

STATEMENT OF CANDIDACY

NEW POLITICAL PARTY

Table with 5 columns: NAME, ADDRESS-ZIP CODE, OFFICE, CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OR STATE, 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 5/10-5.1, 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 )
County of )
SS.

I, 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, 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 (Name of Candidate) before me, on (insert month, day, year)

(SEAL)

(Notary Public's Signature)

**PETITION FOR NOMINATION AND FORMATION OF A NEW POLITICAL PARTY  
(IN COUNTIES IN WHICH OFFICERS ARE TO BE ELECTED FROM DISTRICTS AND AT-LARGE)**

We, the undersigned, qualified voters of District Number \_\_\_\_\_ in the County of \_\_\_\_\_, State of Illinois, do hereby declare that it is our intention to form a new political party in such county 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).

(A Full term is sought by each candidate in slate unless an unexpired term is specified along with the office in the "OFFICE" space provided below)

NAME OF CANDIDATE	COUNTY OFFICE	ADDRESS - ZIP CODE

**NAMES OF CANDIDATES FOR OFFICES TO BE ELECTED BY DISTRICTS**

NAME OF CANDIDATE	OFFICE OF COUNTY BOARD MEMBER	ADDRESS - ZIP CODE
	District No. _____	
	District No. _____	

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)	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	

State of \_\_\_\_\_ )  
 ) SS.  
 County of \_\_\_\_\_ )

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 of 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 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)



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)