## **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 65<sup>th</sup> 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** for the 65<sup>th</sup> Representative District of the State of Illinois, to be voted for at the primary election to be held on March 19, 2024.

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 COUNTY OF I,(( in the (Circle one) City/Village/Town/Unincorpo Zip Code, County of years of age on the date of the immediately follo signatures on this sheet were signed in my prese last day for the filing of the petition, and that to qualified primary voters of the Republican Party nomination, and that their respective residences	(if unincorporated, lis , State of, th owing general election and am otherwise q ence and are genuine, that none of the signat the best of my knowledge and belief the p y and qualified primary electors residing in	t municipality that provides postal s at I am 18 years of age or older (or ualified to vote), that I am a citizer atures on the sheet were signed mo ersons so signing were at the time	, service) r 17 years of age and will be 18 n of the United States, that the re than 90 days preceding the of signing the petition
		(Circulator's Signature)	
Signed and sworn to (or affirmed) by	before me, or	n	. 2023
(Na	ame of Circulator)	(Insert month, day)	
(SEAL)		(Notary Public's Signature)	

SHEET NO. \_\_\_\_\_