GALENA AREA EMERGENCY MEDICAL SERVICE DISTRICT 217 Summit Street – Galena IL 61036 Phone: (815) 777-3575 FAX: (815) 777-8329

61036 777-8329

<u>Candidate Petition</u> (See example)

Per the By-Laws of the Galena Appositions on the Board of Direct (50) corporate members. Such pscheduled monthly Board of Direct Corporate members are scheduled monthly Board of Direct Corporate members.	tors shall also include netition(s) shall be f	de those names iled with the Bo	submitted by petitio pard Secretary not lat	n, signed by no fewer th	han fifty
We, the undersigned, qualified vof (State of Illinois, do hereby petit Board of Directors to be voted Annual Meeting).	name of City/Villag tion that the follow	e/Township/Uning named pers	nincorporated Area) is son shall be a Candid	in the County of Jo Dav ate for election to the (iess and GAEMSD
Candidate's Name		Candidate's Address – Zip Code			
Pursuant to 10 ILCS 5/7-10.2, comple (list all names during last 3 years) UN				(list date of each name	change)
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAM		REET ADDRESS OR RR NUMBER	CITY, TOWN, OR VILLAGE	COUNTY
1	I KIN I ED NAM	L	KK NOMBEK		Jo Davies
2				IL	Jo Davies
3				IL	Jo Davies
4				IL	Jo Davies
5				IL	Jo Davies
6				IL	Jo Davies
7				IL	Jo Davies
8				IL	Jo Davies
9				IL	Jo Davies
10				IL	Jo Davies
in the City/Village/Unincorporated Are Code), County of <u>Io Davie</u> I am a citizen of the United States, and t filing of the petitions and are genuine a registered voters of the political division	ess, State of <u>Illinois</u> that I hat the signatures on thi nd that to the best of my	(if u am 18 years of age is sheet were signed knowledge and be	nincorporated, list munici or older (or 17 years of a d in my presence, not more lief the persons so signing	ge and qualified to vote in Illi e than 90 days preceding the were at the time of signing th	nois), that last day o le petitior
above set forth.				what are Circuit	
PRINT↓		before me, on	· ·	culator's Signature)	
Signed and sworn to or affirmed by N	AME OF CIRCULATOR			rt month, day, year)	
SEAL:	Sh	eet of	(Nota	ry Public's Signature)	