

DAN UGASTE

REPRESENTATIVE IN THE GENERAL ASSEMBLY PRIMARY PETITION

We, the undersigned, members of and affiliated with the Republican Party and qualified primary electors of the Republican Party, in the 65th Representative District of the State of Illinois, do hereby petition that **Dan Ugaste** who resides at **399 Southampton Drive** in the **City of Geneva** Zip Code **60134** County of **Kane** and State of Illinois, shall be a candidate of the Republican Party for the nomination for the office of **REPRESENTATIVE IN THE GENERAL ASSEMBLY** of the State of Illinois, for the 65th Representative District to be voted for at the primary election to be held on **March 20, 2018**.

If required pursuant to 10 ILCS 5/8-8.1, 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 SIGNATURE)	STREET ADDRESS OR RR NUMBER	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

STATE OF ILLINOIS)
) SS.
County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____,
in the City/Village/Unincorporated Area (**Circle one**) 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 Republican Party in the political division in which the candidate 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)