

CONSOLIDATED PRIMARY PETITION (NONPARTISAN – MUNICIPALITY OTHER THAN COMMISSION FORM)

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, and residing at the places set opposite our respective names, do hereby petition that the name of _____, who resides at _____ in the City, Town or Village of _____ Zip Code _____ County of _____ State of Illinois, be placed upon the ballot as a candidate for nomination for the office of _____ full term or vacancy (circle one) at the Consolidated Primary election to be held on _____ (date of primary election); provided that no primary election is required, the candidate's name will appear on the ballot at the Consolidated Election for election to said office and term.

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 _____)
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)

(Notary Public's Signature)

(SEAL)

SHEET NO. _____

**PETITION FOR NOMINATION
TO THE SECRETARY OF THE BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. _____**

We, the undersigned, being (_____ or more) (or 10% or more) of the voters residing within said district, hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in _____ Township in said district shall be a candidate for the office of member of the Board of Trustees, full term or ____ year vacancy (circle one) to be voted for at the Consolidated Election to be held on _____ (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 (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1			IL
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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. _____

**PETITION FOR NOMINATION
TO THE SECRETARY OF THE BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. _____
FOR COMMUNITY COLLEGES WHICH ELECT FROM DISTRICTS RATHER THAN AT-LARGE**

We, the undersigned, being (_____ or more) (or 10% or more) of the voters residing within said district, hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in _____ Township in said district shall be a candidate for the office of member of the Board of Trustees _____ District, full term or ___ year vacancy (circle one) to be voted for at the Consolidated Election to be held on _____ (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 (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
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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)

(Notary Public's Signature)

(SEAL)

**PETITION FOR NOMINATION
(LEAVE OUT THE INAPPLICABLE PART)**

**TO THE SECRETARY OF THE BOARD OF EDUCATION (OR BOARD OF DIRECTORS) OF DISTRICT NUMBER _____
IN _____ COUNTY, ILLINOIS**

We, the undersigned, being (_____ or more) (or 10% or more) (or 5% or more) of the voters residing within said district, hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in Township _____ in said district shall be a candidate for the office of _____ full term or _____ year vacancy (circle one) of the Board of Education (or Board of Directors) to be voted for at the Consolidated Election to be held on _____ (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 (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1			IL
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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)

**PETITION FOR NOMINATION
FOR SCHOOL BOARDS WHICH ELECT FROM DISTRICTS RATHER THAN AT-LARGE OR BY TOWNSHIP
(LEAVE OUT THE INAPPLICABLE PART)**

**TO THE SECRETARY OF THE BOARD OF EDUCATION (OR BOARD OF DIRECTORS)
OF _____ SCHOOL DISTRICT IN _____ COUNTY, ILLINOIS**

We, the undersigned, being (_____ or more) (or 10% or more) (or 5% or more) of the voters residing within _____ district, (specify district number 1 - 7) hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in said district shall be a candidate for the office _____ of the Board of Education (or Board of Directors) full term or _____ year vacancy (circle one) _____ District (specify district 1 - 7) to be voted for at the Consolidated Election to be held on _____ (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 (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

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.

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (Circulator's Signature) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

PETITION FOR NOMINATION (To Form a New Political Party)

We, the undersigned, qualified voters of the _____ of _____ in the County of _____ and State of Illinois, do declare that it is our intention to form a new political party in the political division aforesaid, to be known and designated as the _____ Party, and do hereby petition that the following named persons shall be candidates for the offices hereinafter specified, to be voted at the _____ Election to be held on _____ (date of election).

A COMPLETE SLATE IS HEREBY PRESENTED

NAME	OFFICE	ADDRESS - ZIP CODE

For any candidate subject to the requirements of 10 ILCS 5/10-5.1, mark his/her name with an asterisk (*) and 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 Illinois)
) 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.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(Circulator's Signature)

(Notary Public's Signature)

(SEAL)

PETITION FOR NOMINATION AND FORMATION OF A NEW POLITICAL PARTY (IN CITY, TOWN OR VILLAGE IN WHICH OFFICERS ARE TO BE ELECTED FROM DISTRICTS OR WARDS AND AT-LARGE)

We, the undersigned, qualified voters of District/Ward Number _____ in the City, Town or Village of _____, in the County of _____ and State of Illinois, do hereby declare that it is our intention to form a new political party in such city, town or village to be known as the _____ Party and the following named persons shall be candidates of such party for the offices hereinafter specified to be voted at the election to be held on _____ (date of election).

NAMES OF CANDIDATES FOR ALL OFFICES TO BE ELECTED AT-LARGE

NAME OF CANDIDATE	OFFICE	ADDRESS - ZIP CODE

NAMES OF CANDIDATES FOR ALL OFFICES TO BE ELECTED BY DISTRICT OR WARD

NAME OF CANDIDATE	OFFICE	DISTRICT OR WARD NO.	ADDRESS - ZIP CODE

For any candidate subject to the requirements of 10 ILCS 5/10-5.1, mark his/her name with an asterisk (*) and 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

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.

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

(SEAL)

SHEET NO. _____

(Notary Public's Signature)

**CERTIFICATE OF OFFICERS
AUTHORIZED TO FILL VACANCIES IN NOMINATION
FOR A NEW POLITICAL PARTY**

We, the undersigned, duly certify that the persons whose names and addresses are listed below are the designated officers of the _____ who are authorized to fill vacancies in nomination
(Name of New Political Party)
pursuant to 10 ILCS 5/10-11.

(Name and Title)

(Address)

(City) (Zip Code)

(Name and Title)

(Address)

(City) (Zip Code)

(Name and Title)

(Address)

(City) (Zip Code)

(Name and Title)

(Address)

(City) (Zip Code)

Signed: _____
(CHAIRMAN)

Attest: _____
(SECRETARY)

(Use additional sheets if necessary)

A new political party petition shall have attached thereto a certificate stating the names and addresses of the party officers authorized to fill vacancies in nomination. Failure to file this form results in the party forfeiting the right to fill vacancies. It does not alone invalidate the petition.

**GENERAL
PRIMARY PETITION**

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

NAME	OFFICE	ADDRESS

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)	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 (circle one) of _____ (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 qualified voters of the _____ Party in the political division in which the candidate 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. _____