## James T. "Jim" Marter

## REPRESENTATIVE IN CONGRESS PRIMARY PETITION

We, the undersigned, members of and affiliated with the **Republican** Party and qualified primary electors of the **Republican** Party, in the Fourteenth (14<sup>th</sup>) Congressional District of the State of Illinois, do hereby petition that **JAMES T. "Jim" MARTER**, who resides at 233 Fox Chase Drive North, in the Village of Oswego, Zip Code 60543, County of Kendall and State of Illinois, shall be a candidate of the **Republican** Party for the nomination for the office of **REPRESENTATIVE IN CONGRESS** of the State of Illinois for the Fourteenth (14<sup>th</sup>) Congressional District to be voted for at the Primary Election to be held on **March 19, 2024**.

	NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS or Rural Route 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 \_\_\_\_\_\_)
 SS.

١,

(Circulator's Name) do hereby certify that I reside at \_\_\_\_\_

in the City/Village/Unincorporated Area of	(if unincorporated, list municipality that pro-	_(if unincorporated, list municipality that provides postal service)(Zip				
Code), County of, S	tate of_ILLINOIS that I am 18 years of age or older (or 17 y	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 vote	rs of the <u>Republican</u> Party in the political divis	sion in which the candidates				
is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.						

 Signed and sworn to (or affirmed) by \_\_\_\_\_\_\_
 before me, on \_\_\_\_\_\_.

 (Name of Circulator)
 (insert month, day, year)

 (SEAL)
 (Notary Public's Signature)

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