10 ILCS 5/7-10, 7-10.2 **X...BIND HERE...X** Suggested
Revised August 2017
SBE No. P-11

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 **Ninth (9th)** Congressional District of the State of Illinois, do hereby petition that **Alan C. Schneider** who resides at **480 Green Bridge Ln, Unit B** in the City, of **Prospect Heights,** Zip Code **60070,** County of **Cook** 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 **Ninth (9th)** Congressional District to be voted for at the primary election to be held on **March 17, 2026**.

If required pursuant to 10 ILCS 5/10-5.1, 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)	VOTER'S PRINTED NAME	STREET ADDRESS OR RR NUMBER	CITY, TOWN, OR VILLAGE	COUNTY
1.				
2.				
3				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

State of **ILLINOIS**)
) SS.
County of_____)

I, _____(Circulator's name) do hereby certify that I reside at_____,
in the City/Village/Unincorporated Area 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 of filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing the petition are qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and 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)

SHEET NO. _____