

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 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, _____ 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 Nomination/

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 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 Nomination/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)

PETITION FOR NOMINATION

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

SCHOOL 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
of _____ (If unincorporated, list municipality that provides postal service) in Township _____ in said
district shall be a candidate for the office of _____ of the Board of Education (or Board of Directors) (full term) or
(vacancy) to be voted for at the Consolidated Election to be held on _____ (date of election).

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 _____ 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	
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 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)

SHEET NO. _____

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)
)
State of Illinois) SS.

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)