

**P-26DP**  
**GENERAL PRIMARY PETITION**  
**(COUNTY BOARD MEMBER)**

We, the undersigned, members of and affiliated with, and qualified primary electors of the Party designated below, in DuPage County, Illinois, do hereby petition that the below designated person shall be a candidate of said Party for nomination to the office and district hereinafter specified, to be voted for at the General Primary Election to be held on 03 - 17 - 2026.  
MONTH DAY YEAR

**NAME OF CANDIDATE (AS IT IS TO APPEAR ON THE BALLOT):**

Kari Galassi

| OFFICE SOUGHT       | TERM LENGTH | COUNTY BOARD DISTRICT                   | POLITICAL PARTY |
|---------------------|-------------|-----------------------------------------|-----------------|
| County Board Member | Full 4-year | DuPage County, District #: <u>  3  </u> | Republican      |

| CANDIDATE'S STREET ADDRESS | CITY / VILLAGE | ZIP CODE | COUNTY | STATE    |
|----------------------------|----------------|----------|--------|----------|
| 610 W. Hickory St.         | Hinsdale       | 60521    | DuPage | Illinois |

**NAME CHANGE VERIFICATION:**

If required pursuant to 10 ILCS 5/7-10.2, complete the following (this information will appear on the ballot):

FORMERLY KNOWN AS \_\_\_\_\_ (LIST ALL NAMES DURING LAST 3 YEARS) UNTIL NAME CHANGED ON \_\_\_\_\_ (LIST DATE OF EACH NAME CHANGE)

| NAME<br>(Voter's Signature) | VOTER'S PRINTED NAME<br>(optional) | STREET ADDRESS<br>or RR NUMBER | CITY / VILLAGE | COUNTY | STATE |
|-----------------------------|------------------------------------|--------------------------------|----------------|--------|-------|
| 1.                          |                                    |                                |                | DuPage | IL    |
| 2.                          |                                    |                                |                | DuPage | IL    |
| 3.                          |                                    |                                |                | DuPage | IL    |
| 4.                          |                                    |                                |                | DuPage | IL    |
| 5.                          |                                    |                                |                | DuPage | IL    |
| 6.                          |                                    |                                |                | DuPage | IL    |
| 7.                          |                                    |                                |                | DuPage | IL    |
| 8.                          |                                    |                                |                | DuPage | IL    |
| 9.                          |                                    |                                |                | DuPage | IL    |
| 10.                         |                                    |                                |                | DuPage | IL    |

STATE OF ILLINOIS )  
 ) SS.  
 County of \_\_\_\_\_ )

I, \_\_\_\_\_, do hereby certify that I reside at \_\_\_\_\_,  
(NAME OF CIRCULATOR) (STREET ADDRESS)  
 in \_\_\_\_\_, Zip Code \_\_\_\_\_, in the County of \_\_\_\_\_ and  
(IF UNINCORPORATED, LIST MUNICIPALITY THAT PROVIDES POSTAL SERVICE)  
 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 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 registered voters of the party and unit of government or district designated above in which the candidate is seeking elective office, and that their respective residences are correctly stated as above set forth.

\_\_\_\_\_  
(SIGNATURE OF CIRCULATOR, WITNESSED BY NOTARY PUBLIC)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.  
(NAME OF CIRCULATOR) MONTH DAY YEAR

(NOTARY SEAL)

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

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

**THIS IS A SUGGESTED FORM. CANDIDATES SHOULD CONSULT AN ATTORNEY.**