

STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
		A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term		

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, _____ (Name of Candidate) 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 and am a qualified Primary
voter of the _____ Party; that I am a candidate for Nomination/Election to the office of
_____ in the _____ District, to be voted upon at the primary 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 the nomination) 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 _____
(Name of Party) Primary ballot for Nomination/Election for 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)