulator's Name) (Day) (Month)

_____
Signature of Notary Public

(Notary Seal)

Sheet No. ___