

STATEMENT OF CANDIDACY

Table with 5 columns: NAME, ADDRESS-ZIP CODE, OFFICE, DISTRICT, PARTY. Includes a note: '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 (List all names during last 3 years) UNTIL NAME CHANGED ON (List date of each name change)

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

I, \_\_\_\_\_ (Name of Candidate) being first duly sworn (or affirmed), say that I reside at \_\_\_\_\_, in the City, Village, Unincorporated Area of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) Zip Code \_\_\_\_\_, in the County of \_\_\_\_\_, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the \_\_\_\_\_ Party; that I am a candidate for Nomination/Election to the office of \_\_\_\_\_ in the \_\_\_\_\_ District, to be voted upon at the primary election to be held on \_\_\_\_\_ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek the nomination) to hold such office and that I have filed (or I will file before the close of the petition filing period) a Statement of Economic Interests as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official \_\_\_\_\_ (Name of Party) Primary ballot for Nomination/Election for such office.

\_\_\_\_\_  
(Signature of Candidate)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on \_\_\_\_\_.  
(Name of Candidate) (insert month, day, year)

(SEAL)

\_\_\_\_\_  
(Notary Public's Signature)



### PRECINCT COMMITTEEPERSON PRIMARY PETITION

We, the undersigned, members of and affiliated with the \_\_\_\_\_ Party and qualified primary electors of the \_\_\_\_\_ Party, in \_\_\_\_\_ (township name and precinct number) in the County of \_\_\_\_\_, State of Illinois, do hereby petition that \_\_\_\_\_ who resides at \_\_\_\_\_ in the City, Village, Unincorporated Area of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) Zip Code \_\_\_\_\_, County of \_\_\_\_\_ and State of Illinois, shall be a candidate of the \_\_\_\_\_ Party for election to the office of **PRECINCT COMMITTEEPERSON**, for \_\_\_\_\_ (township name and precinct number), to be voted for at the primary election to be held on \_\_\_\_\_ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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 \_\_\_\_\_ )  
County of \_\_\_\_\_ )

SS.

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 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 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)