GENERAL
PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____Republican_____ Party and qualified primary electors of the _____Republican_____ Party, in the _____State_____ of _____Illinois_____ in the County of _____St. Clair_____, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the _____Republican_____ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary Election to be held on ___June 28, 2022___ (date of election).

NAME: Peggy Hubbard	OFFICE:
	# U.S. Senate
ADDRESS: 5 Columbus Dr., Belleville, IL 62226	A Full Term is sought, unless an unexpired term is stated here:_____year unexpired term

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 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 (optional)	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 _____)
) 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, during the period of January 13, 2022 through March 14, 2022, 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 _____ Party in the political division in which the candidates 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)

SHEET NO. _____