

X.....BIND HERE.....X

### PRIMARY PETITION

We, the undersigned, members of and affiliated with the Democratic Party and qualified primary electors of the Democratic Party, in the **Eleventh Congressional 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 Eighteenth Day of March, 2014.

NAME	ADDRESS	OFFICE	DISTRICT	PARTY
<b>Bill Foster</b>	<b>511 Aurora Ave., #510, Naperville, IL 60540</b>	<b>Representative in Congress</b>	<b>Eleventh Congressional District of the State of Illinois</b>	<b>Democratic</b>

NAME - VOTER'S SIGNATURE	PRINTED VOTER'S NAME	STREET ADDRESS	CITY, TOWN or VILLAGE and STATE	COUNTY
1			IL	
2			IL	
3			IL	
4			IL	
5			IL	
6			IL	
7			IL	
8			IL	
9			IL	
10			IL	
11			IL	
12			IL	
13			IL	
14			IL	
15			IL	

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, do hereby certify that I reside at \_\_\_\_\_,  
(Name) (Address)  
in the \_\_\_\_\_ of \_\_\_\_\_, Zip Code \_\_\_\_\_, County of \_\_\_\_\_, in the State of Illinois, that I am 18  
(City, Town, or Village) (Name of City, Town, or Village) (County of Residence)

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 residing in the **Eleventh Congressional District** of the State of Illinois, and that their respective residences are correctly stated as above set forth.

\_\_\_\_\_  
(Signature of Circulator making this Affidavit)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, this \_\_\_\_\_ day of \_\_\_\_\_, 2013.  
(Name of Circulator)

(NOTARY STAMP)

\_\_\_\_\_  
Notary Public

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