### ATTACH TO PETITION

## 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 the	e following (this information will appear on the ballot)
FORMERLY KNOWN AS UN (List all names during last 3 years)	ITIL NAME CHANGED ON (List date of each name change)
(List all names during last 5 years)	(List date of each name change)
STATE OF ILLINOIS )	
) SS. County of)	
, , , , , , , , , , , , , , , , , , ,	
l hoir	ar first duly sworn (or affirmed), southat I reside at
l,beir	
, in the City, Village, Ur	
(if unincorporated, list municipality that provides postal service)	Zip Code, in the County of
, State of Illinois; that I am a qua	lified voter therein, that I am a candidate for Nomination/
Election to the office ofi	n 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 close	se of the petition filing period) a Statement of Economic Interests
as required by the Illinois Governmental Ethics Act and I herel	by 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	before me, on e) (insert month, day, year)
(Name of Candidate) (Name of Candidate)	e) (insert month, day, year)

(Notary Public's Signature)

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

### LOYALTY OATH (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\_\_\_\_\_

(Name of Candidate)

on \_\_\_

(insert month, day, year)

(Notary Public's Signature)

before me,

(SEAL)

#### PETITION FOR NOMINATION

# TO THE COUNTY CLERK OR COUNTY BOARD OF ELECTION COMMISSIONERS HAVING JURISDICTION OVER

SCHO	OL DISTRICT NUMBER	IN	COUNT	Y, ILLINOIS	
We, the undersigned, being (	or more) (or 10% or more) (or 5	5% or more) of the voters residing	within said district, hereb	y petition that	
	who resides at				
of (If ur	nincorporated, list municipality that	provides postal service) in Towns	hip	in said	
district shall be a candidate for the offic	e of	of the Board of Education	(or Board of Directors) (	full term) or	
(vacancy) to be voted for at the Consol			f election).		
	5/10-5.1, complete the following (this i	nformation will appear on the ballot)			
FORMERLY KNOWN AS(L	UNUNUNUNUN	ITIL NAME CHANGED ON (List dat	e of each name change)		
NAME	VOTER'SPRINTED	STREET ADDRESS OR	CITY, TOWN OR VILLAGE	COUNTY	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER			
			,IL		
2.			,IL		
3.			,IL		
4.			,IL		
5.			,IL		
6.					
			,IL		
7.			,IL		
8.			,IL		
9.			,IL		
10.			,IL		
State of	)		1		
County of	) SS. )				
	(Circulator's Name) do hereby	certify that I reside at		, in the	
City/Village/Unincorporated Area of		(if unincorporated, list municipa	ality that provides postal	service) (Zip	
Code) County of	State of	that I am	18 years of age or olde	r (or 17 vears o	
Code), County of age and qualified to vote in Illinois), that more than 90 days preceding the last of signing were at the time of signing the respective residences are correctly stat	day of filing of the petitions and are petition registered voters of the p	e genuine and that to the best of r	my knowledge and belief	the persons so	
		(Circula	(Circulator's Signature)		
Signed and sworn to (or affirmed) by		before me, on	before me, on(Insert month, day, year)		
	(Name of Circulator)	(	Insert month, day, year)		
(SEAL)					
· ·		(Notary	Public's Signature)		

SHEET NO. \_\_\_\_\_