Α	TTA	CH TO	PETITIO	N
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Suggested Revised March 2020 SBE No. P-1A

STATEMENT OF CANDIDACY

NONPARTISAN

NAME:	OFFICE:
	A Full Term is sought, unless an unexpired term is stated here: year unexpired term
ADDRESS – ZIP CODE:	CITY. VILLAGE OR SPECIAL DISTRICT:
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete to FORMERLY KNOWN AS	
STATE OF ILLINOIS) County of) SS.	
l,be	
, in the City, Village, U	
(if unincorporated, list municipality that provides postal service)	
, State of Illinois; that I am a qua	
Election to the office of	in the(Name of City, Village or Special District)
to be voted upon at the election to be held on	(date of election) and that I am legally qualified
to hold such office and that I have filed (or I will file before the clo	ose of the petition filing period) a Statement of Economic Interests
as required by the Illinois Governmental Ethics Act and I here	eby request that my name be printed upon the official ballot for
Nomination/Election to such office.	
	(Signature of Candidate)
Signed and sworn to (or affirmed) by(Name of Candida:	before me, on te) (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

LOYALTY OATH (OPTIONAL)

United States of America State of Illinois)	SS.				
l,			, do s	swear (or affirm)	that I am a	citizen of the
United States and the State of Illino	is, that I	am not	affiliated o	directly or indired	tly with an	y communist
organization or any communist front	organiza	ation, or a	any foreig	n political agenc	y, party, or	ganization or
government which advocates the ov	erthrow	of constit	utional go	overnment by for	rce or othe	r means not
permitted under the Constitution of the	United S	States or	the Consti	itution of this Stat	e; that I do	not directly or
indirectly teach or advocate the overt	hrow of	the gover	nment of	the United State	s or of this	State or any
unlawful change in the form of the gov	ernment/	ts thereof	by force of	or any unlawful m	eans.	
				(Signatu	re of Candi	date)
Signed and sworn to (or affirm	ned) by_		(Name o	of Candidate)		before me,
on (insert month, day, year)						
				(Notar	y Public's S	ignature)
(SEAL)						

(SEAL)

X...BIND HERE...X

Suggested

105 ILCS 5/9-10	PETITION FO	OR NOMINATION	Revis	ed March 2019 SBE No. P-7
TO THE COUNTY CLERK OR	COUNTY BOARD OF ELEC	TION COMMISSIONERS H	AVING JURISDIC	TION OVER
SCHOO	OL DISTRICT NUMBER	IN	COUNT	Y, ILLINOIS
We, the undersigned, being (or more) (or 10% or more) (or 5	% or more) of the voters residing w	rithin said district, hereb	y petition that
	who resides at	in	the City, Village, Uninc	corporated Area
of (If un				
district shall be a candidate for the office				full term) or
(vacancy) to be voted for at the Consoli			election).	
	xpired term is stated here: 5/10-5.1, complete the following (this in UN' st all names during last 3 years)	formation will appear on the ballot)		
NAME (Li	st all names during last 3 years) VOTER'S PRINTED	(List date	of each name change) CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.		AND THE PROPERTY OF THE PROPER	,IL	
State of) 66			
I,	(Circulator's Name) do hereby	certify that I reside at		, in the
City/Village/Unincorporated Area of	Southern Control of the Control of t	(if unincorporated, list municipal	ity that provides postal	service) (Zip
Code), County ofage and qualified to vote in Illinois), tha more than 90 days preceding the last d signing were at the time of signing the respective residences are correctly state.	lay of filing of the petitions and are petition registered voters of the po	genuine and that to the best of m	y knowledge and belief	the persons so
		(Circulate	or's Signature)	
Signed and sworn to (or affirmed) by		before me, on		
	(Name of Circulator)	(Ir	sert month, day, year)	

SHEET NO.

(Notary Public's Signature)