

STATEMENT OF CANDIDACY
INDEPENDENT

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OR STATE

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)

STATE OF ILLINOIS)
)
County of _____) SS.

I, _____ being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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, that I am a candidate for election to the office of _____ in the _____ to be _____
Name of City, Village, Township, County, District or State

voted upon at the 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 election) 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 ballot for election to 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)

ATTACH TO PETITION

10 ILCS 5/7-10.1

Suggested
Revised July, 2004
SBE No. P-1C

L O Y A L T Y O A T H
(OPTIONAL)

United States of America)
) SS.
State of Illinois)

I, _____, do swear (or affirm) that I am a citizen of the United States and the State of Illinois, that I am not affiliated directly or indirectly with any communist organization or any communist front organization, or any foreign political agency, party, organization or government which advocates the overthrow of constitutional government by force or other means not permitted under the Constitution of the United States or the Constitution of this State; that I do not directly or indirectly teach or advocate the overthrow of the government of the United States or of this State or any unlawful change in the form of the governments thereof by force or any unlawful means.

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me,
(Name of Candidate)

on _____.
(insert month, day, year)

(Notary Public's Signature)

(SEAL)

STATEMENT OF CANDIDACY
NEW POLITICAL PARTY

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OR STATE	PARTY

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)

STATE OF ILLINOIS)
)
County of _____) SS.

I, _____ being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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, that I am a candidate for election to the office of _____ in the _____
Name of City, Village, Township, County, District or State

to be voted upon at the 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 election) 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 ballot for election to 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)

STATEMENT OF CANDIDACY
(NOMINATION BY CAUCUS)

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR TOWNSHIP	PARTY

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)

STATE OF ILLINOIS)
) SS.
County of _____)

I, _____ (Name of Candidate) being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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 election to the office of _____ in the _____ (city, village or township), as duly nominated at said party's caucus, to be voted upon at the 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 ballot for election to 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)

CERTIFICATION OF DELETIONS

I, _____, Candidate or Circulator (circle one) do hereby certify that I have properly initialed the deletions of signatures, listed hereinafter by page and line numbers, from the petition of _____ (Name of Candidate) who is a candidate for election or nomination (circle one) to the office of _____ at the _____ Election to be held on _____ (date of election).

Page No.	Line No.	Page No.	Line No.	Page No.	Line No.

 (Signature of Person Deleting Signatures)

Only the person circulating the petition, or the candidate on whose behalf the petition is circulated, may strike any signature from the petition. If deletions are made, this **CERTIFICATION OF DELETIONS** shall be filed as part of the petition.

CERTIFICATE OF ATTACHED LIST OF DELETIONS

We, the undersigned persons who have stricken signatures from the attached hereby certify that there is/are _____ page(s) of **CERTIFICATION OF DELETIONS** listing signatures which have been stricken, and are attached hereafter to the petitions of _____ (Name of Candidate) who is a candidate for election to the office of _____ at the _____ Election to be held on _____ (date of election).

The following are the page numbers indicated on the attached **CERTIFICATION OF DELETIONS**:

(CANDIDATE)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

Every person striking signatures from the petition shall each sign this certificate. This certificate shall be filed as part of the petition, shall be numbered, and shall be attached immediately following the last page of voters' signatures and preceding any **CERTIFICATE OF DELETION** sheet.

**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)**

We, the undersigned, qualified voters in the _____ in the County of _____ (unit of government) _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on _____ (date of election).

NAME	OFFICE	ADDRESS--ZIP CODE
	office title: full term or ____ year vacancy (circle one)	

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)	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, _____ do hereby certify that I reside at _____,
 (Circulator's Name) (Street Address)

in the _____ of _____,
 (City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, 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 political division in which the candidate is seeking 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)

**PETITION FOR NOMINATION
 (FOX WATERWAY MANAGEMENT AGENCY)**

We, the undersigned, qualified voters in the Fox Waterway Management Agency, in the County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the political division aforesaid, to be voted for at the _____ Election to be held on _____ (date of election).

NAME	OFFICE	ADDRESS--ZIP CODE

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)	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
11			IL
12			IL
13			IL
14			IL
15			IL

State of _____)
) **SS.**
 County of _____)

I, _____ do hereby certify that I reside at _____,
 (Circulator's Name) (Street Address)

in the _____ of _____,
 (City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, 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 political division in which the candidate is seeking 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)

**PETITION FOR NOMINATION
Fire Protection Districts**

To the Secretary of the Board of Trustees of _____ (name of fire district)

We, the undersigned being _____ (number of signatories or 5% or more) of the voters residing within the district, hereby petition that _____ who resides at _____

(name of candidate)

in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____, State of Illinois, in this

district shall be a candidate for the office of _____ of the Board of Trustees, full-term or _____ year vacancy (circle one) to be voted for at the election to be held _____ (date of election).

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 (SIGNATURE)	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
11			IL
12			IL

State of _____)
County of _____) SS.

I, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, 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 political division in which the candidate is seeking 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. _____